

Instructions: Under columns 1 (time) and 2 (routines), indicate the child's schedule. Rate the likelihood of the behavior of concern occurring during each activity listed by indicating how likely it is that the child will have behaviors that are challenging.

Child Name: _____ Behavior of Concern: _____

Time	Routine	Likelihood of Challenging Behavior			Comments
		Almost never	Sometimes	Almost Always	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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