PBS Individual Classroom Observation Form

Teacher:_____Campus:_____Date:_____Time:_____

Grade Level:___ Subject: _____Activity:_____Observer:_____

Teacher Responses to Behavior *Tally observed responses. Record the total in the space below.*

Teacher Responses to Positive Behavior	**Teacher Responses to Negative Behavior**	**Negative Behaviors Observed**
Verbal Acknowledgement	Verbal Redirection	Talking
Non-verbal Acknowledgement	Non-verbal Cue	Off-task
Reward	Proximity	Out of Seat
Total Positive Responses: Ratio of Interactions:	Total Negative Responses:	Total Negative Behaviors:

On Task Behavior: *Observe a student for 5 seconds and record a "+" for on task behavior and a "-" for off task behavior; repeat process 60 times.*

On Task Percentage: _____

Transitions

Activity	to	Activity	Attention Signal					Expectations/Procedures					
			Signal	Expectations	Wait & Scan	Acknowledge	Redirect	Expectations	Procedures	Cue	Wait & Scan	Acknowledge	Redirect
	to												
	to												
	to												
	to												
	to												

Comments:

Evidence of Guidelines for Success: *Check the appropriate boxes.*

Activity	Posted	Stated	# of Expectations	Positively Stated	Behaviorally Specific
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐

Evidence of Expectations for Current Activity: *Check the appropriate boxes.*

☐ Posted ☐ Stated ☐ No Evidence

Evidence of a Refocus Space: *Check the appropriate boxes.*

☐ Yes ☐ No

Evidence of Procedures: *Check the appropriate boxes.*

Activity	Posted	Stated	# of Steps	Positively Stated	Behaviorally Specific
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
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