





# Challenging Behavior

Child Name:

Date	Time Interval	Activity (Setting / Antecedent Events)	Leaves Seat	Stomps Foot	Coughs	Aggressive & Other	f (x)	H	Consequences/ Comments	Int'l

f (x) Function(s) of Behavior: Escape, Attention, Sensory Input, Tangible Gain, Communication





# Sensory Sensitivities

Child Name:

Home

School

Date/Time	Sensory Area	Preferences	Dislikes	Comments/Examples	Int'l
	<b>Gustatory</b> Food types Variety of diet Food texture Trying new foods Touching, smelling, breaking foods				
	<b>Auditory</b> Hyper-acuity Hypo-acuity Faint background sounds Idiosyncratic choices				
	<b>Olfactory</b> Neutral smells Pleasant smells Bad odors				
	<b>Tactile</b> Harmless experiences Defensiveness Painful stimuli Temperature				
	<b>Vestibular</b> Personal space Danger awareness Whirling/spinning				
	<b>Visual</b> Fixates into space Examining objects, attention to detail				



**Isolated Play**

**Child Name:**

**Home**

**School**

<b>Date</b>	<b>Time</b>	<b>Play or Toy Type</b>	<b>Prompting Level 1=Least Intrusive 5=Most Intrusive</b>	<b>Interval (min)</b>	<b>Comments</b>	<b>Int'l</b>