

McLean County Public Schools

Behavior Observation – Reading

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"/> Basic Reading Skills	<input type="checkbox"/> Reading Fluency	<input type="checkbox"/> Reading Comprehension
---	--	--

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"/> Small Group <input type="checkbox"/> One other person <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: _____

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

<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"/> Does not ask questions about a text before, during, and after reading and looking for answers	<input type="checkbox"/> Displays inhibiting factors, such as finger-pointing and head movements, while reading orally
<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"/> Rereads a line or skips a line while reading orally
<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 & place, problem, plot details in sequence, turning point, resolution)
<input type="checkbox"/> Is unable to use predictions when reading	<input type="checkbox"/> Does not preview text to determine prior knowledge
<input type="checkbox"/> Is unable to make inferences when reading	<input type="checkbox"/> Does not summarize text when asked, including main ideas or basic plot elements
<input type="checkbox"/> Other: _____	

Describe observed behavior (Required): _____
