

Behavioral Observation Checklist

Individual's Name:

Observer's Name:

Relationship to Individual:

Observation Date:

Please mark the frequency that the following behaviors are displayed:

Restlessness	Almost Never	Occasionally	Frequently
Fidgets in the seat or during standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows constant, unnecessary movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finds it hard to stay in one place for an extended period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits excessive verbal outbursts or interruptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in repetitive habits (e.g., nail-biting, tapping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Withdrawal	Almost Never	Occasionally	Frequently
Appears disinterested or disengaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often seems unhappy or despondent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows a tendency to daydream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is hesitant to ask for assistance or clarify doubts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoids drawing attention or participating in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Concentration Challenges	Almost Never	Occasionally	Frequently
Struggles to maintain focus on tasks or conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ignores or misses visual cues or signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often leaves lessons or activities incomplete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets easily distracted by external stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aggressive Tendencies	Almost Never	Occasionally	Frequently
Exhibits physical aggression (e.g., shoving, hitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in verbal altercations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays possession-related behaviors (e.g., snatching)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows impatience or frustration when faced with challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenges or defies authoritative requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disruptive Patterns	Almost Never	Occasionally	Frequently
Seeks excessive attention or validation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disregards set boundaries or rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Causes interruptions or disturbances in group settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Presents erratic or unpredictable stories or narratives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Cooperation Issues	Almost Never	Occasionally	Frequently
Often places blame on external factors or others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows resistance to established routines or schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivated primarily by external consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays a persistent need for validation or reassurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manipulative Indicators	Almost Never	Occasionally	Frequently
Exhibits avoidance behaviors (e.g., unnecessary breaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Places blame on external factors for mistakes or challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits self-deprecating behaviors for attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently diverges from the topic at hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Interaction Concerns	Almost Never	Occasionally	Frequently
Comments on feeling isolated or excluded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems to struggle with establishing peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows reluctance in group or social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fails to initiate or engage in group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates behaviors deemed inappropriate in public settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Positive Behavioral Traits Observed:

Additional Observations or Comments: