

Child Behavior Observation Rating Scale

Carl J. Dunst Melinda Raab

Child's Name _____ Age _____

Observer _____ Date _____

The *Child Behavior Observation Rating Scale* is used to determine (a) the types of behavior a child is able to produce and (b) the frequency of occurrence of the different behavior. The child should be observed for 20 to 30 minutes in at least three different activities or settings (e.g., feeding, dressing). Record the activity or setting in which the child is observed in the space provided, and rate the frequency of occurrence of each behavior listed. Space is provided to record and rate child behavior not included in the list.

<i>How often did the child use each of the following behaviors in the observed activity?</i>	OBSERVATIONAL ACTIVITY OR SETTING														
	1:					2:					3:				
	None	1-3 Times	4-6 Times	7-9 Times	10+ Times	None	1-3 Times	4-6 Times	7-9 Times	10+ Times	None	1-3 Times	4-6 Times	7-9 Times	10+ Times
Sucking/Rooting	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Head Rolling	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Directed Gaze	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Smiling/Laughter	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Cooing/Babbling	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Gross Body Movements	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Arm Movements/Flexion	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Grasping Movements	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Foot/Leg Kicking	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Rolling Side-to-Side/Over	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
_____	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
_____	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
_____	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
_____	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
_____	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4

Child Behavior Observation Rating Scale, *continued*

<i>How often did the child use each of the following behaviors in the observed activity?</i>	OBSERVATIONAL ACTIVITY OR SETTING														
	4:					5:					6:				
	None	1-3 Times	4-6 Times	7-9 Times	10+ Times	None	1-3 Times	4-6 Times	7-9 Times	10+ Times	None	1-3 Times	4-6 Times	7-9 Times	10+ Times
Sucking/Rooting	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Head Rolling	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Directed Gaze	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Smiling/Laughter	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Cooing/Babbling	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Gross Body Movements	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Arm Movements/Flexion	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Grasping Movements	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Foot/Leg Kicking	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Rolling Side-to-Side/Over	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
_____	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
_____	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
_____	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
_____	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
_____	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4

NOTES: