

Child's Name _____ Age _____ Gender _____ Date _____

AutPlay Child Observation Form

Verbal Ability (does child make any verbal comments, are comments relevant/understandable, does child exchange in conversation, answer questions)

Play Skills (what does the child play with, does he or she play with any toys, does he or she play with toys appropriately in regard to toy function and child's age, how much time is spent on toys played with)

Social Interactions (does the child respond in appropriate social manner, age appropriate social skills in interacting with therapist, what social skills are observed, what social skills seem lacking)

Attention/Focus/Impulsivity (does child maintain attention for appropriate amount of time, does he or she wander around room continuously, does child keep focus on toys, complete tasks, does he or she appear impulsive)

Withdrawn/Isolating Behaviors (does child interact with therapist, does child seem to withdraw into own world, does child seem to notice or respond to therapist being in the room, does he or she attempt to connect with therapist)