

# McLean County Public Schools

## Behavior Observation – Social Emotional Functioning

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**

Social Emotional Functioning

**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"/> Does not pick up on other people's moods/feelings (i.e., may say the wrong things at the wrong time)	<input type="checkbox"/> Difficulty initiating appropriate behaviors of same age peers
<input type="checkbox"/> Difficulty 'joining in' and maintaining positive social status in a peer group	<input type="checkbox"/> Difficulty dealing with group pressure, embarrassment, and unexpected challenges
<input type="checkbox"/> Does not initiate interaction with peer groups in appropriate ways	<input type="checkbox"/> Exhibits moods swings
<input type="checkbox"/> Has difficulty accepting correction from adults	<input type="checkbox"/> Does not accept rules
<input type="checkbox"/> Makes statements/exhibits behaviors indicative of poor self-concept	<input type="checkbox"/> Withdraws from others; prefers to be alone
<input type="checkbox"/> Exhibits repetitive behaviors	<input type="checkbox"/> Displays inappropriate reaction to disappointing situations
<input type="checkbox"/> Has difficulty maintaining self-control	<input type="checkbox"/> Does not cooperate with others in peer group
<input type="checkbox"/> Does not display adequate self-help skills	<input type="checkbox"/> Does not work appropriately in group situations
<input type="checkbox"/> Appears anxious	<input type="checkbox"/> Difficulty expressing feelings
<input type="checkbox"/> Difficulty with self-control when frustrated	<input type="checkbox"/> Difficulty knowing how to share/express feelings
<input type="checkbox"/> Does not detect or respond appropriately to teasing	<input type="checkbox"/> Argumentative with teacher
<input type="checkbox"/> Argumentative with peers	<input type="checkbox"/> Difficulty 'picking up' on other people's moods/feelings
<input type="checkbox"/> Difficulty understanding the social hierarchy (students, teachers, administrators) of school	<input type="checkbox"/> Demonstrates physical aggressive behaviors (hitting, kicking, throwing objects)
<input type="checkbox"/> Exhibits defiance/disrespect with adults (refusal to follow directions, talks back, and/or delivers socially rude interactions)	<input type="checkbox"/> Uses inappropriate language (cursing, name calling, use of words in an inappropriate way)
<input type="checkbox"/> Disrupts class/activity (sustained loud talking/screaming, horseplay, running around the room, rough-housing, making noises with materials)	<input type="checkbox"/> Bullies peers (delivers disrespectful messages that are verbal or gestural that include threats and intimidation and/or obscene gestures)
<input type="checkbox"/> Other: _____	

**Describe observed behavior (Required):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

