

IDENTIFIED CHILD'S NAME

CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE	OBSERVER'S NAME	OBSERVATION #
GRADE OR LEVEL	IDENTIFIED CHILD'S BIRTHDATE Mo. _____ Day _____ Yr. _____		OBSERVATION SET (Required)	OBSERVED CHILD (Required)
TIME OF DAY	TODAY'S DATE Mo. _____ Day _____ Yr. _____		SETTING (Required) 1. <input type="checkbox"/> Class _____ Activity 2. <input type="checkbox"/> Recess _____ Activity	1. <input type="checkbox"/> Identified Child 2. <input type="checkbox"/> Control Child 1 3. <input type="checkbox"/> Control Child 2

Please see Page 4 instructions for completing the above information.

The **Direct Observation Form (DOF)** can be used to rate observations of a child's behavior in classrooms and other group settings over a 10-minute period. Because children's behavior may vary from one occasion to another, 3 to 6 separate observations are recommended over at least 2 days. If possible, separate observations should be done in the morning and in the afternoon. Complete a separate DOF form for each 10-minute observation. See Page 4 for instructions for completing the information at the top of the form.

Writing Notes. Use the lined spaces on Page 2 to write a narrative description of the child's behavior over the 10-minute observation period, noting the occurrence, duration, and intensity of specific problems. You can scan the list of DOF problem items on Page 3 to familiarize yourself with the types of problems to describe. You can also describe events that may affect the child's behavior, such as behavior of teachers and peers.

Rating DOF On-Task. The columns of boxes 1 to 10 on Page 2 represent 5-second intervals at the end of each 1-minute interval within the 10-minute observation period. If the child's behavior is on-task for the majority of the 5-second interval (e.g., behaving appropriately, listening to the teacher's directions, working on an assigned task, etc.), draw a line through the box for "ON TASK." If the child is not on-task (e.g., doodling or looking around the room when supposed to be working, not listening to teacher, etc.), draw a line through the box for "OFF TASK." See the *Manual for the ASEBA Direct Observation Form* for more detailed instructions.

Rating DOF Problem Items. Immediately after the 10-minute observation period, rate the child on each of the 89 problem items listed on Page 3. Follow the rules at the top of Page 3 for rating items 0, 1, 2, or 3. Choose the one item that most specifically reflects each behavior actually observed during the 10-minute period. Refer to your notes on Page 2 to help you remember your observations. You may also rate DOF items describing behaviors that you remember but may not have described in your notes. You should consider interactions between the child and teachers or peers when choosing between specific problem items.

If it is unclear whether a particular problem occurred or if there was only a slight occurrence, rate the relevant item 1. If a particular problem definitely occurred with mild to moderate intensity or frequency and less than 3 minutes total duration over the course of the 10-minute observation period, rate the relevant item 2. Rate an item 3 if a particular problem occurred with severe intensity, or occurred for 3 or more minutes over the 10-minute observation period, or occurred intermittently for a total of 3 or more minutes throughout the 10-minute observation period. It is not necessary to actually time the occurrence of each problem. However, it is helpful to have a clock in view so that you can judge whether the problem occurred for at least 3 minutes versus less than 3 minutes. If you described the same problem, such as fidgets, several times on Page 2, this can also help you judge the duration of the problem. See the *Manual for the ASEBA Direct Observation Form* for detailed instructions and guidelines for rating specific DOF problem items.

Write a narrative description of the child's behavior in the spaces below. The boxes 1 to 10 represent the last 5 seconds of each 1-minute interval. Draw a line through one box for each interval to indicate whether the child is OFF TASK or ON TASK. Enter the sum of the OFF TASK and ON TASK scores in the spaces provided at the bottom of the page. (SUM OFF TASK + SUM ON TASK must not exceed 10.)

1	OFF TASK	ON TASK	
2	OFF TASK	ON TASK	
3	OFF TASK	ON TASK	
4	OFF TASK	ON TASK	
5	OFF TASK	ON TASK	
6	OFF TASK	ON TASK	
7	OFF TASK	ON TASK	
8	OFF TASK	ON TASK	
9	OFF TASK	ON TASK	
10	OFF TASK	ON TASK	
	SUM OFF TASK	SUM ON TASK	

For each item that describes the child during the 10-minute observation period, circle:

0 = no occurrence

2 = definite occurrence with mild to moderate intensity/frequency
and less than 3 minutes total duration

1 = very slight or ambiguous occurrence

3 = definite occurrence with severe intensity, high frequency,
or 3 or more minutes total duration

The 3-minute duration is a guideline for choosing between ratings of 2 and 3. Rate only the item that most specifically describes a particular observation. **Be sure to rate all items.**

0 1 2 3	1. Acts too young for age	0 1 2 3	46. Disrupts group activities
0 1 2 3	2. Makes odd noises	0 1 2 3	47. Screams
0 1 2 3	3. Argues	0 1 2 3	48. Secretive, keeps things to self, including refusal to show things to teacher
0 1 2 3	4. Cheats	0 1 2 3	49. Avoids or is reluctant to do tasks that require sustained mental effort
0 1 2 3	5. Defiant or talks back to staff	0 1 2 3	50. Self-conscious or easily embarrassed
0 1 2 3	6. Brags, boasts	0 1 2 3	51. Slow to respond verbally
0 1 2 3	7. Doesn't concentrate or doesn't pay attention for long	0 1 2 3	52. Shows off, clowns, or acts silly
0 1 2 3	8. Difficulty waiting turn in activities or tasks	0 1 2 3	53. Shy or timid
0 1 2 3	9. Doesn't sit still, restless, or hyperactive	0 1 2 3	54. Explosive or unpredictable behavior
0 1 2 3	10. Clings to adults or too dependent	0 1 2 3	55. Demands must be met immediately, easily frustrated
0 1 2 3	11. Confused or seems to be in a fog	0 1 2 3	56. Easily distracted by external stimuli
0 1 2 3	12. Cries	0 1 2 3	57. Stares blankly
0 1 2 3	13. Fidgets, including with objects	0 1 2 3	58. Speech problem (describe): _____
0 1 2 3	14. Cruel, bullies, or mean to others	0 1 2 3	59. Wants to quit or does quit tasks
0 1 2 3	15. Daydreams or gets lost in thoughts	0 1 2 3	60. Yawns
0 1 2 3	16. Difficulty following directions	0 1 2 3	61. Strange behavior (describe): _____
0 1 2 3	17. Tries to get attention of staff	0 1 2 3	62. Stubborn, sullen, or irritable
0 1 2 3	18. Destroys own things	0 1 2 3	63. Sulks
0 1 2 3	19. Destroys property belonging to others	0 1 2 3	64. Swears or uses obscene language
0 1 2 3	20. Disobedient	0 1 2 3	65. Talks too much
0 1 2 3	21. Disturbs other children	0 1 2 3	66. Teases
0 1 2 3	22. Doesn't seem to feel guilty after misbehaving	0 1 2 3	67. Temper tantrums, hot temper, or seems angry
0 1 2 3	23. Doesn't seem to listen to what is being said	0 1 2 3	68. Threatens people
0 1 2 3	24. Eats, drinks, chews, or mouths things that are not food, excluding junk foods (describe): _____	0 1 2 3	69. Too concerned with neatness or cleanliness
0 1 2 3	25. Difficulty organizing activities or tasks	0 1 2 3	70. Underactive, slow moving, or lacks energy
0 1 2 3	26. Fails to give close attention to details	0 1 2 3	71. Unhappy, sad, or depressed
0 1 2 3	27. Forgetful in activities or tasks	0 1 2 3	72. Unusually loud
0 1 2 3	28. Out of seat (see rating rules in Manual)	0 1 2 3	73. Overly anxious to please
0 1 2 3	29. Gets hurt, accident prone	0 1 2 3	74. Whining tone of voice
0 1 2 3	30. Gets in physical fights	0 1 2 3	75. Withdrawn, doesn't get involved with others
0 1 2 3	31. Gets teased	0 1 2 3	76. Sucks thumb, fingers, hand, or arm
0 1 2 3	32. Interrupts	0 1 2 3	77. Fails to express self clearly
0 1 2 3	33. Impulsive or acts without thinking, including calling out in class	0 1 2 3	78. Impatient
0 1 2 3	34. Physically isolates self from others	0 1 2 3	79. Tattles
0 1 2 3	35. Lies	0 1 2 3	80. Repeats behavior over & over; compulsions (describe): _____
0 1 2 3	36. Bites fingernails	0 1 2 3	81. Easily led by peers
0 1 2 3	37. Nervous, highstrung, or tense	0 1 2 3	82. Clumsy, poor motor control
0 1 2 3	38. Nervous movements, twitching, tics, or other unusual movements (describe): _____	0 1 2 3	83. Doesn't get along with peers
0 1 2 3	39. Loses things	0 1 2 3	84. Runs out of class (or similar setting)
0 1 2 3	40. Too fearful or anxious	0 1 2 3	85. Behaves irresponsibly (describe): _____
0 1 2 3	41. Physically attacks people	0 1 2 3	86. Bossy
0 1 2 3	42. Picks or scratches nose, skin, or other parts of body (describe): _____	0 1 2 3	87. Complains
0 1 2 3	43. Runs about or climbs excessively	0 1 2 3	88. Afraid to make mistakes
0 1 2 3	44. Apathetic, unmotivated, or won't try	0 1 2 3	89. Other problems not listed above: _____
0 1 2 3	45. Responds before instructions are completed		

Instructions for completing information at the top of Page 1

For office use only ID#	This space is for an anonymous user-created ID number for the identified child. The ID number is usually assigned by an administrator or other appropriate staff member. The same ID number should be used for control children matched to the identified child.
IDENTIFIED CHILD'S NAME	Write the first, middle (if available), and last name of the identified child (e.g., John Eric Smith). On the DOFs for control children matched to the identified child, write a brief description of the control child (e.g., boy with dark curly hair) and/or write an abbreviation of the identified child's name to create a link to the control child (e.g., if the identified child is John Eric Smith, Control 1 might be labeled "JES-C1").
CHILD'S GENDER	Check "Boy" or "Girl" for the gender of the child being observed. Ideally, the gender of the control child should match the gender of the identified child.
CHILD'S AGE	On DOFs for the identified child, write age in years. On DOFs for control children, write age of the control child if known, or write age of the identified child as an estimate of the control child's age, or leave blank.
CHILD'S ETHNIC GROUP OR RACE	Write the known or apparent ethnic group or race of the child being observed (e.g., White, African American, Hispanic, Asian).
OBSERVER'S NAME	Write the observer's first and last name or initials.
OBSERVATION #	Write a separate <i>unique</i> number for each 10-minute observation for the identified child (e.g., 1, 2, 3, 4, 5, 6) and each 10-minute observation for each control child.
GRADE OR LEVEL	Write the grade (e.g., Kindergarten, 1st, 4th) or level in school (e.g., 1-2) of the child being observed. Ideally, the grade or level of the control child should match the grade or level of the identified child.
IDENTIFIED CHILD'S BIRTHDATE	Write the identified child's birthdate.
OBSERVATION SET	Assign a label to identify the set or group of DOFs for the identified child and control children to be computer-scored on <i>the same DOF Profile</i> . This might be a time frame for the set of observations (e.g., Fall 2009) or a specific setting for the observations (e.g., math class, library). The computer-scoring program allows a minimum of 2 and maximum of 18 DOFs as an observation set to be scored on one DOF Profile: 2 to 6 DOFs for the Identified Child, 1 to 6 for Control 1, and 1 to 6 for Control 2. DOFs for control children are optional.
OBSERVED CHILD	Check one box to indicate whether the observed child for each DOF is the "Identified Child," "Control Child 1," or "Control Child 2."
TIME OF DAY	Write the time of the beginning of the 10-minute observation in hours and minutes and a.m. or p.m. (e.g., 9:20 a.m., 12:30 p.m.)
TODAY'S DATE	Write the date of the observation.
SETTING	Check one box to indicate whether the observation was conducted in the classroom or at recess. If you conduct an observation in a setting other than class or recess, choose the setting option that most closely approximates the activity of children in that particular setting (e.g., lunch = recess; small group instruction = class). You can use the space to write the type of activity for classroom observations (e.g., math, reading, circle group) or recess observations (e.g., inside games, outdoor play).