AutPlay® Unwanted Behaviors Assessment

Child's Name_____Age_____Gender_____Date_____

Please answer the following open ended questions regarding your child's behavior. Try to recall specific situations and behaviors. If you are unsure, then leave the question blank.

1) Does your child seem to have sensory issues? If so, what type?

2) Does your child have behavioral "meltdowns" or unwanted behaviors?

3) What does your child's unwanted behaviors look like? Please describe actions, words, etc…

4) Are there specific times and or situations when you child is more likely to have unwanted behaviors? Please describe.

5) Do you notice specific triggers that seem to create unwanted behaviors?

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6) What is the typical intensity and duration of unwanted behaviors?

7) How frequently, in a week's time, does your child have a unwanted behaviors?

8) Does your child have unwanted behaviors at school? If so, describe.

9) How do you currently address or manage your child's unwanted behaviors?

10) Does your child seem particularly dysregulated or "edgy" right after school?

11) Have you discovered anything that seems to help your child calm when he or she is having unwanted behaviors?

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