

**Home Observation Card**

Side 1

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"/> 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 Request or demand withdrawn | 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) _____         |  |  |

**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"/> 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"/> Other (specify) _____ |                                     |

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| <input type="checkbox"/> Object         | <input type="checkbox"/> Food                  |                                     |
| <input type="checkbox"/> Person         | <input type="checkbox"/> Place                 |                                     |
| <input type="checkbox"/> Demand/Request | <input type="checkbox"/> Other (specify) _____ |                                     |

## Home Observation Card

Side 2

**Setting Events/Lifestyle Influences:**

- Hunger
- Uncomfortable clothing
- Absence of fun activities, toys
- Too hot or too cold
- Absence of a person
- Loud noise
- Sick
- Lack of sleep
- Unexpected loss or change in activity/object
- Medication side effects
- Extreme change in routine
- Other (specify) \_\_\_\_\_

**List Notes/Comments/Unusual Events:**

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