

McLean County Public Schools

Behavior Observation – Math

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(s) of Concern (check all that apply)

<input type="checkbox"/> Math Calculation	<input type="checkbox"/> Math Reasoning
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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"/> At a desk <input type="checkbox"/> Other: _____

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? <input type="checkbox"/> Yes <input type="checkbox"/> No *If No, please explain: _____
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V. Observation based on students: Instructional Level Current Grade Level

<input type="checkbox"/> Difficulty with simple counting and one-to-one correspondence between number symbols and items/objects	<input type="checkbox"/> Rarely solves problems independently and requires teacher assistance for the majority of math problems
<input type="checkbox"/> Difficulty learning strategic counting principles (i.e. y 2, 5, 10, 100)	<input type="checkbox"/> Difficulty estimating quantity (i.e. quantity, value)
<input type="checkbox"/> Difficulty with comparisons (i.e., less than greater than)	<input type="checkbox"/> Difficulty telling time
<input type="checkbox"/> Difficulty conceptualizing passage of time	<input type="checkbox"/> Difficulty counting rapidly or making calculations
<input type="checkbox"/> Difficulty solving one-step word problems	<input type="checkbox"/> Difficulty solving facts and longer operations
<input type="checkbox"/> Difficulty applying order of operations	<input type="checkbox"/> Difficulty identifying coins and counting money
<input type="checkbox"/> Difficulty solving multi-step word problems	<input type="checkbox"/> Difficulty understanding/applying measurement concepts
<input type="checkbox"/> Has trouble interpreting graphs and charts	<input type="checkbox"/> Difficulty solving one-step equations
<input type="checkbox"/> Difficulty solving multi-step equations	<input type="checkbox"/> Difficulty solving one-step inequalities
<input type="checkbox"/> Difficulty solving multi-step inequalities	<input type="checkbox"/> Does not ask for assistance on math assignments
<input type="checkbox"/> Does not demonstrate appropriate effort on math assignments	<input type="checkbox"/> Makes careless errors on math assignments
<input type="checkbox"/> Other: _____	

Describe observed behavior (Required): _____

