



Peer Behavior Comparison Form

Student Name: _____ Grade: _____ Today's Date: _____

School: _____ Teacher: _____ Observer: _____

Purpose of observation/Behavior Concerns: _____

Instructional Method: _____ Subject: _____ Class Size: _____

Start Time: _____ **Observation Codes** **Interval Time:** _____

A = Appropriate Working/Behavior	C = Crying
T = Talking	L = Leaving room/area/building
O = Out of Seat/wandering	
F = Fidgeting	
I = Inactive	Teacher Responses
N = Noncompliance	+ = Positive Teacher Response (Encouragement/Support)
V = Verbal Aggression (yelling, swearing, threatening)	- = Negative Teacher Response (Redirection/Correction)
P = Physical Aggression (hitting, kicking, biting, throwing objects)	/ = Neutral or No Teacher Interaction

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Student																									
Peer																									
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Student																									
Peer																									
							7									8									9
Student																									
Peer																									
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Student																									
Peer																									

