

Informal Behavior Checklist

This is an informal checklist for a student's behavior in the school setting.

Date: _____

Student: _____

Teacher: _____ **Class/Setting:** _____

Type of lesson in which student has greatest success:

- | | | |
|--|---|---|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Oral Reading | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Group Discussion | <input type="checkbox"/> Learning Center | _____ |
| <input type="checkbox"/> Written Assignments | <input type="checkbox"/> Independent Work | _____ |
| <input type="checkbox"/> Silent Reading | <input type="checkbox"/> Small Group work | _____ |

Academic Strengths:

- | | | |
|--|---|---|
| <input type="checkbox"/> Reading Decoding | <input type="checkbox"/> Math Computation | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Math Problem Solving | _____ |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Science | _____ |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Social Studies & History | _____ |

Describe any academically challenging areas for the student:

Does this student have the ability to do better academic work? Yes or No

If yes, what do you feel hinders the student:

If no, explain:

What does the student say hinders their academic performance?

What does the student say would help them do better academic work?

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Please mark the following behaviors that are typical for this student.

Body Activity

- | | |
|---|--|
| <input type="checkbox"/> Sits still in chair | <input type="checkbox"/> Restless/squirming/shifting |
| <input type="checkbox"/> Relaxed posture | <input type="checkbox"/> Tense |
| <input type="checkbox"/> Stays in seat when expected | <input type="checkbox"/> Out of seat and wandering |
| <input type="checkbox"/> Average Coordination | <input type="checkbox"/> Poor coordination |
| <input type="checkbox"/> Can remain still during activity | <input type="checkbox"/> Rocking Swaying |
| <input type="checkbox"/> Stays on task in assigned area | <input type="checkbox"/> Erratic or scattered behavior |
| <input type="checkbox"/> Typical movement | <input type="checkbox"/> Repetitive behavior |

Attention

- | | |
|--|---|
| <input type="checkbox"/> Follows directions well | <input type="checkbox"/> Does not follow directions |
| <input type="checkbox"/> Adequate Attention Span | <input type="checkbox"/> Short attention span |
| <input type="checkbox"/> Completes classwork | <input type="checkbox"/> Work is incomplete |
| <input type="checkbox"/> Stays on task | <input type="checkbox"/> Easily distracted |
| <input type="checkbox"/> Volunteers in class | <input type="checkbox"/> "Daydreams" |

Social

- | | |
|---|--|
| <input type="checkbox"/> Shows leadership | <input type="checkbox"/> Usually a follower |
| <input type="checkbox"/> Seeks positive attention | <input type="checkbox"/> Seeks negative attention |
| <input type="checkbox"/> Respects others' property | <input type="checkbox"/> Bothers others' property |
| <input type="checkbox"/> Keeps hands to self | <input type="checkbox"/> Frequently touches others |
| <input type="checkbox"/> Follows peers' instructions | <input type="checkbox"/> Pushy, dominates others |
| <input type="checkbox"/> Other kids like this student | <input type="checkbox"/> Other kids avoid this student |
| <input type="checkbox"/> Likes to be part of the group | <input type="checkbox"/> Withdrawn and a loner |
| <input type="checkbox"/> Does not engage in aggressive behavior | <input type="checkbox"/> Does engage in aggressive behavior, describe: _____ |

Frustration

- | | |
|---|---|
| <input type="checkbox"/> Works persistently, keeps trying | <input type="checkbox"/> Gives up easily |
| <input type="checkbox"/> Slow to anger | <input type="checkbox"/> Reactive, angers quickly |
| <input type="checkbox"/> Even moods | <input type="checkbox"/> Rapid mood shifts |
| <input type="checkbox"/> Appears relaxed and comfortable | <input type="checkbox"/> Appears nervous |
| <input type="checkbox"/> May pout less than 10 minutes | <input type="checkbox"/> Pouts for 10 or more minutes |
| <input type="checkbox"/> Ignores others' behavior | <input type="checkbox"/> Easily angered and explosive |
| <input type="checkbox"/> Proud of classwork | <input type="checkbox"/> Destroys own work |
| <input type="checkbox"/> Attempts to complete work | <input type="checkbox"/> Easily distracted from classwork |
| <input type="checkbox"/> Readily attacks new work | <input type="checkbox"/> Avoids beginning work |

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Language Behavior

- | | |
|--|---|
| <input type="checkbox"/> Appropriate relevant questions or responses | <input type="checkbox"/> Inappropriate or unrelated questions/responses |
| <input type="checkbox"/> Raises hand to be called upon | <input type="checkbox"/> Speaks out of turn |
| <input type="checkbox"/> Age appropriate vocabulary | <input type="checkbox"/> Immature vocabulary/or inappropriately mature (circle one) |
| <input type="checkbox"/> Is quiet when working | <input type="checkbox"/> Talks to self |
| <input type="checkbox"/> Understands directions/responses | <input type="checkbox"/> Will repeat questions/responses |
| <input type="checkbox"/> Responds appropriately socially | <input type="checkbox"/> Laughs/whistles/signs inappropriately |

Fatigue

- | | |
|---|--|
| <input type="checkbox"/> Responsive and attentive | <input type="checkbox"/> Lays head on desk |
| <input type="checkbox"/> Interested in activity | <input type="checkbox"/> Stretches/yawns |
| <input type="checkbox"/> Alert | <input type="checkbox"/> Rubs eyes/sleepy |

Describe any other areas of strength and/or positive attributes:

Describe any other challenging areas or attributes that need work (Potential IEP goal ideas):

Describe accommodations or modifications commonly provided for the student: (e.g., frequent breaks, complete homework in a different setting, positive reinforcement program, testing in a separate room, fewer problems assigned, etc.)

Please return to the case manager in a timely manner. Thank you for your input, it is very valuable to the evaluation!
