## **Behavior Observation Form**

est Taker ID:		Date:	Time:	_ Time:		Test Administrator:		
efore Test	ing							
. Do you obse	rve any of the 1	following about this	patient befo	re the test	:?			
O Stressed	O Agitated	O Tired/Fatigued	d O Anxiou	ıs O III	nessss/Pain	O Caffeine	O Substance Use	
. Test Instruct	ions and Ability	/Test				Co	mments	
	-	test instructions		O Yes O Yes O Yes O Yes	O No			
Seems motiv	_	est instructions/inte rm test			O No O No			
		understanding insti			O No			
. Instructions	needed to be:							
O Rephrased	d O Sir	mplified (	O Interpreted	(sign/2 <sup>nd</sup>	language)	O Nor	е	
. Note the nur	nber of times t	hat you administer	ed each of the	e following	5.			
Video 1 2	3	Stimulus Ca	ard 123		Ability	y Test 12	3	
· + .								
uring Test  General Pation	ing ent Observatio	nc						
Repetitive m	invements (e.g.	tics, tremors, rocki	ng/cancary ca	eking her	naviors)	O Yes C	No No	
	_			_	,		No	
Appears to be Expresses from Note events/ auditory/visu	ne dazed/daydr ustration wher observations t al distractions,	reaming (e.g. "staring making errors hat occur during th restlessness, chang	e test in the C	) Quartile bo e hand, pa	ox in which th	O Yes C O Yes C ney occur. Ex	ring/making sounds, e	
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