Light 2 Minds

FOR FAMILIES · OBSERVATION FORM

Home Behavior Observation Log

Track what happens before, during, and after a behavior — then share the patterns with your child's team.

CHILD'S NAME _____ WEEK OF _____ COMPLETED BY _____

Date & Time	Where / Activity	Before (what was happening)	What My Child Did	What Happened After	How They Felt

For educational and informational use only. Not a substitute for individualized clinical assessment, supervision, or therapy. Always consult a licensed clinician before implementing any strategy.

L2M

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