

McLean County Public Schools

Behavior Observation – Motor Abilities

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"/> Fine Motor	<input type="checkbox"/> Gross Motor	<input type="checkbox"/> Other
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II. Environment

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

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

Fine Motor Skills

Gross Motor Skills

<input type="checkbox"/> Grasps writing instruments awkwardly, resulting in poor handwriting, drawing	<input type="checkbox"/> Appears awkward and clumsy, dropping, spilling, or knocking things over
<input type="checkbox"/> Demonstrates poor ability to color or write within the lines	<input type="checkbox"/> Finds it hard to judge speed and distance (i.e., hard to play certain games)
<input type="checkbox"/> Confuses left and right	<input type="checkbox"/> Exhibits poor body control
<input type="checkbox"/> Creates art work that is immature for age	<input type="checkbox"/> Difficulty walking down steps
<input type="checkbox"/> Difficulty copying information	<input type="checkbox"/> Difficulty with balance
<input type="checkbox"/> Difficulty tracing objects/letters/shapes	Other
<input type="checkbox"/> Difficulty with buttons, zippers, hooks, snaps, and tying shoes	<input type="checkbox"/> Difficulty maintaining physical stamina
<input type="checkbox"/> Difficulty using small objects or items that demand eye-hand coordination (e.g., Legos, puzzles pieces, scissors, musical instruments, sports)	<input type="checkbox"/> Exhibits sensory sensitivity (e.g., lights, sounds, texture, touch)
<input type="checkbox"/> Difficulty cutting	<input type="checkbox"/> Problems with hearing
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Problems with vision

Describe observed behavior (Required): _____
