

SYSTEMATIC OBSERVATION

Student Name: _____

Date: _____

Observer: _____

Setting: _____

Levels of Support in each area:

1. Pervasive
2. Extensive/Frequent **Circle One**
3. Limited
4. Intermittent

Check one:

NO = Not Observed
SO = Sometimes Observed
FO = Frequently Observed

Social Interactions:

NO	SO	FO	
___	___	___	Social smiling
___	___	___	Greeting
___	___	___	Acknowledges others approaching or leaving
___	___	___	Shows or directs attention to teacher
___	___	___	Shares activities with other children
___	___	___	Withdraws from the group/isolates self
___	___	___	Preparation of materials
___	___	___	Misinterprets other's behaviors or social cues
___	___	___	Awareness of social boundaries
___	___	___	Inappropriate laughing
___	___	___	Unaware of social cues or facial expressions
___	___	___	Minimal participation in group activities
___	___	___	Looks to others for cues when unsure
___	___	___	Shows interest in other children
___	___	___	Atypical responses to approaches of others
___	___	___	Inappropriately intrusive
___	___	___	Mimics actions from TV or videos
___	___	___	Difficulty following rules of games
___	___	___	Difficulty with winning/losing during games
___	___	___	Other _____
Level of Support	1	2	3 4

Comments:

Communication:

NO	SO	FO	
___	___	___	Verbal communication
___	___	___	Uses others hand or body to communicate
___	___	___	Points to express interest
___	___	___	Attentive to voices
___	___	___	Understanding and use of nonverbal cues
___	___	___	Inappropriate use of proximity
___	___	___	Lack of appropriate eye contact
___	___	___	Flat affect
___	___	___	Limited understanding of jokes
___	___	___	Lacks understanding of abstract language
___	___	___	Thinks in concrete terms, literal
___	___	___	Talks too fast or too slow
___	___	___	Speaks in monotone, robotic, sing song voice
___	___	___	Overly Expressive

Comments:

Communication cont.

___	___	___	Inappropriate volume for situation	
___	___	___	Immediate or delayed echolalia	
___	___	___	Confuses word order	
___	___	___	Difficulty understanding/answering questions	
___	___	___	Difficulty following directions	
___	___	___	Constantly asks the same questions	
___	___	___	Difficulty maintaining a topic	
___	___	___	May not accept another's topic or change	
___	___	___	Difficulty initiating conversations with others	
___	___	___	Limited range of conversational topics	
___	___	___	Other _____	
Level of Support	1	2	3	4

Comments:

Behavior, Interests, Activities:

NO	SO	FO		
___	___	___	Pacing, jumping, twirling, constant motion	
___	___	___	Repetitive hand or finger movements	
___	___	___	Staring	
___	___	___	Sensitive to sound, light, touch, etc.	
___	___	___	Lines up objects	
___	___	___	Fascinated with watching moving objects	
___	___	___	Spinning	
___	___	___	Preoccupation with sections of videos	
___	___	___	Distress over changes in daily routines	
___	___	___	Insistence on following routines in detail	
___	___	___	Seems to have own rules	
___	___	___	Gets upset when rules are not followed	
___	___	___	Anxiety associated with transitions	
___	___	___	Lack of flexibility	
___	___	___	Difficulty with unstructured time	
___	___	___	Other _____	
Level of Support	1	2	3	4

Comments:

Other