

McLean County Public Schools

Behavior Observation – Work Skills/Vocational 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

<input type="checkbox"/> Work Skills/Vocational 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"/> 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 organizing tasks and activities	<input type="checkbox"/> Difficulty sustaining attention in work tasks or play activities
<input type="checkbox"/> Fails to pay close attention to details or make careless mistakes in schoolwork or other activities	<input type="checkbox"/> Often loses things that are necessary for tasks/activities (i.e., school assignments, pencils, books, or tools)
<input type="checkbox"/> Easily distracted by outside influences	<input type="checkbox"/> Difficulty transitioning from one activity to another
<input type="checkbox"/> Difficulty remembering daily/routine activities	<input type="checkbox"/> Acts/responds before thinking
<input type="checkbox"/> Difficulty with punctuality	<input type="checkbox"/> Preoccupied/daydreams
<input type="checkbox"/> Displays excessive random movement	<input type="checkbox"/> Does not complete class assignments on time
<input type="checkbox"/> Difficulty following directions	<input type="checkbox"/> Shows poor planning skills
<input type="checkbox"/> Difficulty organizing materials/belongings	<input type="checkbox"/> Does not seek assistance when needed
<input type="checkbox"/> Difficulty working independently	<input type="checkbox"/> Demands teacher attention
<input type="checkbox"/> Difficulty using technology to gather/organize information	<input type="checkbox"/> Does not recognize personal limitations
<input type="checkbox"/> Does not identify preferences/interests	<input type="checkbox"/> Trouble reading charts and maps
<input type="checkbox"/> Difficulty listening and taking notes at the same time	<input type="checkbox"/> Trouble reading charts and graphs
<input type="checkbox"/> Shows poor planning skills	<input type="checkbox"/> Confuses left and right
<input type="checkbox"/> Other: _____	

Describe observed behavior (Required): _____
