

McLean County Public Schools

Behavior Observation – General Intelligence

Student: _____

Grade: _____

Date: _____

Class/Teacher Name: _____

Observer Name/Title: _____

Time: _____

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.

I. Area of Concern

General Intelligence

II. Environment

<u>Classroom Setting</u>	<u>Social Environment</u>	<u>Physical Environment</u>
<input type="checkbox"/> General Education <input type="checkbox"/> Resource Setting	<input type="checkbox"/> Large Group <input type="checkbox"/> One other person <input type="checkbox"/> Small Group <input type="checkbox"/> By self (no interaction)	<input type="checkbox"/> At a table <input type="checkbox"/> Other: _____ <input type="checkbox"/> At a desk

III. Task/Activity

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

IV. Typical Performance

In the teacher's judgment, was the student's behavior/performance typical for the student? Yes No
 *If No, please explain: _____

V. Observation based on students: Instructional Level Current Grade Level

<input type="checkbox"/> Difficulty understanding new concepts	<input type="checkbox"/> Difficulty predicting events/results
<input type="checkbox"/> Difficulty interpreting data to make decisions	<input type="checkbox"/> Difficulty with problem solving skills
<input type="checkbox"/> Difficulty comparing/contrasting ideas of objects (e.g., more, less, tallest, biggest)	<input type="checkbox"/> Difficulty applying knowledge
<input type="checkbox"/> Difficulty with perceptual discrimination	<input type="checkbox"/> Unable to name the weekdays in order
<input type="checkbox"/> Difficulty with rote counting	<input type="checkbox"/> Difficulty sorting groups of objects in more than one way (e.g., by shape and then by size)
<input type="checkbox"/> Unable to retell story from picture book with reasonable accuracy	<input type="checkbox"/> Unable to write first and/or last name from memory
<input type="checkbox"/> Unable to arrange numbered tiles or card in proper sequence	<input type="checkbox"/> Difficulty identifying coins
<input type="checkbox"/> Unable to tell own street, town, and state	<input type="checkbox"/> Unable to state preceding and following days and numbers
<input type="checkbox"/> Difficulty naming letters	<input type="checkbox"/> Difficulty reading age-appropriate printed words
<input type="checkbox"/> Difficulty identifying numbers	<input type="checkbox"/> Difficulty identifying body parts
<input type="checkbox"/> Difficulty naming colors	<input type="checkbox"/> Difficulty calculating single-digit addition and subtraction problems
<input type="checkbox"/> Other: _____	

Describe observed behavior (Required): _____

