

Child: _____

Recorder: _____

Date: _____

DAILY ROUTINE

Instructions: List major activities of the day and/or routines that are problematic. Once you write in your schedule, make multiple copies before using this chart to avoid writing the schedule every day. Try to complete this form 1-3 times a week. Circle the “day” in the daily schedule column each day you complete the form.

Time	Daily Schedule (M, T, W, Th, F)	Challenging Behavior (check one)			Activity Engagement (check one)		
		None	Some	Throughout	Not at all	Some	Throughout

