

Assessing Daily Functioning Form

Name:

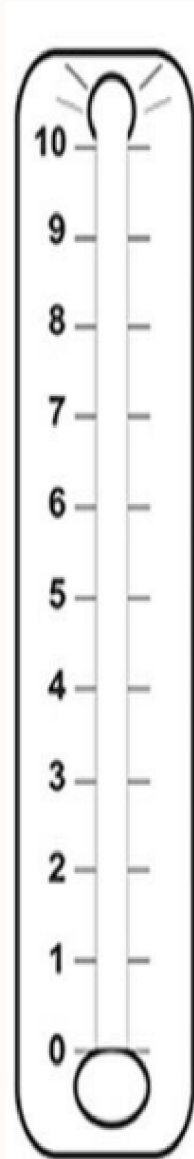
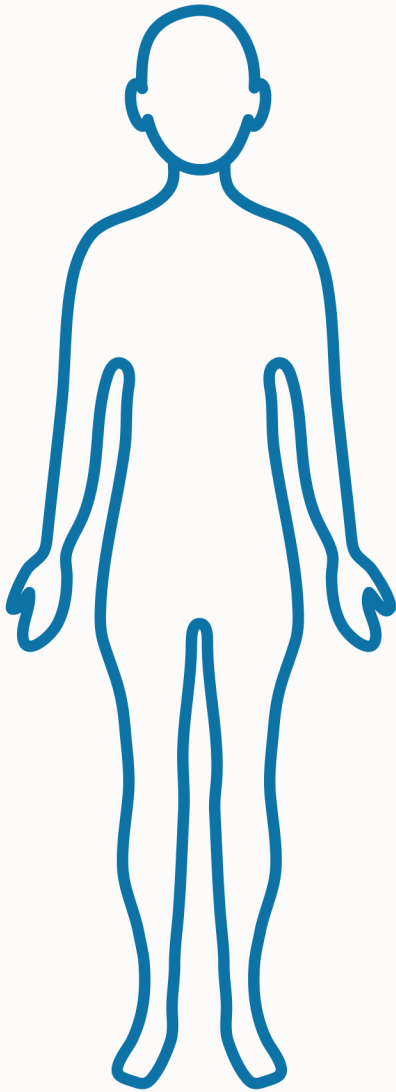
Date:

Morning Parent Report

School EA/Teacher & Child Report:

Baseline Behaviours	Time(s) of Day	Level of Distress (1-10)

EA/Teacher comments or questions:



Severely anxious/distressed

Very anxious/distressed

Quite anxious/distressed

Moderate anxiety/distress

Mild anxiety/distress

Totally relaxed