Texas Education Agency

Advancing Wellness and Resiliency in Education

Behavior Observation and Student Assistance Referral Form

STUDENT: _____ M / F **GRADE/AGE**: _____/_____ **DATE**: _____

COMPLETED BY: _____ **SUBJECT:** _____ **PERIOD(S):** _____

Please check the **patterns of behaviors** you have observed and forward this to _____ _____no later than _____

STUDENT'S STRENGTHS

___Self-motivated/self-starter
___Engaged in school/class
___Displays sense of humor
___Has creative outlet(s)
___Asks for assistance
___Shows integrity
___Stands up to peer pressure
___Responsible for self
___Thinks before acting
___Sound decision-making skills
___Empathetic or sensitive
___Respects cultural differences
___Resolves conflicts peacefully
___Tolerates change
___High self-esteem
___Positive view of future

INTERESTS: _____

_____

_____

COMMUNICATION

Have you communicated with the student's parents?
___Yes,
___Phone; date(s)_____
___Conference; date(s)_____
___No
(Write comments on back)

Student's current grade in your class?

_____

Student's last report card grade in your class?_____

Number of absences in your class?

_____

Number of times you've referred the student for discipline violations?

_____

Use the back to document any intervention or accommodations that have been tried with this student, including frequency & duration, and whether or not they were helpful.

BEHAVIORS

___Inattentive
___Easily distracted
___Forgetful
___Disorganized
___Defiance of rules
___Irresponsible
___Blaming
___Fighting/argumentative
___Secretive behavior
___Cheating
___Dramatic attention-getting

___Verbal abuse
___Obscene language/gestures
___Crying inappropriately
___Physically aggressive
___Bullying others
___Impulsive
___Stealing
___Vandalism
___Rigid obedience
___Extremely negative

___Anxious or nervous
___Agitation/fidgety
___Excessive demands on teacher
___Daydreams regularly
___Unresponsive to interaction
___Easily led by others
___Sudden change in peers
___Refuses to comply with requests
___Isolating/withdrawn
___Apathetic

___Expression does not match feelings
___Excessive sadness
___Expresses self-destructive thoughts/ actions
___Dishonesty
___Excessive mood swings

___Expresses fear for self or others
___Less/more mature than peers
___Expresses low self-esteem
___Erratic behavior changes
___Violates others' boundaries
___Sexually preoccupied

ACADEMIC

___Low grades
___Drop in grades
___Academic failure
___Inconsistent daily work
___Does not follow directions
___Lack of motivation
___Change in student-to-teacher relationship
___Change in participation
___Overly sensitive to criticism
___Compulsive overachiever
___Easily frustrated/gives up
___Homework incomplete
___Lacking English skills

CLASS ATTENDANCE

___Excessive absenteeism
___Patterns of absences
___Frequent tardiness
___In jeopardy of losing credit
___Frequent visits to restroom
___Frequent visits to nurse
___Frequent visits to counselor

EXTRACURRICULAR ACTIVITIES

___Loss of interest
___Increased noninvolvement
___Loss of eligibility
___Dropped out of activity
___Overextended in activities
___Unable to meet deadlines

PHYSICAL CONCERNS

___ Frequently fatigued
___ Sleeping in class
___ Impaired coordination
___Difficulty with vision/hearing
___ Poor hygiene
___ Rapid increase/drop in weight
___ Frequent physical complaints
___ Frequent illnesses
___ Burn marks/bruises/cuts
___ Slurred speech
___ Smells of tobacco/marijuana
___ Smells of alcohol
___ Runny nose
___ Red or glassy eyes

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Teacher Observation Comments (back of Behavior Observation Sheet)

Student: _____ Date: _____

Is this referral in any way related to the child's ability to speak, read, or write?

___yes ___no

What is the student *not able* to do that you want him or her to do? Be as specific as you can!

_____

_____

What is the student doing that you *do not* want him or her to do? Be as specific as you can!

_____

_____

What interventions or accommodations have been implemented consistently with this student? Include description for each intervention along with frequency, duration, and outcome.

Describe intervention:

1. _____

_____

Date intervention started: _____ Date intervention ended: _____ Effective?_____

2. _____

_____

Date intervention started: _____ Date intervention ended: _____ Effective?_____

3. _____

_____

Date intervention started: _____ Date intervention ended: _____ Effective?_____

Student's interests: _____

_____

_____

Staff member completing this form: _____