Provincial Outreach Program
for Autism and Related Disorders
www.autismoutreach.ca

# SCATTER PLOT ASSESSMENT TOOL

**Date:** _____ **Name of Person Observed:** _____ **Observer:** _____

**Behaviour(s):** _____

**Directions:** At the end of each time interval, fill in the square indicating the appropriate time and date on the chart using the code given below:

_____ ☐ _____ ☐ _____ ☐ _____ ☐

| Time | | | | | | | | | | | | | | |
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| Date | | | | | | | | | | | | | | |

Source: www.specialconnections.ku.edu