

Teacher:	Observer:	Date:
Target student:	Grade:	IEP: <i>Select</i>
Time in:	Time Out:	Total minutes observed:

Teacher Identified Priorities (from the *Request for Assistance*)

1. _____
2. _____
3. _____

Are these Critical Elements in place in the classroom?

Comments

1. Positively stated rules and procedures <i>posted</i> for all students?	<i>Select</i>	
2. A set of individual rules for the target student? (e.g., on his/her desk)	<i>Select</i>	
3. Teacher reports that the rules and procedures have been specifically taught to class?	<i>Select</i>	
4. Feedback provided for students who follow posted rules? (e.g., from 3 observed occurrences)	<i>Select</i>	
5. Feedback provided for students who do NOT follow posted rules?	<i>Select</i>	
6. Transitions preceded by a visual or auditory signal?	<i>Select</i>	
7. Instruction provided before students are asked to do an individual task?	<i>Select</i>	
8. Students are engaged and on-task during instructional time?	<i>Select</i>	

Behavior Observation

During the observation, did you observe the behavior of concern? If YES , please state the Behavior of Concern and briefly describe the Activity in which you observed the behavior.	<i>Select..</i>	Behavior of Concern: Activity Description:
Based on the observation, could you predict the function of the behavior?	<i>Select..</i>	<i>Please select the predicted function of behavior...</i> Other:

Teacher Report

What supports are in place for the target student? (e.g., behavior intervention plan, visual supports)

List barriers to implementation for the target student's current plan: