

SCHOOL CHECKLIST

Observation Form

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Remains in seat during important lessons. |
| <input type="checkbox"/> | Stays on task and works on the assigned activity. |
| <input type="checkbox"/> | Avoid distractions in the classroom. |
| <input type="checkbox"/> | Does not talk to other students during lessons. |
| <input type="checkbox"/> | Pays attention to the teacher's presentation. |
| <input type="checkbox"/> | Takes notes during lessons. |
| <input type="checkbox"/> | Works independently during class. |
| <input type="checkbox"/> | Does not touch other students. |
| <input type="checkbox"/> | Does not argue with the teacher over inappropriate behavior. |
| <input type="checkbox"/> | Student is kind and does not verbally attack students or the teacher. |
| <input type="checkbox"/> | Does not interrupt the lesson with inappropriate behaviors. |
| <input type="checkbox"/> | Cooperates and follows the class routine. |
| <input type="checkbox"/> | Keeps workspace organized and free of clutter. |
| <input type="checkbox"/> | Participates in class discussions. |
| <input type="checkbox"/> | Stays in class except for occasional trips to the bathroom or nurse. |

SCHOOL CHECKLIST

Self-Assessment Form

- | |
|--|
| <input type="checkbox"/> I remain in my seat during important lessons. |
| <input type="checkbox"/> I am staying on task and working on the assigned activity. |
| <input type="checkbox"/> I avoid distractions in the classroom. |
| <input type="checkbox"/> I am not talking to other students during lessons. |
| <input type="checkbox"/> I am paying attention to the teacher's presentation. |
| <input type="checkbox"/> I take notes during lessons. |
| <input type="checkbox"/> I am working independently during class. |
| <input type="checkbox"/> I am not touching other students. |
| <input type="checkbox"/> I am not arguing with the teacher over my behavior. |
| <input type="checkbox"/> I am kind. I am not verbally attacking students or the teacher. |
| <input type="checkbox"/> I am not interrupting the lesson with inappropriate behaviors. |
| <input type="checkbox"/> I am cooperating and following the class routine. |
| <input type="checkbox"/> I keep my workspace organized and free of clutter. |
| <input type="checkbox"/> I participate in class discussions. |
| <input type="checkbox"/> I stay in class except for occasional trips to the bathroom or nurse. |

SCHOOL CHECKLIST

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	