

Play Behavior

Child's Name: _____ Week of: _____ Time: ____:____--____:____

Indicate play behavior at the beginning, middle, and end of each play period. Summarize play behavior by placing totals in summary column.

Day/Activity	Beginning	Middle	End	Summary
Date: _____ Activity: _____	<input type="checkbox"/> Not playing <input type="checkbox"/> Play with toy alone <input type="checkbox"/> Play with toy with peer	<input type="checkbox"/> Not playing <input type="checkbox"/> Play with toy alone <input type="checkbox"/> Play with toy with peer	<input type="checkbox"/> Not playing <input type="checkbox"/> Play with toy alone <input type="checkbox"/> Play with toy with peer	<input type="checkbox"/> Not playing <input type="checkbox"/> Play with toy alone <input type="checkbox"/> Play with toy with peer
Date: _____ Activity: _____	<input type="checkbox"/> Not playing <input type="checkbox"/> Play with toy alone <input type="checkbox"/> Play with toy with peer	<input type="checkbox"/> Not playing <input type="checkbox"/> Play with toy alone <input type="checkbox"/> Play with toy with peer	<input type="checkbox"/> Not playing <input type="checkbox"/> Play with toy alone <input type="checkbox"/> Play with toy with peer	<input type="checkbox"/> Not playing <input type="checkbox"/> Play with toy alone <input type="checkbox"/> Play with toy with peer
Date: _____ Activity: _____	<input type="checkbox"/> Not playing <input type="checkbox"/> Play with toy alone <input type="checkbox"/> Play with toy with peer	<input type="checkbox"/> Not playing <input type="checkbox"/> Play with toy alone <input type="checkbox"/> Play with toy with peer	<input type="checkbox"/> Not playing <input type="checkbox"/> Play with toy alone <input type="checkbox"/> Play with toy with peer	<input type="checkbox"/> Not playing <input type="checkbox"/> Play with toy alone <input type="checkbox"/> Play with toy with peer

Weekly Total

Not Playing
 Play with toy alone
 Play with toy with peer