

### Defining Behaviors found on the frequency sheet

**Eloperment-** leaving the work area or assigned area without permission, as a means to escape a demand or to move to a more desired area.

**Kicking-** purposefully kicking a person with intent to harm or inflict pain. Purposefully kicking of an object with intent to damage/destroy or provoke social attention for the behavior .

**Biting-** purposefully closing down on ones belongings or another's belongings or body as a means to inflict pain or satisfy a sensory need. Biting oneself does not fall under this category, as that is a self-injurious behavior.

**Hitting-** to purposefully and forcefully place hand on another person's body with intent to harm or inflict pain.

**Tantrum-** yelling, crying, and screaming accompanied with other behaviors including but not limited to kicking, hitting, dropping to the floor, lying on the floor, throwing of items resulting in disturbing those around them and/or property destruction. It is a combination of behaviors that result from one being upset. *This behavior must be noted on an ABC log if it lasts over 2 minutes in duration.*

**Yelling-** vocalizations that are both meaningful and not meaningful emitted as a means to notify others of displeasure or to gain social attention. If it is not attention seeking, then it must go under stim.

**SIB-** Self- injurious behavior. Injuring oneself. This can be seen in many forms, not limited to biting oneself, banging head against objects, hitting self with objects, pinching oneself, picking ones skin, cutting self with an object. This does not include an accidental injury such as falling, slipping while using a scissor or knife. Self- injurious behaviors are not accidents! They are usually not isolated incidents. The function of the behavior can be varied.

**Hair pulling-** purposefully grabbing or grasping another person's hair.

**Noncompliance-** refusal to follow instructions. Choosing to not follow instructions. This means that the student understands the expectation, yet opts not to satisfy the requirement.

**Self-Stimulation-** participating in a repetitive activity or body movement because it feels good or is soothing. These are behaviors that one does to himself. Thumb sucking, masturbation, rocking, spinning, hand flapping, rubbing, sucking, spinning, are all behaviors that can fall under this category.

**Grabbing-** reaching toward person or objects, as a means to touch or successfully gain possession of a desired item. This can be inappropriate reaching toward or touching of a person's body parts. This can be the swiping of items that one was told to not access.

**Pinching-** forcefully and purposefully, squeezing ones skin between two fingers.

**Redirects-** stops a behavior and returns to required task upon one verbal instruction, a single instruction, to do so. This means you only say it once.

**Other-** any behavior worthy of being noted as it impedes ones education, is socially inappropriate, or dangerous. Please label what it is. Ex. INTERVENE- a case where an adult needs to remove a student from a situation/ room when mainstreaming was occurring. Support was given during time where independent function was the goal.

- **This does not include accidental behavior. Only purposeful!**
- **If a behaviors are not frequent, use one row a day. If there are no behaviors occurring very frequently, break the form into blocks, periods of the day, or activities so that we can see more detailed information. If no behaviors, simply put a date for the day and leave the rest blank, but do not skip the day. We need to show when no target behaviors are occurring.**
- **This is required for all students in an Autism class rooms. Any person that has a one to one, personal aide must have this as well.**

## Data Requirement

- 1) Frequency data- collect the number of times that a behavior occurs. Tally marks are suitable. Any behavior that is extreme or lasting more than 2 minutes, ABC data must be recorded as well. See below, number 2.
- 2) ABC- Antecedent, Behavior, Consequence. What happened before the behavior? What was the student doing before the behavior? Behavior reports what you saw. Behavior reports what the student did. Consequence- What happened as a result of the behavior? What did the teacher or authority figure do. This is for extreme

behavior or any episode lasting over 2 minutes.

- 3) Independent Functioning list- This is a yes/no sheet used for students who have a one to one or who are mainstreamed. Use the rating scale for question 10. Use one per day for specials and one weekly for tasks in the classroom.
- 4) A reinforcement form -it shows what your classroom or individual reinforcement system is. Update as needed
- 5) Use bar graph to record number of opportunities earned. Number of

opportunities reinforcement could have been earned. What percentage of opportunities is reinforcement being earned? How often does the student contact reinforcement?

- 6) Self- Monitoring- Use to assist students in keeping track of “doing the right thing” making a good choice.
- 7) You received a best practice hand out along with an explanation of terms to assist with completion of these forms. This must be collected for all self-contained students or students with a one to one.

# CURRENT PROGRAM TARGETS

Student: \_\_\_\_\_

Program: \_\_\_\_\_

Target	Date Introduced	Date Mastered	Disc	Reint

Notes:



A large table with multiple columns and rows, containing various handwritten entries and possibly some printed text. The text is mostly illegible due to the scan quality.

Vertical text on the right side of the page, possibly a margin note or page number.



# Monthly Data Graphs

Program: \_\_\_\_\_  
 Active  Maintenance

Mastery Criterion:

Month: \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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Month: \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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## GROUP ACTIVITY

Name of Student:

Date:

Activity:

TARGET BEHAVIORS	Tally Marks
Remained focused and on task for:	1. Y N    11. Y N    21. Y N    31. Y N
	2. Y N    12. Y N    22. Y N    32. Y N
	3. Y N    13. Y N    23. Y N    33. Y N
	4. Y N    14. Y N    24. Y N    34. Y N
	5. Y N    15. Y N    25. Y N    35. Y N
	6. Y N    16. Y N    26. Y N    36. Y N
	7. Y N    17. Y N    27. Y N    37. Y N
	8. Y N    18. Y N    28. Y N    38. Y N
	9. Y N    19. Y N    29. Y N    39. Y N
	10. Y N    20. Y N    30. Y N    40. Y N
Responds to a direction posed to the group- the child responds to a question asked by a staff member to the group of which the student is part of. (e.g. everybody stand up, if you are wearing green raise your hand)	<p>Opportunities:</p> <p>Responses:</p>
Responds to a direction posed to the individual- the child responds to a question asked by a staff member to the child him/herself. (e.g. Michael, what day of the week is it)	<p>Opportunities:</p> <p>Responses:</p>

**Fun Fact of the Day: Guess what \_\_\_\_\_ did today?**

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**Mealtime:** ate none of her lunch, ate some of her lunch, ate most of her lunch, finished lunch.

**Self-Help/life skills:** no accidents/ urination accident/bowel accident **Other:**

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**Over-all compliancy :** needed constant, maximum redirection/moderate redirection/minor redirection/ reinforcement system only

**Mood/Affect:** happy, silly, energetic, lethargic, sad, irritable

**Please send in the following items:** \_\_\_\_\_

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**I'd like to bring to your attention:**

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**Date:** \_\_\_\_\_ **Teacher Initial** \_\_\_\_\_



Frequency Data

Student \_\_\_\_\_ Class \_\_\_\_\_

Target Behavior(s) \_\_\_\_\_

\*\*\*Make sure to mark "Absent," "School closed," or "No behaviors" for days on which no data are recorded. Mark any other changes from the normal schedule (ex. ½ days, left early).

Time	Monday /	Tuesday /	Wednesday /	Thursday /	Friday /
8:00-8:30					
8:30-9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					

# REINFORCEMENT PROTOCOL

Date: \_\_\_\_\_ Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENT: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

DATE	1	2	3	4	5	6	7	8	9	10	INITIALS

### Independent functioning and Peer Interaction data

1. Did Learner initiate age appropriate social conversation?
2. Did Learner appropriately join in age appropriate conversation?
3. Did Learner appropriately respond to comments directed toward him by peer?
4. Did Learner appropriately respond to comments directed toward him by classroom teacher?
5. Did Learner follow instructions comparatively to peers?
6. Did Learner need assistance similar to same age peers?
7. Did Learner engage in any maladaptive or socially inappropriate behavior? If so, list frequency.
8. Did Learner share comparatively to peers?
9. Did Learner remain on task or in required area comparatively to peers?
10. Overall Rating ( See Rating Scale on back)

Answer yes, no  
Put sheet in book  
Be sure to use rating scale for question #10  
Use tally behavior data  
Please date and initial













NAME School	LOCATION AND ASSIGNMENT	LOCATION AND ASSIGNMENT	LOCATION AND ASSIGNMENT	LOCATION AND ASSIGNMENT	LOCATION AND ASSIGNMENT
Student:	Monday	Tuesday	Wednesday	Thursday	Friday
Period 1					
Period 2					
Period 3					
Period 4					
Period 5					
Period 6					
Period 7					
Period 8					
Period 9					

Program: \_\_\_\_\_

Chaining Data Sheet

Month: \_\_\_\_\_

Step	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1																																	
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11																																	
12																																	
13																																	
14																																	
15																																	

+ = completed step independently

- = completed with prompting

Name: \_\_\_\_\_

**Time Interval Data**

Date: \_\_\_\_\_

Time	Activity	Target	Time	Activity	Target
9:00-9:05			12:00-12:05		
9:05-9:10			12:05-12:10		
9:10-9:15			12:10-12:15		
9:15-9:20			12:15-12:20		
9:20-9:25			12:20-12:25		
9:25-9:30			12:25-12:30		
9:30-9:35			12:30-12:35		
9:35-9:40			12:35-12:40		
9:40-9:45			12:40-12:45		
9:45-9:50			12:45-12:50		
9:50-9:55			12:50-12:55		
9:55-10:00			12:55-1:00		
10:00-10:05			1:00-1:05		
10:05-10:10			1:05-1:10		
10:10-10:15			1:10-1:15		
10:15-10:20			1:15-1:20		
10:20-10:25			1:20-1:25		
10:25-10:30			1:25-1:30		
10:30-10:35			1:30-1:35		
10:35-10:40			1:35-1:40		
10:40-10:45			1:40-1:45		
10:45-10:50			1:45-1:50		
10:50-10:55			1:50-1:55		
10:55-11:00			1:55-2:00		
11:00-11:05			2:00-2:05		
11:05-11:10			2:05-2:10		
11:10-11:15			2:10-2:15		
11:15-11:20			2:15-2:20		
11:20-11:25			2:20-2:25		
11:25-11:30			2:25-2:30		
11:30-11:35			2:30-2:35		
11:35-11:40			2:35-2:40		
11:40-11:45			2:40-2:45		
11:45-11:50			2:45-2:50		
11:50-11:55			2:50-2:55		
11:55-12:00			2:55-3:00		
			3:00-3:05		
			3:05-3:10		
			3:10-3:15		

Comments



Learner : \_\_\_\_\_

**Target Behavior: Partial interval data collection: Does the behavior occur part of the time.**

Does the learner need assistance greater than his peers during this time interval to work productively? This includes assistance with organization, attending to task, utilizing classroom strategies and tools, and monitoring work for accuracy. Only write yes if his needs are greater than his peers. Fill one box per 20 minutes of the day.

Day 1

Date:

1	2	3	4
5	6	7	8

Day 2

Date:

1	2	3	4
5	6	7	8

Day 3

Date:

1	2	3	4
5	6	7	8

Day 4

Date:

1	2	3	4
5	6	7	8



## Compliance Drills

Learner will be transition 5 times per session from preferred to a lesser preferred activity. Sd: Clean up time for \_\_\_\_\_

Learner will be denied access 5 times per session and offered an alternative activity. Sd: You cannot have \_\_\_\_ but you can \_\_\_\_\_

Learner will remain in designated area for a period of up to 5 minutes

Sd: You need to sit here \_\_\_\_\_ or You need to wait here

Learner will have to give up reinforce to therapist 5 times per session and wait up to 45 seconds for his turn

Sd: my turn

Learner will have to carry out 5 routine or life skills activities per session

Sd: Time to



Life Skill Detail:

Target Activity: \_\_\_\_\_

\_\_\_\_\_

Location of Activity: \_\_\_\_\_

Description of Activity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Modification/Specific Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Target Skills:

1)

2)

3)

4)

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## Life Skills Goal

**Behavior for Increase:**

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**Behavior for decrease:**

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**Mastery Criteria:** \_\_\_\_\_

**Strategies:**

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Antecedent	Behavior			Consequence	
peer provoke limited access to item adult not giving attention transition from preferred activity limited access to item/person Told no      Other: Planned Ignoring	Kick Hit Pinch SIB Tantrum Elope Yelling	Grabbing Elopment Hitting Non complinace Hair Pull Bite nc	pinch masturbation other:       	Escape Denied Escape Gained access Denied Access Attention Denied Attention Redirected	Other:       
peer provoke limited access to item adult not giving attention transition from preferred activity limited access to item/person Told no      Other: Planned Ignoring	Kick Hit Pinch SIB Tantrum Elope Yelling	Grabbing Elopment Hitting Non complinace Hair Pull Bite nc	pinch masturbation other:       	Escape Denied Escape Gained access Denied Access Attention Denied Attention Redirected	Other:       
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peer provoke limited access to item adult not giving attention transition from preferred activity limited access to item/person Told no      Other: Planned Ignoring	Kick Hit Pinch SIB Tantrum Elope Yelling	Grabbing Elopment Hitting Non complinace Hair Pull Bite nc	pinch masturbation other:       	Escape Denied Escape Gained access Denied Access Attention Denied Attention Redirected	Other:       



## MOTIVATION ASSESSMENT SCALE

Name: \_\_\_\_\_ Rater: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Behavior (be specific): \_\_\_\_\_

Instructors: The MAS is a questionnaire designed to identify those situations where an individual is likely to behave in specific ways. From this information, more informed decisions can be made about the selections of appropriate replacement behaviors. To complete the MAS, select one behavior of specific interest. Be specific about the behavior. For example "is aggressive" is not as good a description as "hits other people." Once you have specified the behavior to be rated, read each question carefully and circle the one number that best describes your observations of this behavior.

Questions	Never 0	Almost Never 1	Seldom 2	Half the Time 3	Usually 4	Almost Always 5	Always 6
1. Would the behavior occur continuously if this person was left alone for long periods of time?							
2. Does the behavior occur following a request to perform a difficult task?							
3. Does the behavior seem to occur in response to your talking to other persons in the room/area?							
4. Does the behavior ever occur to get a toy, food, or an activity that this person has been told he/she can't have?							
5. Would the behavior occur repeatedly, in the same way, for long periods of time if the person was alone? (e.g. rocking back and forth for over an hour.)							
6. Does the behavior occur when any request is made of this person?							
7. Does the behavior occur whenever you stop attending to this person?							
8. Does the behavior occur when you take away a favorite food, toy or activity?							
9. Does it appear to you that the person enjoys doing the behavior? (It feels, tastes, looks, smells, sounds pleasing).							
10. Does this person seem to do the behavior to upset or annoy you when you are trying to get him/her to do what you ask?							
<i>Go to next page</i>							

11. Does this person seem to do the behavior to upset or annoy you when you are not paying attention to him/her? (e.g. you are in another room or interacting with another person)								
12. Does the behavior stop occurring shortly after you give the person food, toy, or requested activity?								
13. When the behavior is occurring does this person seem calm and unaware of anything else going on around her/him?								
14. Does the behavior stop occurring shortly after (one to five minutes) you stop working with or making demands of this person?								
15. Does this person seem to do the behavior to get you to spend some time with her/him?								
16. Does the behavior seem to occur when this person has been told that he/she can't do something he/she had wanted to do?								

	Sensory	Escape	Attention	Tangible
	1.	2.	3.	4.
	5.	6.	7.	8.
	9.	10.	11.	12.
	13.	14.	15.	16.
<b>Total Score =</b>				
<b>Mean Score =</b>				
<b>Relative Ranking =</b>				

**Motivation Assessment Scale: Functions for usage**

- To direct our understanding of the behavior challenge to the intent of the challenge versus the way it appears or makes us feel.
- To understand the correlation between the frequency of the challenging behavior and its potential for multiple intents.
- To identify those situations in which an individual is likely to behave in certain ways (e.g., requests for change in routine or environment lead to biting).

**Outcomes:**

- To assist in the identification of the motivation(s) of a specified behavior.
- To make more informed decisions concerning the selection of appropriate reinforcers and supports for a specified behavior.

**Note:** Like any assessment tool, the MAS should be used in an on-going continually developing mode.

# FAST

## Functional Analysis Screening Tool

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Informant: \_\_\_\_\_ Interviewer: \_\_\_\_\_

**To the Interviewer:** The FAST identifies factors that may influence problem behaviors. It should be used only for screening purposes as part of a comprehensive functional analysis of the behavior. Administer the FAST to several individuals who interact with the client frequently. Then use the results as a guide for conducting direct observations in several different situations to verify behavioral functions and to identify other factors that may influence the problem behavior.

**To the Informant:** Complete the sections below. Then read each question carefully and answer it by circling "Yes" or "No." If you are uncertain about an answer, circle "N/A."

### Informant-Client Relationship

- Indicate your relationship to the person:  Parent  Instructor  
 Therapist/Residential Staff \_\_\_\_\_ (Other)  
 How long have you known the person?  Years  Months  
 How often do you interact with the person daily?  Yes  No  
 In what situations do you usually interact with the person?  
 Meals  Academic training  
 Leisure  Work or vocational training  
 Self-care \_\_\_\_\_ (Other)

### Problem Behavior Information

- Problem behavior (check and describe):  
 Aggression \_\_\_\_\_  
 Self-Injury \_\_\_\_\_  
 Stereotypy \_\_\_\_\_  
 Property destruction \_\_\_\_\_  
 Other \_\_\_\_\_
- Frequency:  Hourly  Daily  Weekly  Less often
- Severity:  Mild: Disruptive but little risk to property or health  
 Moderate: Property damage or minor injury  
 Severe: Significant threat to health or safety
- Situations in which the problem behavior is most likely:  
 Days/Times \_\_\_\_\_  
 Settings/Activities \_\_\_\_\_  
 Persons present \_\_\_\_\_
- Situations in which the problem behavior is least likely:  
 Days/Times \_\_\_\_\_  
 Settings/Activities \_\_\_\_\_  
 Persons present \_\_\_\_\_  
 What is usually happening to the person right before the problem behavior occurs?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- What usually happens to the person right after the problem behavior occurs?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Current treatments  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Does the person usually engage in the problem behavior when (s)he is being ignored or when caregivers are paying attention to someone else? Yes No N/A
- Does the person usually engage in the problem behavior when requests for preferred activities (games, snacks) are denied or when these items are taken away? Yes No N/A
- When the problem behavior occurs, do you or other caregivers usually try to calm the person down or try to engage the person in preferred activities? Yes No N/A
- Is the person usually well behaved when (s)he is getting lots of attention or when preferred items or activities are freely available? Yes No N/A
- Is the person resistant when asked to perform a task or to participate in group activities? Yes No N/A
- Does the person usually engage in the problem behavior when asked to perform a task or to participate in group activities? Yes No N/A
- When the problem behavior occurs, is the person usually given a "break" from tasks? Yes No N/A
- Is the person usually well behaved when (s)he is not required to do anything? Yes No N/A
- Does the problem behavior seem to be a "ritual" or habit, repeatedly occurring the same way? Yes No N/A
- Does the person usually engage in the problem behavior even when no one is around or watching? Yes No N/A
- Does the person prefer engaging in the problem behavior over other types of leisure activities? Yes No N/A
- Does the problem behavior appear to provide some sort of "sensory stimulation?" Yes No N/A
- Does the person usually engage in the problem behavior more often when (s)he is ill? Yes No N/A
- Is the problem behavior cyclical, occurring at high rates for several days and then stopping? Yes No N/A
- Does the person have recurrent painful conditions such as ear infections or allergies? Yes No N/A  
 If so, please list \_\_\_\_\_
- If the person is experiencing physical problems, and these are treated, does the problem behavior usually go away? Yes No N/A

### Scoring Summary

Circle the number of each question that was answered "Yes."

Items	Circled "Yes"	Total	Potential Source of Reinforcement		
1	2	3	4	_____	Social (attention/preferred items)
5	6	7	8	_____	Social (escape)
9	10	11	12	_____	Automatic (sensory stimulation)
13	14	15	16	_____	Automatic (pain attenuation)

**Autism Treatment Evaluation Checklist (ATEC)**

Bernard Rimland, Ph.D. and Stephen M. Edelson, Ph.D.

**Autism Research Institute**

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Project/Purpose:				
Scores: I	II	III	IV	Total

This form is intended to measure the effects of treatment. Free scoring of this form is available on the Internet at: www.autism.com/atec

Name of Child \_\_\_\_\_  Male Age \_\_\_\_\_  
 Last First  Female Date of Birth \_\_\_\_\_  
 Form completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_ Today's Date \_\_\_\_\_

*Please circle the letters to indicate how true each phrase is:*

**I. Speech/Language/Communication:** [N] Not true [S] Somewhat true [V] Very true

- |  |  |  |
|--|--|--|
| N S V 1. Knows own name  | N S V 6. Can use 3 words at a time<br>(Want more milk) | N S V 11. Speech tends to be meaningful/<br>relevant             |
| N S V 2. Responds to 'No' or 'Stop'                            | N S V 7. Knows 10 or more words                        | N S V 12. Often uses several successive<br>sentences             |
| N S V 3. Can follow some commands                              | N S V 8. Can use sentences with 4 or<br>more words     | N S V 13. Carries on fairly good<br>conversation                 |
| N S V 4. Can use one word at a time<br>(No!, Eat, Water, etc.) | N S V 9. Explains what he/she wants                    | N S V 14. Has normal ability to com-<br>municate for his/her age |
| N S V 5. Can use 2 words at a time<br>(Don't want, Go home)    | N S V 10. Asks meaningful questions                    |  |

**II. Sociability:** [N] Not descriptive [S] Somewhat descriptive [V] Very descriptive

- |   |                                       |   |
|---|---------------------------------------|---|
| N S V 1. Seems to be in a shell – you<br>cannot reach him/her | N S V 7. Shows no affection           | N S V 14. Disagreeable/not compliant      |
| N S V 2. Ignores other people                                 | N S V 8. Fails to greet parents       | N S V 15. Temper tantrums                 |
| N S V 3. Pays little or no attention when<br>addressed        | N S V 9. Avoids contact with others   | N S V 16. Lacks friends/companions        |
| N S V 4. Uncooperative and resistant                          | N S V 10. Does not imitate            | N S V 17. Rarely smiles                   |
| N S V 5. No eye contact                                       | N S V 11. Dislikes being held/cuddled | N S V 18. Insensitive to other's feelings |
| N S V 6. Prefers to be left alone                             | N S V 12. Does not share or show      | N S V 19. Indifferent to being liked      |
|   | N S V 13. Does not wave 'bye bye'     | N S V 20. Indifferent if parent(s) leave  |

**III. Sensory/Cognitive Awareness:** [N] Not descriptive [S] Somewhat descriptive [V] Very descriptive

- |  |  |  |
|--|--|--|
| N S V 1. Responds to own name          | N S V 7. Appropriate facial expression | N S V 13. Initiates activities           |
| N S V 2. Responds to praise            | N S V 8. Understands stories on T.V.   | N S V 14. Dresses self                   |
| N S V 3. Looks at people and animals   | N S V 9. Understands explanations      | N S V 15. Curious, interested            |
| N S V 4. Looks at pictures (and T.V.)  | N S V 10. Aware of environment         | N S V 16. Venturesome - explores         |
| N S V 5. Does drawing, coloring, art   | N S V 11. Aware of danger              | N S V 17. "Tuned in" — Not spacey        |
| N S V 6. Plays with toys appropriately | N S V 12. Shows imagination            | N S V 18. Looks where others are looking |

**IV. Health/Physical/Behavior:**

*Use this code:* [N] Not a Problem [MI] Minor Problem [MO] Moderate Problem [S] Serious Problem

- |                                       |                                      |   |
|---------------------------------------|--------------------------------------|---|
| N MI MO S 1. Bed-wetting              | N MI MO S 9. Hyperactive             | N MI MO S 18. Obsessive speech                                  |
| N MI MO S 2. Wets pants/diapers       | N MI MO S 10. Lethargic              | N MI MO S 19. Rigid routines                                    |
| N MI MO S 3. Soils pants/diapers      | N MI MO S 11. Hits or injures self   | N MI MO S 20. Shouts or screams                                 |
| N MI MO S 4. Diarrhea                 | N MI MO S 12. Hits or injures others | N MI MO S 21. Demands sameness                                  |
| N MI MO S 5. Constipation             | N MI MO S 13. Destructive            | N MI MO S 22. Often agitated                                    |
| N MI MO S 6. Sleep problems           | N MI MO S 14. Sound-sensitive        | N MI MO S 23. Not sensitive to pain                             |
| N MI MO S 7. Eats too much/too little | N MI MO S 15. Anxious/fearful        | N MI MO S 24. "Hooked" or fixated on<br>certain objects/topics  |
| N MI MO S 8. Extremely limited diet   | N MI MO S 16. Unhappy/crying         | N MI MO S 25. Repetitive movements<br>(stimming, rocking, etc.) |
|                                       | N MI MO S 17. Seizures               |   |