### 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
- 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
- Request or demand withdrawn
- Request or demand delayed
- Punished or Scolded
- Ignored
- Put in “time-out”
- 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
- Help
- Attention
- Food
- Place
- Demand/Request
- Other (specify) ___________

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Module 3a
Handout 3a.4: Individualized Intensive Interventions

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:

...