

IEP Goals and Objectives Observation Form

Student Name: _____ Class: _____ Date: _____

Classroom Teacher: _____ Observer: _____

Time Begun: _____ Time Ended: _____

Behavior 1: _____ Behavior 4: _____

Behavior 2: _____ Behavior 5: _____

Behavior 3: _____ Behavior 6: _____

| | | | | | | | | | | | | | | | |
|----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 1 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 2 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| | Positive Performance | Negative Performance | Total # of Opportunities |
|----------|----------------------|----------------------|--------------------------|
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

Comments/Notes