

On Task Observation Form

Time sample _____

Frequency Count _____

Name _____

Observer _____

Date _____ Grade _____ Class _____ Teacher _____

Describe setting, activity where student's desk/work area is located _____

STUDENT										PEER									
										ON TASK									
										writing/doodling-not related to class									
										playing with objects-"things" or school supplies/materials									
										out of place-away from work area or group									
										talking/whispering									
										making noises-orally/hands or feet/"things"									
										negative physical contact-pushing /misuse of materials/touching									
										day dreaming-staring/head down on desk/sleeping									