

## Observation Probe Questions

**Directions:** Observation is completed by all members of the evaluation team across multiple settings. The questions in each area provide a framework for the observation, but are NOT intended to be all-inclusive. The observer provides knowledge from their discipline when observing the child. The team of observers collaborate to analyze the relationship of the collected information to autism spectrum disorder criteria. Use the *Documentation of Observation* to record the observations.

### Reciprocal Social Interactions – Does the child:

#### Nonverbal Behaviors

- Use eye contact to engage the conversational partner?
- Use facial expressions to match the situation?
- Gesture to engage and influence?
- Demonstrate consciousness of physical proximity?

#### Peer Relationships

- Interact with peers in activities appropriate to developmental level?
- Appear indifferent to peers?
- Engage in developmentally appropriate activities?
- Appear attuned to the subtleties of interactions with peers?

#### Spontaneous Sharing

- Approach or seek out another person?
- Approach another person to share something of interest?

#### Reciprocity

- Take turns during conversation?
- Show empathy to match the mood of peer?
- Exhibit tolerance of changes of topic?
- Show an awareness of the partner's interests during conversation or play?

### Communication – Does the child:

#### Communicative Intent

- Respond to other people? Communicate to request or protest?
- Gesture or take the hand of an adult to direct the adult to a wanted item?
- Use eye gaze, vocalizations, facial gestures, signing, or pictures to indicate wants?

#### Pragmatics

- Provide sufficient background or reference information to partner to understand and participate in conversation?
- Use and react to nonverbal cues exhibited by others?
- Use vocabulary and knowledge base to express emotions/feelings in a variety of situations?
- Understand and use non-literal language (e.g., idioms or slang)?
- Discuss at length a single topic that is of little or no interest to others?

#### Stereotyped/Repetitive Use of Language

- Display atypical communication such as echolalia, perseveration, and pronoun reversals?
- Speak with flat, emotionless voice or with exaggerated inflection?
- Repeatedly use a limited number of utterances?

#### Lack Varied Play

- Play with toys as intended?
- Recognize the play repertoire of peers may have changed?
- Participate in age appropriate play?

## **Restricted, Repetitive, and Stereotyped Behaviors – Does the child:**

### **Preoccupation**

- Exhibit an all-consuming, high interest involving objects, topics, or themes beyond typical developmentally appropriate levels?
- Have a restricted or narrow range of interests including unusual interests compared to peers?
- Show difficulty letting go of perseverative thoughts, activities, actions or behaviors?

### **Inflexibility**

- Use ritualistic actions or behaviors? Demonstrate rigidity in routine, difficulty with change and/or transitions?
- Display an insistence on sameness?

### **Stereotyped or Repetitive Motor Mannerisms**

- Display repetitive motor or vocal patterns such as flapping, rocking, pacing, humming, picking, chewing?
- Use self-injurious behavior?

### **Preoccupation with Parts of Objects**

- Twirl, spin, and/or bang objects in a hyper-focused manner? Fixate on how an object works rather than its function?

## **Sensory Response – Does the child:**

### **Visual/Sight**

- Close eyes, squint, avoid visual stimuli? Throw items, stare intensely at objects, move objects/fingers in front of eyes?

### **Tactile/Touch**

- Have clothing/food sensitivity? Avoid certain textures?
- Overreact to unexpected touches? Desire to touch others or objects?
- Display poor hygiene? Have a need to fidget with objects?

### **Auditory/Hearing**

- Cover ears? Avoid noisy environments? Overreact to unexpected sounds (e.g., fire alarms, barking dogs)? Prefer loud volume on electronics?
- Seek auditory input by creating noise (e.g., tap pencil, hum, vocalize)?
- Show no response or decreased awareness to auditory input (e.g., sounds, voices)?

### **Olfactory/Smell**

- Plug nose? Smell things undetectable to others?
- Avoid certain odorous foods, people, environments?
- Smell items-even those that typically do not have an odor? Sniff people?

### **Oral/Taste**

- Gag? Vomit? Have an extremely limited diet? Refuse to try new foods?
- Prefer certain textures or temperatures of foods? Mouth and chew objects and clothing?
- Crave certain types or flavors of foods? Eat non-food items?

### **Movement**

- Avoid playground/gym activities? Avoid head movement?
- Toe walk? Spin? Swing? Bounce? Run in atypical fashion? Fidget? Move constantly?

### **Proprioceptive/Input to Joints and Muscles**

- Fall off chair? Stomp feet?
- Display excessive or weak force on objects or people? Bang into people or objects?
- Prefer heavy work activities such as carrying heavy items?
- Wrap self up tightly in blankets? Frequently hug with force?
- Loose grasp on pencil or writing/coloring tool?