

Name of Child _____

Observer: _____

Sex: _____

Position: _____

Date of Birth: ___/___/___ Age: _____

Location of observation: _____

Time of Day: _____

Date: _____

Activity Observed

_____ Work Period

_____ Circle Time

_____ Snack Time

_____ Lunch Time

_____ Solitary Play

_____ Outdoor Play

_____ with Activity

_____ Transition

_____ Other: _____

Child Behaviour

Level of Interaction

Interaction with Materials

_____ Participated in activities

_____ Used functionally

_____ Usually / Sometimes / Rarely Complied

_____ Used imaginatively

_____ Refused to participate

_____ Manipulated without regard to function

Level of Interest

Physical Activity Level

_____ Curious about materials

_____ Appropriate

_____ Disinterested in materials

_____ Active

_____ Easily frustrated

_____ Fidgety / Restless some of the time

_____ Gave up easily

_____ Lethargic / Not active enough

Interaction with Others

_____ Happy / Smiles a lot

_____ Oppositional

_____ Disruptive

_____ Overly-excitabile

_____ Aggressive

_____ Bites

_____ Anxious

_____ Withdrawn

_____ Spits

_____ Lacked facial expression

_____ Did not engage with others

_____ Cries easily

_____ Shy

_____ Tries to control others

_____ Watched others

_____ Irritable

_____ Takes Turns / Shares

_____ Other

Concentration

- _____ Maintained attention to task
- _____ Works well independently
- _____ Difficulty focusing attention
- _____ Distractible

Communication

- _____ Did / Did not initiate conversation
- _____ Verbally / Nonverbally communicated
wants and needs
- _____ Used gestures appropriately

Self-management

- _____ Easily / Rarely followed routines
- _____ Followed routines with prompting
- _____ Asked for assistance

Motor Skills

- _____ Ran / Jumped appropriately
- _____ Tripod grip
- _____ Concerns regarding fine motor skills
- _____ Concerns regarding gross motor skills
- _____ Other:

Unusual Behaviours

- | | | |
|----------------------------------|--------------------------------|---------------------------|
| _____ Hummed | _____ Smelled / Licked Objects | _____ Unusual gaze |
| _____ Spit | _____ Lined up objects | _____ Walked on toes |
| _____ Bit self / pulled own hair | _____ Threw objects | _____ Twitched, jerked |
| _____ Afraid of loud noises | _____ No fear of danger | _____ Drooled |
| _____ Repeats others / echolalia | _____ Flapped arms | _____ Hit peers / teacher |
| _____ Other: | | |

Additional Comments:
