**Documentation of Observation**

Child:       Setting:       Date(s):

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

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

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

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

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