

OBSERVATION CARD

Child's Name: _____ Date/Time: _____

Activity: _____ Observer: _____

Describe Challenging Behavior: _____

What Happened Before?

- | | | |
|--|---|--|
| <input type="checkbox"/> Told or asked to do something | <input type="checkbox"/> Playing alone | <input type="checkbox"/> Changed or ended activity |
| <input type="checkbox"/> Removed an object | <input type="checkbox"/> Moved activity/location to another | <input type="checkbox"/> Object out of reach |
| <input type="checkbox"/> Not a preferred activity | <input type="checkbox"/> Told "No", "Don't", "Stop" | <input type="checkbox"/> Child requested something |
| <input type="checkbox"/> Difficult task/activity | <input type="checkbox"/> Attention given to others | <input type="checkbox"/> Other (specify) _____ |

What Happened After?

- | | | |
|--|---|---|
| <input type="checkbox"/> Given social attention | <input type="checkbox"/> Given choice to use quiet area | <input type="checkbox"/> Directed to quiet area |
| <input type="checkbox"/> Given an object/activity/food | <input type="checkbox"/> Request or demand withdrawn | <input type="checkbox"/> Ignored |
| <input type="checkbox"/> Removed from activity/area | <input type="checkbox"/> Request or demand delayed | <input type="checkbox"/> Given assistance/help |
| <input type="checkbox"/> Other (specify) _____ | | |

Purpose of Behavior:

To Get or Obtain:

- | | |
|--|--|
| <input type="checkbox"/> Activity | <input type="checkbox"/> Attention |
| <input type="checkbox"/> Object | <input type="checkbox"/> Food |
| <input type="checkbox"/> Person | <input type="checkbox"/> Place |
| <input type="checkbox"/> Help | <input type="checkbox"/> Sensory Stimulation |
| <input type="checkbox"/> Other (specify) _____ | |

To Get Out Of or Avoid:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Activity | <input type="checkbox"/> Attention | <input type="checkbox"/> Transition |
| <input type="checkbox"/> Object | <input type="checkbox"/> Food | |
| <input type="checkbox"/> Person | <input type="checkbox"/> Place | |
| <input type="checkbox"/> Demand/Request | <input type="checkbox"/> Sensory Stimulation | |
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