



Challenging Behavior Observation Worksheet

Child's Name: _____

Observer(s): _____

What happened Before?

- Told or asked to do something
 - Playing alone
 - Moved from one activity/location to another
 - Changed or ended activity
 - Removed an object
 - Setting changes (too cold, too hot, too loud, etc.)
 - Other (specify): _____
- Told "No", "Don't" or "Stop"
 - Difficult task
 - Attention given to others
 - Object out of reach
 - Not preferred activity

Date/Time _____

Activity _____

Behavior _____

Tips: Be specific, use descriptive words and label what the child DID –do not judge behavior, i.e. "child cried" NOT "child was sad"

Bx Frequency _____ **Bx Duration** _____ **Bx Intensity** (scale: 1-5)

	Never	20%	40%	60%	80%
Always					
1. Does the Bx occur in the presence of specific peers/teachers? 5	0	1	2	3	4
2. Does the Bx stop when peers stop interacting with the student? 5	0	1	2	3	4
3. Does it appear that this student enjoys performing the Bx? 5	0	1	2	3	4
4. If the student engages in the Bx, do students stop interacting 5 with the student?	0	1	2	3	4



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5. Does the Bx most likely occur during or following unscheduled event/disruptions/transitions? 0 1 2 3 4

6. Does the student seem to perform Bx to get you/others to spend time with him or her? 0 1 2 3 4

What happened After?

- Given social attention, Given object/activity/food, Removed from activity or area, Ignored, Given assistance/help, Put in "time out", Punished or scolded, Request or demand withdrawn, Request or demand delayed, Other (specify):

Purpose of Behavior:

- To Get or Obtain: Activity, Food, Object, Attention, Person, Place, Help, Sensory stimulation, Other (specify):
- To Avoid: Activity, Demand/request, Object, Food, Person, Transition, Attention, Sensory, Other (specify):

Parent Interview:

Does your child or has your child ever received any therapy services? If so, with whom and for how long?

How does your child communicate at home? Do they follow your verbal requests?

What medical complication (if any) does your child experience that may affect behavior (i.e., asthma, allergies, seizures, infections, rashes, etc.)? Do your child take any medications that may affect behavior?