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**		
	❑ variety of food		❑ obsessions to certain food and drinks
	❑ certain textures of food		❑ sit for length of mealtime
	❑ solid/hard foods		
	2. **Toileting**		
	❑ allows to be trained		❑ passing urine and/or faeces
	❑ certain toilets		❑ smearing and and eating faeces
	❑ obsession with toilets		❑ drink and/or play with urine
	3. **Sleeping**		
	❑ no sleeping pattern		❑ resisting sleep
	❑ disturbing others who are sleeping		
	4. **Dressing**		
	❑ obsession with certain clothes/types of clothes		❑ changing to warmer or cooler clothes with change of seasons
	❑ wearing clothes		❑ removing clothes when necessary
	❑ wearing any kinds of clothes		
	5. Grooming		
	❑ hair cutting		❑ cleaning ears
	❑ brushing/combing hair		❑ cleaning nose
	❑ nail cutting or cleaning		❑ brushing teeth by another person (because of inability to tolerate intrusion of another person)
	6. Bathing		
	❑ bath times or length of time taken		❑ washing or drying due to tactile defensiveness
	❑ shampooing hair		
	7. Outings		
	❑ behaving appropriately in public		❑ approaching other people appropriately
	❑ behaviour embarrassing to carers		❑ destructive, aggressive or tantrum behaviour in public
	❑ staying with the group		❑ 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.*