

Autism Spectrum Mental Health Observation Sheet

Personal Information

Date

Observer's Name

Person Observed

Age

Location

Communication

Verbal Communication

Non-Verbal Communication

Social Interaction

Behavior

Repetitive Behaviors

Unusual Interests

Changes in Routine (Response)

Emotional State

Mood Observed

Anxiety/Distress Signs

Calming Strategies Used

Sensory Observation

Sensitivity Noted (e.g. sound, light, touch)

Additional Notes & Recommendations