

**Warren County Schools  
School Assistance Team  
STUDENT OBSERVATION FORM**

Student \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Teacher/Class \_\_\_\_\_ Grade \_\_\_\_\_  
 Observer \_\_\_\_\_ Time \_\_\_\_\_

Identify the problem behaviors to be observed in the 2 minute intervals (ex. off-task, on-task, out-of-seat, etc)

Behaviors/Intervals	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30

Additional Notes/Behavior:

**Summary of Behaviors**  
(Check all behaviors observed)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Attentive                       | <input type="checkbox"/> Difficulty copying from board    | <input type="checkbox"/> Sits quietly              |
| <input type="checkbox"/> Talks out of turn               | <input type="checkbox"/> Demands excessive attention      | <input type="checkbox"/> Short attention span      |
| <input type="checkbox"/> Easily distracted               | <input type="checkbox"/> Careless, doesn't complete tasks | <input type="checkbox"/> Daydreams                 |
| <input type="checkbox"/> Overactive, restless            | <input type="checkbox"/> Perseverates (repeats behavior)  | <input type="checkbox"/> Withdrawn                 |
| <input type="checkbox"/> Talks excessively               | <input type="checkbox"/> Works well independently         | <input type="checkbox"/> Disruptive                |
| <input type="checkbox"/> Trouble keeping up              | <input type="checkbox"/> Disorganized work habits         | <input type="checkbox"/> Unusual language          |
| <input type="checkbox"/> Avoids eye contact              | <input type="checkbox"/> Easily frustrated                | <input type="checkbox"/> Speech problems           |
| <input type="checkbox"/> Displays leadership skills      | <input type="checkbox"/> Constantly out of seat           | <input type="checkbox"/> Avoids group              |
| <input type="checkbox"/> Contributes to class discussion | <input type="checkbox"/> Tries to control others          | <input type="checkbox"/> Cooperative               |
|  | <input type="checkbox"/> Aggressive toward others         | <input type="checkbox"/> Doesn't follow directions |
|  | <input type="checkbox"/> Obscene language                 |  |

SAT – 4(a)

School Assistance Team  
**STUDENT OBSERVATION FORM**

Student \_\_\_\_\_ Grade \_\_\_\_\_

Location of Observation \_\_\_\_\_

Observer \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The following is an anecdotal record focusing on the above student. Times should be recorded and significant interactions between the student, teacher(s), environment and others should be included. Identify behaviors and/or academic patterns which have led or may lead to a special concern.

Time	Observations

SAT – 4 (b)