Home Observation Card

Side 1

Child's Name: ______________________ Date/Time: ____________

Activity: ______________________ Observer: ____________

Describe Challenging Behavior:

What Happened Before?

- ☐ Told or asked to do something
- ☐ Removed an object
- ☐ Not a preferred activity
- ☐ Difficult task/activity
- ☐ Playing alone
- ☐ Moved activity/location to another
- ☐ Told "No", "Don't", "Stop"
- ☐ Attention given to others
- ☐ Changed or ended activity
- ☐ Object out of reach
- ☐ Child requested something
- ☐ Other (specify) ____________

What Happened After?

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- ☐ Request or demand withdrawn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

Purpose of Behavior:

To Get or Obtain:

- ☐ Activity
- ☐ Object
- ☐ Person
- ☐ Help
- ☐ Attention
- ☐ Food
- ☐ Place
- ☐ Other (specify) ________

To Get Out Of or Avoid:

- ☐ Activity
- ☐ Object
- ☐ Person
- ☐ Demand/Request
- ☐ Attention
- ☐ Food
- ☐ Place
- ☐ Other (specify) ____________
- ☐ Transition

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- ☐ Transition

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:

Home Observation Card

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