**Documentation of Observation**

Child:       Setting:       Date(s):

**Directions:** Record observations of the child.

|  |
| --- |
| **Reciprocal Social Interactions** |
| **Nonverbal Behaviors**       |
| **Peer Relationships**      |
| **Spontaneous Sharing**       |
| **Reciprocity**       |

|  |
| --- |
| **Communication** |
| **Communicative Intent**      |
| **Pragmatics**      |
| **Stereotyped/Repetitive Use of Language**      |
| **Lack Varied Play**      |

|  |
| --- |
| **Restricted, Repetitive, and Stereotyped Behaviors** |
| **Preoccupation**       |
| **Inflexibility**      |
| **Stereotyped or Repetitive Motor Mannerisms**      |
| **Preoccupation with Parts of Objects**      |

|  |
| --- |
| **Sensory Response** |
| **Visual/Sight**      |
| **Tactile/Touch**      |
| **Auditory/Hearing**      |
| **Olfactory/Smell**      |
| **Taste/Oral**      |
| **Movement**      |
| **Proprioceptive/Input to Joints and Muscles**       |