

# McLean County Public Schools

## Behavior Observation – Reading/Written Expression

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:**

<input type="checkbox"/> Basic Reading Skills	<input type="checkbox"/> Reading Fluency	<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Written Expression
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**II. Environment**

<b>Classroom Setting</b> <input type="checkbox"/> General Education <input type="checkbox"/> Resource Setting	<b>Social Environment</b> <input type="checkbox"/> Large Group <input type="checkbox"/> Small Group <input type="checkbox"/> One other person <input type="checkbox"/> By self (no interaction)	<b>Physical Environment</b> <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?     Yes     No  
 \*If No, please explain: \_\_\_\_\_

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

**Reading**

<input type="checkbox"/> Difficulty with phonemic awareness tasks (e.g. rhyming, initial sounds, blending sounds, phoneme segmentation/deletion)	<input type="checkbox"/> Does not use adequate expression while reading orally; does not use pitch, stress, and intonation to convey meaning of the text
<input type="checkbox"/> Rereads a line or skips a line while reading orally	<input type="checkbox"/> Is unable to make inferences when reading
<input type="checkbox"/> Does not observe punctuation marks, such as periods and commas, while reading orally	<input type="checkbox"/> Cannot read phrases, thought units, or groups of words; reads in a word-by-word, choppy manner
<input type="checkbox"/> Frequently loses place while reading orally	<input type="checkbox"/> Omits or inserts words
<input type="checkbox"/> Repeats words and phrases in the process of sounding out words	<input type="checkbox"/> Guesses at unfamiliar words rather than using word analysis skills
<input type="checkbox"/> Reads at a slower rate compared to peers	<input type="checkbox"/> Confuses similar-looking words (i.e., beard, bread)
<input type="checkbox"/> Avoids reading or reads reluctantly	<input type="checkbox"/> Reverses letters or words
<input type="checkbox"/> Difficulty reading grade level sight words	<input type="checkbox"/> Does not self-correct while reading orally
<input type="checkbox"/> Difficulty with retention of new vocabulary	<input type="checkbox"/> Difficulty re-telling what has been read
<input type="checkbox"/> Difficulty demonstrating inferential comprehension of sentences/stories	<input type="checkbox"/> Is unable to use predictions when reading
<input type="checkbox"/> Does not recall/retell to include expository text elements when asked (description, collection, causation, problem/solution, comparison)	<input type="checkbox"/> Does not recall/retell to include story elements when asked (main characters, time and place, problem, plot details in sequence, turning point, resolution)
<input type="checkbox"/> Other: _____	

**Written Expression**

<input type="checkbox"/> Does not show understanding of directions for writing assignment	<input type="checkbox"/> Frequently reversals of letters and numbers
<input type="checkbox"/> Difficulty remembering shapes of letters and numbers	<input type="checkbox"/> Difficulty holding writing instrument
<input type="checkbox"/> Does not initiate the assignment	<input type="checkbox"/> Does not work at an appropriate pace compared to peers
<input type="checkbox"/> Does not write satisfactory endings or conclusions	<input type="checkbox"/> Does not complete assignment within allotted time
<input type="checkbox"/> Does not use correct mechanics (spelling, punctuation, and capitalization, grammatical usage, sentence structure)	<input type="checkbox"/> Uses incorrect segmentation between words, sentences, lines, and the end of the page
<input type="checkbox"/> Uses uneven spacing between letters and words, and has trouble staying on the line	<input type="checkbox"/> Copies inaccurately (i.e., confuses similar-looking letters and numbers)
<input type="checkbox"/> Does not display a willing attitude toward writing	<input type="checkbox"/> Unable to brainstorm to select a topic for writing
<input type="checkbox"/> Unable to write an acceptable rough draft	<input type="checkbox"/> Difficulty proof-reading and self-correcting work
<input type="checkbox"/> Spells poorly and inconsistently (i.e., the same word appears differently other places in the same document)	<input type="checkbox"/> Does not demonstrate organization in story form (beginning, middle, and ending)
<input type="checkbox"/> Unable to reread own writing effectively	<input type="checkbox"/> Does not use graphic organizers for writing as appropriate
<input type="checkbox"/> Fails to sequence ideas logically while writing	<input type="checkbox"/> Does not structure a paragraph using a topic sentence
<input type="checkbox"/> Writing is messy and incomplete with many cross-outs and erasures	<input type="checkbox"/> Purpose of writing is unclear
<input type="checkbox"/> Fails to use appropriate transitions in writing	<input type="checkbox"/> Fails to develop ideas in writing so written work is incomplete and too brief
<input type="checkbox"/> Other: _____	

**Describe observed behavior-Please use back of this page (Required)** \_\_\_\_\_

