

# McLean County Public Schools

## Behavior Observation – Attention To Task

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Class/Teacher Name: \_\_\_\_\_

Observer Name/Title: \_\_\_\_\_

Observation Time: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

**Directions:** At the end of a 30 second interval, record the student’s behavior as well as a peer, as on-task or off-task. At the end of the observation, calculate the percentage of on-task behavior for both the student and peer. Record any pertinent behavior observed during intervals.

**I. Environment**

<p style="text-align: center;"><u><b>Classroom Setting</b></u></p> <p><input type="checkbox"/> General Education</p> <p><input type="checkbox"/> Resource Setting</p>	<p style="text-align: center;"><u><b>Social Environment</b></u></p> <p><input type="checkbox"/> Large Group      <input type="checkbox"/> Small Group</p> <p><input type="checkbox"/> One other person      <input type="checkbox"/> By self (no interaction)</p>	<p style="text-align: center;"><u><b>Physical Environment</b></u></p> <p><input type="checkbox"/> At a table      <input type="checkbox"/> At a desk</p> <p><input type="checkbox"/> Other: _____</p>
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**II. Task/Activity**

Task/Activity which the teacher has defined for the student: \_\_\_\_\_

\_\_\_\_\_

**III. Typical Performance**

In the teacher’s judgment, was the student’s behavior/performance typical for the student?     Yes     No

\*If No, please explain: \_\_\_\_\_

Target					Pertinent observed Behavior	Peer					
On-task	Off-task		On-task	Off-task			On-task	Off-task		On-task	Off-task
1			21			1			21		
2			22			2			22		
3			23			3			23		
4			24			4			24		
5			25			5			25		
6			26			6			26		
7			27			7			27		
8			28			8			28		
9			29			9			29		
10			30			10			30		
11			31			11			31		
12			32			12			32		
13			33			13			33		
14			34			14			34		
15			35			15			35		
16			36			16			36		
17			37			17			37		
18			38			18			38		
19			39			19			39		
20			40			20			40		

On-task: \_\_\_\_\_ % of time

On-task \_\_\_\_\_ % of time

**Summary of Behavior (Required):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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