

DATA FORMS

Playtime

Child's name: _____ Dates: _____

4=Laughing, stayed



3=Cooperated, stayed briefly



2=Fussed, took several turns







1= Cried, refused to play



<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
<i>4</i>	<i>4</i>	<i>4</i>	<i>4</i>	<i>4</i>	<i>4</i>
<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>
<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>
<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>

Difficulties

Child's Name: _____ Observer: _____ Week of _____

	Monday	Tuesday	Wednesday	Thursday	Friday
 Arrival	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
 Circle	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
 Nap	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
 Clean-up	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Other: _____	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
<i>Average Score</i>	Average Score:	Average Score:	Average Score:	Average Score:	Average Score:

Rate the problem behavior:

0=no problems, 1 = whining, resisting , 2= screaming, falling on floor,
3=screaming, hitting, other aggression

Average Duration

Child's Name: _____

Behavior: _____

Week of: _____ Average Duration for Week: _____ minutes

Starting from the bottom, shade the number of boxes that represent the length of the target behavior. Each box represents TWO minutes.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
30	30	30	30	30	30	30
28	28	28	28	28	28	28
26	26	26	26	26	26	26
24	24	24	24	24	24	24
22	22	22	22	22	22	22
20	20	20	20	20	20	20
18	18	18	18	18	18	18
16	16	16	16	16	16	16
14	14	14	14	14	14	14
12	12	12	12	12	12	12
10	10	10	10	10	10	10
8	8	8	8	8	8	8
6	6	6	6	6	6	6
4	4	4	4	4	4	4
2	2	2	2	2	2	2




Peer Interaction

Child's Name: _____

Observer: _____

Check yes (Y) or no (N) at time one (T1) and time two (T2) to indicate whether the child is interacting with a peer at the time of observation.

T1 and T2 observations should be at least 5 minutes apart.

Activity	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Centers 	<u>T1:</u> <u>T2:</u> __Y __Y __N __N	<u>T1:</u> <u>T2:</u> __Y __Y __N __N	<u>T1:</u> <u>T2:</u> __Y __Y __N __N	<u>T1:</u> <u>T2:</u> __Y __Y __N __N	<u>T1:</u> <u>T2:</u> __Y __Y __N __N
Lunch 	<u>T1:</u> <u>T2:</u> __Y __Y __N __N	<u>T1:</u> <u>T2:</u> __Y __Y __N __N	<u>T1:</u> <u>T2:</u> __Y __Y __N __N	<u>T1:</u> <u>T2:</u> __Y __Y __N __N	<u>T1:</u> <u>T2:</u> __Y __Y __N __N
Outside 	<u>T1:</u> <u>T2:</u> __Y __Y __N __N	<u>T1:</u> <u>T2:</u> __Y __Y __N __N	<u>T1:</u> <u>T2:</u> __Y __Y __N __N	<u>T1:</u> <u>T2:</u> __Y __Y __N __N	<u>T1:</u> <u>T2:</u> __Y __Y __N __N
Ratio:	_____ #yes _____ total # observed	_____ #yes _____ total # observed	_____ #yes _____ total # observed	_____ #yes _____ total # observed	_____ #yes _____ total # observed

Play Behavior

Child's Name: _____ Week of: _____ Time: ____:____--____:____

Indicate play behavior at the beginning, middle, and end of each play period. Summarize play behavior by placing totals in summary column.

Day/Activity	Beginning	Middle	End	Summary
Date: _____ Activity: _____	___ Not playing ___ Play with toy alone ___ Play with toy with peer	___ Not playing ___ Play with toy alone ___ Play with toy with peer	___ Not playing ___ Play with toy alone ___ Play with toy with peer	___ Not playing ___ Play with toy alone ___ Play with toy with peer
Date: _____ Activity: _____	___ Not playing ___ Play with toy alone ___ Play with toy with peer	___ Not playing ___ Play with toy alone ___ Play with toy with peer	___ Not playing ___ Play with toy alone ___ Play with toy with peer	___ Not playing ___ Play with toy alone ___ Play with toy with peer
Date: _____ Activity: _____	___ Not playing ___ Play with toy alone ___ Play with toy with peer	___ Not playing ___ Play with toy alone ___ Play with toy with peer	___ Not playing ___ Play with toy alone ___ Play with toy with peer	___ Not playing ___ Play with toy alone ___ Play with toy with peer

Weekly Total

___ Not Playing
 ___ Play with toy alone
 ___ Play with toy with peer

Shade in the thermometer to indicate William's behavior.

Observer: _____

Date: _____



EXTREMELY
DIFFICULT

DIFFICULT

GOOD

**MORNING
CIRCLE**



EXTREMELY
DIFFICULT

DIFFICULT

GOOD

CENTERS



**OUTSIDE
PLAY**