



THE
THERAPY
SPOT

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Regulation & Behavior Checklist

Instructions: Please complete the following chart to identify regulation and behaviors that occur in the home, school, or other environment and the frequency in which they occur. If there are behavior concerns that are not listed, please list them in the blank spaces.

Rarely: Less than 10% of the time, or less than 3 occurrences
Occasionally: 25% of the time, or 3-5 occurrences
Frequently: 50% of the time, or 6-10 occurrences
Always: 75% or more of the time, more than 10 occurrences

HOME ENVIRONMENT

Behavior	Impact on Family/Peers	Occurs:	Rarely	Occ'yly	Freq'yly	Always
Unable to recover from mild upsets within 2 minutes without significant support		___ Daily ___ Weekly ___ Monthly				
Has 'tantrums' or 'shuts down' for hours over small problems		___ Daily ___ Weekly ___ Monthly				
Unable to resolve small problems when playing with peers without adult support		___ Daily ___ Weekly ___ Monthly				
Becomes aggressive when upset: hitting, throwing, kicking, spitting, etc.		___ Daily ___ Weekly ___ Monthly				
Difficulty being flexible with peers (controlling)		___ Daily ___ Weekly ___ Monthly				
Difficulty being flexible with adults (controlling)		___ Daily ___ Weekly ___ Monthly				
Appears to misinterpret social cues and interactions		___ Daily ___ Weekly ___ Monthly				
Difficulty understanding other people's perspectives		___ Daily ___ Weekly ___ Monthly				
		___ Daily ___ Weekly ___ Monthly				
		___ Daily ___ Weekly ___ Monthly				
		___ Daily ___ Weekly ___ Monthly				

Form Completed By: _____ Date: _____

Relationship to child: _____

Child's Name: _____ Date of Birth: _____

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SCHOOL ENVIRONMENT

Behavior	Impact on Family/Peers	Occurs:	Rarely	Occ'y	Freq'ly	Always
Unable to recover from mild upsets within 2 minutes without significant support		___ Daily ___ Weekly ___ Monthly				
Has 'tantrums' or 'shuts down' for hours over small problems		___ Daily ___ Weekly ___ Monthly				
Unable to resolve small problems when playing with peers without adult support		___ Daily ___ Weekly ___ Monthly				
Becomes aggressive when upset: hitting, throwing, kicking, spitting, etc.		___ Daily ___ Weekly ___ Monthly				
Difficulty being flexible with peers (controlling)		___ Daily ___ Weekly ___ Monthly				
Difficulty being flexible with adults (controlling)		___ Daily ___ Weekly ___ Monthly				
Appears to misinterpret social cues and interactions		___ Daily ___ Weekly ___ Monthly				
Difficulty understanding other people's perspectives		___ Daily ___ Weekly ___ Monthly				
		___ Daily ___ Weekly ___ Monthly				
		___ Daily ___ Weekly ___ Monthly				
		___ Daily ___ Weekly ___ Monthly				

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OTHER ENVIRONMENT (list): _____

Behavior	Impact on Family/Peers	Occurs:	Rarely	Occ'y	Freq'ly	Always
Unable to recover from mild upsets within 2 minutes without significant support		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly				
Has 'tantrums' or 'shuts down' for hours over small problems		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly				
Unable to resolve small problems when playing with peers without adult support		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly				
Becomes aggressive when upset: hitting, throwing, kicking, spitting, etc.		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly				
Difficulty being flexible with peers (controlling)		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly				
Difficulty being flexible with adults (controlling)		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly				
Appears to misinterpret social cues and interactions		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly				
Difficulty understanding other people's perspectives		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly				
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly				
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly				
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly				

Form Completed By: _____ Date: _____

Relationship to child: _____

Child's Name: _____ Date of Birth: _____