**Home Observation Card**

**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
- [ ] Changed or ended activity
- [ ] Object out of reach
- [ ] Told “No”, “Don’t”, “Stop”
- [ ] Attention given to others
- [ ] Child requested something
- [ ] Other (specify) ___________

#### What Happened After?
- [ ] Given social attention
- [ ] Given an object/activity/food
- [ ] Removed from activity/area
- [ ] Punished or Scolded
- [ ] Request or demand withdrawn
- [ ] Put in “time-out”
- [ ] Ignored
- [ ] Given assistance/help
- [ ] Request or demand delayed
- [ ] Given assistance/help
- [ ] Other (specify) ______________

### Purpose of Behavior:

#### To Get or Obtain:
- [ ] Activity  [ ] Attention
- [ ] Object  [ ] Food
- [ ] Person  [ ] Place
- [ ] Help  [ ] Other (specify) _________

#### To Get Out Of or Avoid:
- [ ] Activity  [ ] Attention  [ ] Transition
- [ ] Object  [ ] Food
- [ ] Person  [ ] Place
- [ ] Demand/Request  [ ] Other (specify) ___________
Home Observation Card

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: