

# BATH COUNTY SCHOOLS

## Behavior Observation – Work Skills-Vocational

Student \_\_\_\_\_ Observer/Title Date \_\_\_\_\_

**Directions:** During the observation, place a check mark next to the behaviors that are observed from the list below. These checklists are not exhaustive, so please include notes regarding additional behaviors observed, including strengths and behaviors which may interfere with the student's learning. In order to obtain a full and accurate picture of the student's performance, it may be necessary to observe the student more than once in different settings/times of day.

### Social Environment

- Large Group  One other person
- Small Group  By self (no interaction)

### Physical Environment

- Classroom  Playground  Cafeteria
- At a table  At a desk  On the floor
- Gym  other \_\_\_\_\_

**Task/Activity which the teacher has defined for the student:**

**In the teacher/supervisor/caregiver's judgment, was the student's behavior/performance typical for the student?**  YES  NO (please explain)

**Observation based on student's**  **Instructional Level**  **Current Grade Level**

<input type="checkbox"/> Difficulty organizing task and activities	<input type="checkbox"/> Difficulty sustaining attention in work tasks or play activities
<input type="checkbox"/> Fails to pay close attention to details or make careless mistakes in schoolwork or other activities	<input type="checkbox"/> Often loses things that are necessary for tasks/activities (i.e., school assignments, pencils, books or tools)
<input type="checkbox"/> Slow to learn new games and master puzzles	<input type="checkbox"/> Easily distracted by outside influences
<input type="checkbox"/> Difficulty remembering daily/routine activities	<input type="checkbox"/> Difficulty with transitions from one activity to another
<input type="checkbox"/> Difficulty with punctuality	<input type="checkbox"/> Acts/responds before thinking
<input type="checkbox"/> Displays excessive random movement	<input type="checkbox"/> Preoccupied/daydreams
<input type="checkbox"/> Difficulty following directions	<input type="checkbox"/> Does not complete class assignments on time
<input type="checkbox"/> Difficulty organizing materials/belongings	<input type="checkbox"/> Shows poor planning skills
<input type="checkbox"/> Confuses left and right	<input type="checkbox"/> Does not seek assistance when needed
<input type="checkbox"/> Difficulty working independently	<input type="checkbox"/> Shows poor planning skills
<input type="checkbox"/> Difficulty using technology to gather/organize information	<input type="checkbox"/> Does not seek assistance when needed
<input type="checkbox"/> Does not identify preferences/interests	<input type="checkbox"/> Demands teacher assistance
<input type="checkbox"/> Difficulty listening and taking notes at the same time	<input type="checkbox"/> Does not recognize personal limitations
<input type="checkbox"/> Trouble reading charts and maps	<input type="checkbox"/> Difficulty generalizing skills from one situation to another



Describe Observed behavior (**REQUIRED**): Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Attach student work sample:

