

BEHAVIOR OBSERVATION FORM

Child's Name: _____ Date: _____ Time: _____
Activity: _____ Observer: _____

Describe the challenging behavior: (exactly what you SEE & HEAR)

1. What happened **BEFORE** the challenging behavior?

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

2. What happened **AFTER** the challenging behavior?

- | | | |
|--|--|--|
| <input type="checkbox"/> Given social attention | <input type="checkbox"/> Punished or scolded | <input type="checkbox"/> Put in "time-out" |
| <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 Request or demand withdrawn | 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) _____ | | |

3. What was the **PURPOSE** of the challenging behavior?

To Get or Obtain:

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

4. What **SETTING EVENTS** were present that may have contributed to the child's challenging behavior?

- | | | |
|--|--|--|
| <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"/> Absence of a person | <input type="checkbox"/> Loud noise |
| <input type="checkbox"/> Sick | <input type="checkbox"/> Lack of sleep | <input type="checkbox"/> Unexpected change in activity |
| <input type="checkbox"/> Medication side effects | <input type="checkbox"/> Extreme change in routine | <input type="checkbox"/> Unexpected loss of object |
| <input type="checkbox"/> Family stress | <input type="checkbox"/> Allergies | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Other (Specify) _____ | | |

List Notes/Comments/Unusual Events:

From Community Action Opportunities.

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