

Systematic Behavior Observation Form

STUDENT: _____ DATE: _____ LOCATION: _____ OBSERVATION PERIOD: _____ OBSERVER: _____

BEHAVIOR CODES

OPERATIONAL DEFINITIONS

O = On-task

Student's head/eyes are oriented towards teacher, student speaker participating in teacher-led discussion, work area in front of him/her, follows directions, sitting in assigned location

V = Verbal off-task

Talking out, singing, talking to classmates, making vocal noises, whistling

M = Motor off-task

Bodily movement, physical contact with others, playing with clothes or objects, foot/finger/pencil tapping, rocking, moving upper body back and forth, moving up on knees

P = Passive off-task

Blank stares, looking out of window/into hallway, watching peers, watching clock, head on desk, sleeping

S = Out of Seat

Out of seat **without permission**

CONTEXT/ACTIVITY CODES

EXAMPLES

1 = Independent seatwork

2 = Small group activity

Completing labs & projects as a small group; Stations; small group instruction

3 = Large group activity

Class discussion, watching a movie, Review for an exam

4 = Group instruction

Teacher-directed instruction/lecture

Time Interval: Observe and note the target and control students' behaviors **only** during the last 5 seconds of every 30-second interval (e.g., 0:25-0:30).

Time min/sec	Context/Activity	Target Student Behavior	Control Student Behavior	Time min/sec	Context/Activity	Target Student Behavior	Control Student Behavior	Comments
0:30				8:00				
1:00				8:30				
1:30				9:00				
2:00				9:30				
2:30				10:00				
3:00				10:30				
3:30				11:00				
4:00				11:30				
4:30				12:00				
5:00				12:30				
5:30				13:00				
6:00				13:30				
6:30				14:00				
7:00				14:30				
7:30				15:00				

Frequency Observation: (tally) Requires Redirection/Assistance Asks for help Volunteers Verbal Outburst _____
 Start time: _____
 End time: _____

Summary

Category	Target Student Totals		Control Student Totals	
	Total # of Behaviors/ Total # of Intervals	Overall %*	Total # of Behaviors/ Total # of Intervals	Overall %*
On-task				
Verbal off-task				
Motor off-task				
Passive off-task				
Out of Seat				
Total				

<p><u>Frequency Observation:</u> (totals) <u>Requires Redirection/Assistance</u> <u>Asks for help</u> <u>Volunteers</u> <u>Verbal Outburst</u> _____ Total Time: _____</p>
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NUMBER OF STUDENTS: _____ NUMBER OF TEACHERS: _____ LOCATION OF STUDENTS DESK: _____

Narrative/Notes: