

Systematic Behavior Observation Form

STUDENT: _____ DATE: _____ LOCATION: _____ OBSERVATION PERIOD: _____ OBSERVER: _____

BEHAVIOR CODES

- O = On-task
- V = Verbal off-task
- M = Motor off-task
- P = Passive off-task
- S = Out of Seat

OPERATIONAL DEFINITIONS

- Student's head/eyes are oriented towards teacher, student speaker participating in teacher-led discussion, work area in front of him/herself, follows directions, sitting in assigned location
- Talking out, singing, talking to classmates, making vocal noises, whistling
- Bodily movement, physical contact with others, playing with clothes or objects, foot/finger/pencil tapping, rocking, moving upper body back and forth, moving up on knees
- Blank stares, looking out of window/into hallway, watching peers, watching clock, head on desk, sleeping
- Out of seat without permission

CONTEXT/ACTIVITY CODES

- 1 = Independent seatwork
- 2 = Small group activity
- 3 = Large group activity
- 4 = Group instruction

EXAMPLES

- Completing labs & projects as a small group; Stations; small group instruction
- Class discussion, watching a movie, Review for an exam
- Teacher-directed instruction/lecture

Time Interval: Observe and note the target and control students' behaviors only during the last 5 seconds of every 30-second interval (e.g., 0:25-0:30).

Time min./sec	Context/Activity	Target Student Behavior	Control Student Behavior	Time min./sec	Context/Activity	Target Student Behavior	Control Student Behavior	Comments
0:30				8:00				
1:00				8:30				
1:30				9:00				
2:00				9:30				
2:30				10:00				
3:00				10:30				
3:30				11:00				
4:00				11:30				
4:30				12:00				
5:00				12:30				
5:30				13:00				
6:00				13:30				
6:30				14:00				
7:00				14:30				
7:30				15:00				

Frequency Observation: (tally) _____ Requires Redirection/Assistance _____ Asks for help _____ Volunteers _____ Verbal Outburst _____

Start time: _____

End time: _____

Summary

Category	Target Student Totals		Control Student Totals	
	Total # of Behaviors / Total # of Intervals	Overall %*	Total # of Behaviors / Total # of Intervals	Overall %*
On-task				
Verbal off-task				
Motor off-task				
Passive off-task				
Out of Seat				
Total				

Frequency Observation: (totals) Requires Redirection/Assistance Asks for help Volunteers Verbal Outburst
Total Time: _____

NUMBER OF STUDENTS: _____ NUMBER OF TEACHERS: _____ LOCATION OF STUDENTS DESK: _____

Narrative/Notes: