

Daily Activity Schedule

Child: _____ **Parent:** _____ **Date:** _____

Describe activities or routines that you do regularly with your child. If there are activities that are not listed, you can add them to the end of this form. For each activity, provide a brief description, how often you do it with your child, and how much time you can add to it. In the last column, indicate whether your child [E]njoys, [T]olerates, or [R]esists the routine. This can help you select two or three activities in which to practice using the intervention with your child.

Activity	Description	How often?	Time to add?	Child's response
Morning				
Waking up				
Dressing				
Breakfast				
Other				
Afternoon				
Play time				
Lunch				
Naptime				
Other				

(continued)

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Evening				
Dinner				
Play time				
Bath time				
Story				
Bedtime				
Other				
Additional Routines				