Child Behavior Score for Home Routines

Please list the routines, in the left column, in order that they happen immediately after school Monday-Friday. Rate how often the child's behaviors occurred in the routine based on the scale below from **1 Not at any time** to **5 All the time**

1	2	3	4	5
Not at any time		Some of the time		All the time

Daily Routines	**Monday** Date:_____	**Tuesday** Date:_____	**Wednesday** Date:_____	**Thursday** Date:_____	**Friday** Date:_____