



EDUCATIONAL SUPPORT PROGRAMME

Behaviour Checklist for Parents/Teachers*

Name of child:	D.O.B.
Diagnosis:	
Name of Parent/Teacher*:	
Signature/Date:	

**delete where appropriate*

Section A: **Please tick the relevant boxes*

GENERAL NON-COMPLIANCE	
Sitting	Walking
Waiting	Running away
Grabbing	Compliance
Coming when called	Compliance with different authority
Resistance or Negativism	
TANTRUMS	
Screaming, shouting, yelling	Self-control or impulsivity
Aggression towards others	Whining
Destructive behaviour	Crying
Self-abusive behaviour	
AGGRESSION AND DESTRUCTIVE BEHAVIOUR	
Hitting	Throwing objects
Kicking	Biting
Pinching	Pushing
Spitting	Punching
Pulling hair	Slapping face
SELF - ABUSE	
Mouthing inedible objects (pica)	Picking sores
Spinning	Hitting surfaces and body
Head banging	Tearing own clothes
Biting self	Pulling hair
Pinching	Slapping face
Scratching	
PHYSICAL MANNERISMS AND SELF - STIMULATIONS	
Staring	Rocking
Jumping	Flicking of fingers
Flicking of paper or objects	Inappropriate vocalisation
Hand flapping or waving	Inappropriate laughing
Spinning objects	Twirling objects
Spinning self	Blinking of eyes
Smelling objects	Scribbling in the air
Tapping objects	Tiptoe walking
“Cut-off behaviour”	
OBSESSIONAL AND RIGID BEHAVIOUR (REPETITION)	
Perspective questions	Infantile clinging
Perspective noises	Silliness
Object attachment	Provocative teasing
Attachment to a person	Resistance to change or routine behaviour

INAPPROPRIATE FEARS			
	Fear resulting from confusion		Fear of places (specify)
	Fear of objects (specify)		Fear of people (specify)
	Fear of noises (specify)		Fear resulting from uncertainty
MANIPULATING THE ENVIRONMENT			
	Attention-seeking behaviour		
DEFICIT			
	Attention span		Eye contact
	Initiative		Echolalia
	Impulsivity		Awareness of danger
PROBLEMS WITH FUNCTIONAL SKILLS			
	1. Eating		
	<input type="checkbox"/> variety of food		<input type="checkbox"/> obsessions to certain food and drinks
	<input type="checkbox"/> certain textures of food		<input type="checkbox"/> sit for length of mealtime
	<input type="checkbox"/> solid/hard foods		
	2. Toileting		
	<input type="checkbox"/> allows to be trained		<input type="checkbox"/> passing urine and/or faeces
	<input type="checkbox"/> certain toilets		<input type="checkbox"/> smearing and eating faeces
	<input type="checkbox"/> obsession with toilets		<input type="checkbox"/> drink and/or play with urine
	3. Sleeping		
	<input type="checkbox"/> no sleeping pattern		<input type="checkbox"/> resisting sleep
	<input type="checkbox"/> disturbing others who are sleeping		
	4. Dressing		
	<input type="checkbox"/> obsession with certain clothes/types of clothes		<input type="checkbox"/> changing to warmer or cooler clothes with change of seasons
	<input type="checkbox"/> wearing clothes		<input type="checkbox"/> removing clothes when necessary
	<input type="checkbox"/> wearing any kinds of clothes		
	5. Grooming		
	<input type="checkbox"/> hair cutting		<input type="checkbox"/> cleaning ears
	<input type="checkbox"/> brushing/combing hair		<input type="checkbox"/> cleaning nose
	<input type="checkbox"/> nail cutting or cleaning		<input type="checkbox"/> brushing teeth by another person (because of inability to tolerate intrusion of another person)
	6. Bathing		
	<input type="checkbox"/> bath times or length of time taken		<input type="checkbox"/> washing or drying due to tactile defensiveness
	<input type="checkbox"/> shampooing hair		
	7. Outings		
	<input type="checkbox"/> behaving appropriately in public		<input type="checkbox"/> approaching other people appropriately
	<input type="checkbox"/> behaviour embarrassing to carers		<input type="checkbox"/> destructive, aggressive or tantrum behaviour in public
	<input type="checkbox"/> staying with the group		<input type="checkbox"/> obsessions about particular routines to be followed



Section B:

**Please list down the behaviours according to severity.*

Behaviour	Describe the behaviour



Section B:

**Please write down the long term and short-term goals that you wanted to achieve for your child.*