**Expected & Unexpected Behavior Observation Form**

Student:       Grade:  School:

Teacher:       Setting:  Date: 9/7/2021

Characteristics (glasses, handedness, EAL, disorders, etc.)

IEP Goals:

Past Recommendations:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time | Activity | Expected Behavior | Unexpected Behavior | Suggested Adaptations |
|  |  |  |  |  |