

BEHAVIOR OBSERVATION CHECKLIST

CHILD'S NAME _____

DATE _____

OBSERVER'S NAME _____

TIME _____

AREA/S OF ROOM OBSERVED _____

Behavior Intervals	1	2	3	4	5	6	7	8	9	10
Attentive										
Competing										
Cooperating										
Demanding										
Dependent										
Disruptive										
Exploring										
Helping Others										
Imitating										
In Transition/Changing										
Inappropriate										
Independent										
Recalls Routine										
Initiates Activity										
Intent										
Leading/Demonstrating										
Making Choices										
On-looker										
Participating										
Requesting Help										
Uncooperative										
Uninvolved/Wandering										
Unsafe Activity										
Using Materials Appropriately										
Using Appropriate Manners										
Waiting										

Comments: (Including changes in behavior, adult interactions, health concerns, etc.)