

Student Observation Form

Time on Task PDF

Observer Information

- Name: _____
- Role: _____
- Date: _____

Student Information

- Name: _____
- Grade/Level: _____

Observation Details

Task Observed	Time on Task (Minutes)	Instances of Distraction	Comments
Task 1		<input type="checkbox"/> Few <input type="checkbox"/> Moderate <input type="checkbox"/> Many	
Task 2		<input type="checkbox"/> Few <input type="checkbox"/> Moderate <input type="checkbox"/> Many	

Engagement Summary

- Overall Engagement Level: Low Moderate High
- Effective Strategies Used: _____

Observer's Comments

Provide additional remarks: _____

Signature: _____

Date: _____