

# The Children's Therapy Center

## Behavior Questionnaire

Child's Name:

DOB:

Parent/Caregiver Name:

Date:

Please check the box to indicate which statement most closely describes your child.

### Negative Behavior:

- Does not demonstrate any significant negative behaviors
- Engages in some minor negative behaviors weekly, but recovery is quick
- Displays a variety of minor negative behaviors daily (e.g., crying, verbal refusal, falling to the floor)
- Displays more severe negative behavior daily (e.g., tantrums, throwing things, property destruction)
- Often demonstrates severe negative behavior that is a danger to himself or others (e.g., aggression, self-injury)

### Instructional Control:

- Typically cooperative with adult instructions and demands
- Some demands will evoke minor defiant or resistant behavior, but recovery is quick
- Displays defiant or resistant behavior a few times a day, with minor tantrums, or other minor behaviors
- Displays defiant or resistant behavior several times a day, with longer tantrums and more severe behaviors
- Defiant or resistant behavior takes over the child's day, negative behaviors can be severe and dangerous

### Self-Stimulation:

- Does not engage in self-stimulatory (hand flapping, rocking, etc.) or repetitive behaviors
- Engages in some self-stimulation, but it doesn't compete with other activities
- Engages in a relatively high rate of self-stimulation that often competes with other activities
- Engages in a high rate of self-stimulation that competes with learning and social activities
- Almost constantly engages in a high rate of self-stimulation, other preferred items and activities hold little value and/or desire.

### Obsessive-Compulsive Behavior

- Does not demonstrate any obsessive behaviors (i.e. behavior that is intense and highly focused) that interfere with learning
- Some minor obsessions, but they are easily overcome and don't interfere with learning
- Several obsessions, demonstrates mild negative behaviors when not met, but will usually comply and participate in the learning tasks without further disruption
- Several obsessions, displays negative behavior, but often will not comply without completing the obsession, and learning is disrupted
- Strong obsessions are the major focus of each day, they may consume a significant amount of time, negative behaviors may be severe if they are not met, and learning is regularly disrupted

What are some routines that your child must follow/prefers to follow in order to avoid upset (i.e. taking off shoes and socks in a specific order)?

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What are some things that your child perseverates on (once playing with CANNOT or DOES NOT easily transition away from (i.e. animals, trains, letters, certain games, etc.)?

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Hyperactive Behavior:

- Not excessively hyper compared to typically developing peers, attends to tasks without difficulty
- Occasionally emits hyperactive behavior or fails to attend, but the behaviors are not disruptive to learning or daily activities
- Moves around the environment frequently, restless, difficulty attending to tasks, learning is disrupted
- Often difficult to control the hyperactive behavior, may not wait in lines, sit calmly, or stay on task longer than a couple of minutes, requires frequent prompting
- Constantly "on the go," fidgety, impulsive, climbs or jumps on furniture, may talk excessively, difficult to keep engaged in any academic or social activity, learning is seriously affected

Sensory Defensiveness:

- No problems related to sensory stimuli
- Adults begin to notice that sensitivity to various sensory stimuli is different from that of other children
- Certain sensory stimulation may affect the child, but the defensiveness is mild and does not usually interfere with learning activities
- Frequently reacts to specific sensory stimuli with escape behavior such as hands over ears, closing eyes, or getting agitated
- Consistently reacts to specific sensory stimuli with negative behavior such as tantrums and aggression, presence of certain sensory stimuli competes with educational activities.

What are some specific things your child does NOT like? (examples might include: brushing, spinning, deep pressure, certain toys, games, songs, etc.)

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What are some things that motivate your child? (examples might include: a specific song, toys, game, etc.).

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What are some activities that assist your child in calming down once he or she becomes upset?

Check all of those which might apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Deep Pressure  | <input type="checkbox"/> Toys that play music                      | <input type="checkbox"/> Playing games, specific game:<br>_____ |
| <input type="checkbox"/> Swinging linear or rotary<br>(circle those that apply) | <input type="checkbox"/> Taking a Break or Being<br>Provided Space | <input type="checkbox"/> Singing, specific song:<br>_____       |
| <input type="checkbox"/> Bubbles  | <input type="checkbox"/> Music                                     | <input type="checkbox"/> Other<br>_____                         |

What types of things do you use to reward your child for appropriate behavior? (i.e. stickers, praise, access to favorite toy/activity, etc.)

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Does your child currently receive, or has previously received behavioral services (e.g. Wraparound Behavioral Health Services, ABA Services, 1:1 Behavioral Support, etc.)?

Yes    No    If yes, when:

Please describe any therapeutic techniques to control behavior:

That have been successful in the past:

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That have NOT worked in the past:

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Does your child have a current Positive Behavior Support Plan or Behavior Intervention Plan?

Yes    No