

CHILD'S NAME: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_ OTHER PEOPLE PRESENT: \_\_\_\_\_

PLACE: \_\_\_\_\_ OBSERVER: \_\_\_\_\_

LIST PROBLEM BEHAVIORS: \_\_\_\_\_

WHAT ACTIVITY? \_\_\_\_\_

**WHAT HAPPENED BEFORE? (Trigger)**

- Told or asked to do something
- Change or end activity
- Removal of object
- Object out of reach
- Not a preferred activity
- Visitors

- Playing alone
- Move from one activity /location to another
- Told "No"
- Attention given to others
- Uncertain of what's next
- Other (specify)

**WHAT HAPPENED AFTER?**

- (Actual Response)
- Given social attention/comfort
- Given something (toy, activity, food, drink)
- Removed from activity or area
- Lectured \_\_\_\_\_

- Ignored
- Punished or scolded
- Request or demand withdrawn
- Other (specify)

**PURPOSE:**

(Function)

**Get away or avoid...**

- Activity
- Transition
- Person
- Demand or request
- Other (specify)

**To get something or obtain...**

- Predictability \_\_\_\_\_
- Activity
- Attention
- Objects/toys
- Person/place
- Food
- Other (specify)

**Other issues related to the child's behavior:**

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- |   |  |
|---|--|
| <input type="checkbox"/> Hunger   | <input type="checkbox"/> Uncomfortable clothing    |
| <input type="checkbox"/> Absence of fun activities, toys                              | <input type="checkbox"/> Too hot or too cold       |
| <input type="checkbox"/> Sick   | <input type="checkbox"/> Loud noise                |
| <input type="checkbox"/> Unexpected loss or change of preferred activities or objects | <input type="checkbox"/> Lack of sleep             |
| <input type="checkbox"/> Other (specify)  | <input type="checkbox"/> Medication side effects   |
|   | <input type="checkbox"/> Extreme change in routine |

**LIST NOTES / COMMENTS / UNUSUAL EVENTS:**

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