

Behavior Rating Form

Date _____ Name _____ Reporter _____ Setting _____

0 = Never performs this activity

1 = Major behavior problems occur during this activity

2 = Minor behavior problems occur during this activity

3 = No behavior problems occur during this activity

_____ Playing with toys appropriately

_____ Playing/interacting with staff

_____ Playing/interacting with siblings/family members

_____ Playing/interacting cooperatively with peers

_____ Picking up toys/items

_____ Getting dressed

_____ Getting undressed

_____ Brushing teeth

_____ Washing hands

_____ Taking bath

_____ Using toilet

_____ Mealtimes

_____ Going to bed

_____ Staying in bed

_____ Arriving at work/school

_____ Leaving work/school

_____ Changing activities at work/school

_____ Working one on one with adult

_____ Working in small group with adult

_____ Going to restaurant

_____ Going to church

_____ Going shopping

_____ Going to someone's home

_____ Riding in car/bus

_____ Asks for items appropriately

_____ Asks for help appropriately

_____ Entertains self when alone

_____ Other: _____

_____ Other: _____