



Fax: 1-337-468-3440
Website: <https://beyondthecurveaba.com/>

Behavior Assessment

Child: Last Name: _____ First Name: _____ MI: _____

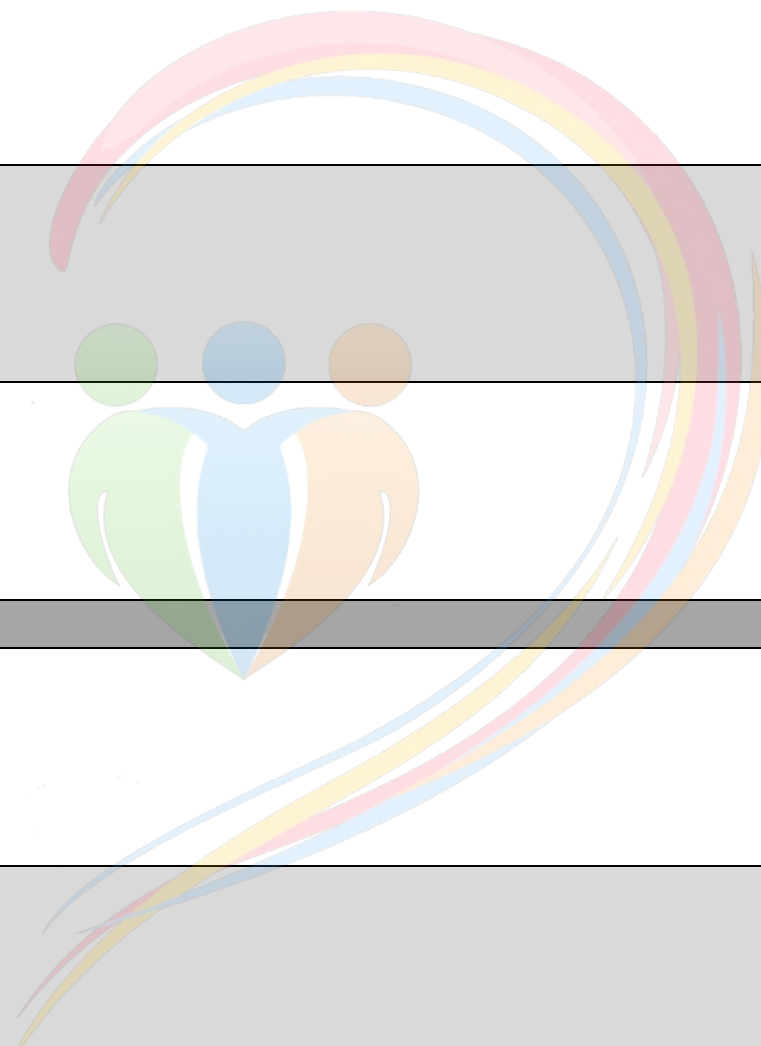
D.O.B.: ____/____/____ Age: ____ Sex: _____

Date Completed : _____

Instructions : Please fill out the following forms completely. Attach additional information if needed.

Social

Examples of social withdrawal Removes self from social interactions, will not remain within a crowd, will not engage with groups of people	Does your child currently engage in social withdrawal?	Yes	No	Describe:
	Did your child previously engage in social withdrawal?	Yes	No	
Examples of refusal Will not take medications. Will not complete academic tasks. Will not complete chores. Will not follow rules.	Does your child currently engage in refusal to complete tasks?	Yes	No	Describe:
	Did your child previously engage in refusal to complete tasks?	Yes	No	
Examples of interactions with peers Playing a board game, reading together, sharing toys, chase, pretending with dolls	Does your child currently engage in interactions with peers?	Yes	No	Describe:
	Did your child previously engage in interactions with peers?	Yes	No	

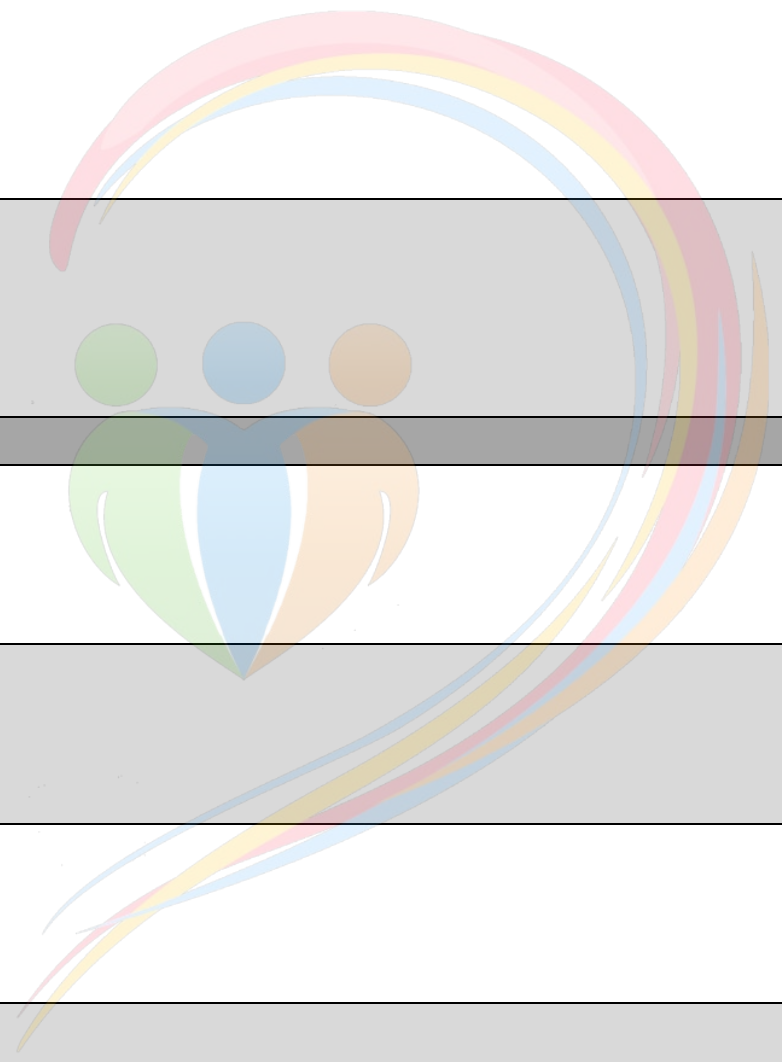


Communication

Example of vocal speech Can ask for items, will use words to get others attention, can answer questions, can express needs verbally	Does your child currently engage in verbal speech?	Yes	No	Describe:
	Did your child previously engage in verbal speech?	Yes	No	
Examples of non-vocal communication pointing, gesturing, bring objects to the parent, leading the parent to desired items	Does your child currently engage in non-verbal communication?	Yes	No	Describe:
	Did your child previously engage in non-verbal communication?	Yes	No	
Examples of alternative communication Icon exchange program, speech generating device, communication board	Does your child currently engage in alternative communication?	Yes	No	Describe:
	Did your child previously engage in alternative communication?	Yes	No	

Repetitive Behaviors: Behaviors that occur often and in a repeating manner, with or without context.

Examples of repetitive physical movements Hand flapping, spinning, rolling, holding objects to the eyes, body rocking	Does your child currently engage in repetitive physical movements?	Yes	No	Describe:
	Did your child previously engage in repetitive physical movements?	Yes	No	
Examples of repetitive vocals Humming, signing, sounds, mouth noises, clicks, words, phrases, tv talk	Does your child currently engage in repetitive vocalizations?	Yes	No	Describe:
	Did your child previously engage in repetitive vocalizations?	Yes	No	
Behavior				
Examples of physical aggression Hitting, kicking, biting, scratching, throwing objects at others, pushing others	Does your child currently engage in physical aggression?	Yes	No	Describe:
	Did your child previously engage in physical aggression?	Yes	No	
Examples of Self-injury Hitting self, biting self, scratching self, hitting body parts against objects, removing scabs from wounds	Does your child currently engage in self-injury?	Yes	No	Describe:
	Did your child previously engage in self-injury?	Yes	No	
Examples disruptive vocals Screaming, excessive crying, cursing, loud noises, inappropriate comments	Does your child currently engage in disruptive vocals?	Yes	No	Describe:
	Did your child previously engage in disruptive vocals?	Yes	No	
Examples of property destruction Breaking toys, tearing paper, throwing objects, banging objects together forcefully,	Does your child currently engage in property destruction?	Yes	No	Describe:
	Did your child previously engage in property destruction?	Yes	No	
Examples of running away Leaving the home without permission, running from caregiver in public, darting from caregiver, leaving designated areas without consent	Does your child currently engage in running away?	Yes	No	Describe:
	Did your child previously engage in running away?	Yes	No	



Classroom / School . Skip if your child is not yet attending school.

Where does your child attend school ?

Name of school : _____

Address: _____

Contact name (If available): _____

Phone Number: _____

Current Grade Level: _____

Special Education classroom or regular education ? _____

Does your child have an Individualized Education Plan in Place with his or her school? _____



Examples of disruptive classroom behavior Trouble remaining seated, shouting out in class, fidgets/ moves a lot, unorganized	Does your child currently engage in disruptive classroom behavior?	Yes	No	Describe:
	Did your child previously engage in disruptive classroom behavior?	Yes	No	
Examples of academic conflicts Failing on or more classes, difficulty with one specific subject, writing troubles, unable to focus, unable to complete work	Does your child currently have academic conflicts?	Yes	No	Describe:
	Did your child previously have academic conflicts?	Yes	No	
Examples of peer conflicts Bullying, difficulty making or maintaining friends, fighting, verbal outburst directed towards peers	Does your child currently have peer conflicts?	Yes	No	Describe:
	Did your child previously have peer conflicts?	Yes	No	
Medication Management Please list all medication currently administered and or describe previous medication management.	Does your child currently have medication management ?	Yes	No	Describe:
	Did your child previously have medication management?	Yes	No	