

ASIEP Checklist

Overall Assessment

Examiner: _____ Recorder: _____ Date of Assessment: _____

	Activities offered during ASIEP	Activities engaged with during ASIEP
Blocks	<input type="checkbox"/>	<input type="checkbox"/>
Playing Cards	<input type="checkbox"/>	<input type="checkbox"/>
Play House/Tea Party	<input type="checkbox"/>	<input type="checkbox"/>
Garage/Fire station	<input type="checkbox"/>	<input type="checkbox"/>
Big Pegboard	<input type="checkbox"/>	<input type="checkbox"/>
Basic Puzzle	<input type="checkbox"/>	<input type="checkbox"/>
Felt Board/Paper Dolls	<input type="checkbox"/>	<input type="checkbox"/>
Coloring	<input type="checkbox"/>	<input type="checkbox"/>
Crafts – Describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
Board Game – Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Sensory toys – Describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
Book 1 – Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other 1 – Describe: _____	<input type="checkbox"/>	<input type="checkbox"/>

- 1) Did anything occur that was outside of standard administration/protocol ☐ Yes ☐ No
(i.e. another person in room, recording failure, child spoke another language)?

If yes, describe: _____

- 2) Were there reciprocal questions (back and forth conversation) ☐ Yes ☐ No
at any point in the assessment?

If yes, during which phase? (check all that apply) ☐ Active Modeling ☐ Passive ☐ Direct Cues

- 3) At any point in the assessment did the participant imitate something ☐ Yes ☐ No
the examiner or the recorder did or said?

If yes, did the imitation occur immediately or was it delayed? ☐ Immediate ☐ Delayed

Describe: _____

- 4) Were there any aggressive/negative behaviors during assessment? ☐ Yes ☐ No

If yes, during which phase? (check all that apply) ☐ Active Modeling ☐ Passive ☐ Direct Cues

Did you intervene? ☐ Yes ☐ No

(A) What happened directly before the behavior (Antecedent): _____

(B) Describe the Behavior: _____

(C) What happened after the behavior (Consequence): _____

If necessary, additional details: _____

- 5) Were there any self-stimulatory/self-abuse behaviors ☐ Yes ☐ No ☐ Maybe
during the assessment?

If yes or maybe, during which phase? (check all that apply) ☐ Active Modeling ☐ Passive ☐ Direct Cues

Brief description: _____

ASIEP Checklist

Passive Phase

- 1) Did subject notice/orient to examiner switching to passive phase? ☐ Yes ☐ No

If yes, complete the following:

- **Is there a change in the subject's emotional state?** ☐ Yes ☐ No

If yes, check which changes were observed (check all that apply)

- ☐ Emotional ☐ Sensitive/Concern ☐ Irritability
☐ Aggression ☐ Tear-up

- **Does the subject look at the examiner?** ☐ Yes ☐ No

- **Does the subject look at the recorder?** ☐ Yes ☐ No

- **Does subject attempt to engage examiner?** ☐ Yes ☐ No

If yes, how did the subject attempted to engage **examiner**? (check all that apply)

- ☐ Asked Questions ☐ Attempted to engage in play
☐ Touched examiner ☐ Other: _____

Describe: _____

- **Does subject attempt to engage recorder?** ☐ Yes ☐ No

If yes, how did the subject attempted to engage **recorder**? (check all that apply)

- ☐ Asked Questions ☐ Attempted to engage in play
☐ Touched examiner ☐ Other: _____

Describe: _____

- **Does subject ask questions about examiner's switch to passive?** ☐ Yes ☐ No

If yes, do they persist? ☐ Yes ☐ No

- **Please describe any other ways the subject noticed/oriented to examiner switching to passive phase (If applicable):**

- 2) Does subject transition independently to a 'play activity' during passive? ☐ Yes ☐ No

- 3) Does subject keep themselves busy during passive phase? ☐ Yes ☐ Part of the time

☐ No ☐ Most of the time

If most of the time or part of the time, describe:
