

## BEHAVIOR OBSERVATION CHECKLIST

CHILD'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

OBSERVER'S NAME \_\_\_\_\_

TIME \_\_\_\_\_

AREA/S OF ROOM OBSERVED \_\_\_\_\_

<b>Behavior Intervals</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Attentive										
Competing										
Cooperating										
Demanding										
Dependent										
Disruptive										
Exploring										
Helping Others										
Imitating										
In Transition/Changing										
Inappropriate										
Independent										
Recalls Routine										
Initiates Activity										
Intent										
Leading/Demonstrating										
Making Choices										
On-looker										
Participating										
Requesting Help										
Uncooperative										
Uninvolved/Wandering										
Unsafe Activity										
Using Materials Appropriately										
Using Appropriate Manners										
Waiting										

**Comments:** (Including changes in behavior, adult interactions, health concerns, etc.)