

Autism Observation Guide-Indirect

Child's Name:	Observer's Name:	Observation Date:
Location:	Start Time:	End Time:
Others present during observation (classmates, parents, siblings, friends, unfamiliar adults, etc):		

Observation Log (use additional pages if needed)																			

Note engagement at the 1, 5, 10, 15 and 20 minute marks. More frequent data points are encouraged for greater accuracy.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Interaction % =					Play % =					No Response % =					Aggressive/Negative % =				

Data codes: **I: Interactive**-responded, initiated or complied to peer or adult; **P: Play**-involved in constructive, functional play (but not interactive with another person); **NR: No response**-self stimulation, repetitive or non-functional play, passive; **A: Aggressive or negative behavior**-crying, hitting, self abuse, etc.

Communication	Social Interactions
<ul style="list-style-type: none"> ○ No functional language ○ Limited words to communicate wants and needs ○ Repetitive use of sounds, words or phrases ○ Echolalia ○ Frequent gibberish or jargon ○ Scripts from books/movies/tv shows ○ Lack of response to greetings ○ Does not respond to name ○ Does not use pronouns ○ Struggles to follow simple directions ○ Difficulty generalizing (over or under) language skills ○ Gestures/hand guides ○ Responds to visual strategies ○ Will attempt to meet own needs rather than seek assistance 	<ul style="list-style-type: none"> ○ Limited eye contact ○ Limited joint attention and referencing ○ Tolerates proximity, but does not engage in joint attention ○ Play in isolation ○ Prefers objects to people ○ Does not initiate play with others ○ Limited functional and/or pretend play ○ Does not imitate peers or adults in play ○ Difficult to engage in simple games or classroom activities ○ Not attentive to social and environmental stimuli ○ Lack of stranger or danger awareness ○ Strong reactions to changes in routine or the environment ○ Aggressive or passive behavior

Unusual responses to sensory experiences	Patterns of behaviors, interests, and/or activities that are restricted, repetitive, or stereotypic
<ul style="list-style-type: none"> ○ Unusual response to textures ○ Seeks or avoids particular textures ○ Seeks deep pressure through physical play (jumping, bouncing, pushing against people or items) ○ Rocks self, lunges, and/or toe walks ○ Self injurious behaviors (head banging, scratching) ○ Over or under sensitivity towards pain ○ Spins self or moves in a repetitive pattern ○ Unusual response to noise ○ Covers ears ○ Stares at or avoids light ○ Eye gaze is to the side of the apparent object of focus ○ Likes to spin or watch spinning objects ○ Looks at objects from a very close range ○ Smells or tastes objects ○ Difficulty with grooming (hair and teeth brushing, hand washing, etc) 	<ul style="list-style-type: none"> ○ Carries around objects ○ Intense interest in certain toys, objects or topics ○ Exaggerated interest in parts of a toy (ie car wheels) ○ Lines up objects and reacts if the order is disrupted ○ Limited variety of play activities ○ Limited follow through in imitating variance in play ○ Frequent jumping and/or hand flapping ○ Play with objects in restricted or repetitive way ○ Difficulty waiting for needs to be met ○ Difficulties with transitions between activities or changes in the environment ○ Becomes upset if a routine is not completed in a particular way