**BEHAVIOR OBSERVATION CHECKLIST**

STUDENT’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEACHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Behavior Intervals** | 1% | 2% | 3% | 4% | 5% | 6% | 7% | 8% | 9% | 10% |
| **Attentive** |  |  |  |  |  |  |  |  |  |  |
| **Participation in class** |  |  |  |  |  |  |  |  |  |  |
| **Communication with peers** |  |  |  |  |  |  |  |  |  |  |
| **Requesting Help** |  |  |  |  |  |  |  |  |  |  |
| **Class work/assignments** |  |  |  |  |  |  |  |  |  |  |

Indicate percentage by placing a check in appropriate box

**Comments:** (Including changes in behavior, adult interactions, health concerns, etc.)