



## Behavior Assessment for Parents

|                                                                                                                 | How often does this behavior occur? |                          |                          | What is the behavior like?                                                       |                                                                              |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
|                                                                                                                 | Never                               | Sometimes                | Always                   | Can be easily redirected. It doesn't stop them from engaging in other activities | It's hard to redirect them. It stops them from engaging in other activities? |
| <b>1</b> Engages in temper tantrums                                                                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                     |
| <b>2</b> Shows defiant behavior (e.g., yells when upset, ignores caregivers' directions)                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                     |
| <b>3</b> Gets upset with major change in routine (e.g., has trouble with transitions like cries, whines, pouts) | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                     |
| <b>4</b> Becomes distressed and can't be soothed or calmed                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                     |
| <b>5</b> Mouths or eats non-food items                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                     |

**Additional notes:**

