# UNIVERSAL ENHANCEMENT OBSERVATION CHECKLIST

**ADDRESS OF OBSERVATION:** _____

**EVALUATOR:** _____ **DATE:** _____ **TIME FRAME:** _____ **FORMAT: + = YES; - = NO**

| SCHEDULED ACTIVITY | +/- | COMMENT | +/- | COMMENT | +/- | COMMENT | +/- | COMMENT |
|---|---|---|---|---|---|---|---|---|
| **I. ENVIRONMENT:** Was any activity in progress? If no, comment. | | | | | | | | |
| Was it the scheduled activity? | | | | | | | | |
| Could staff state functional outcome for client activity? | | | | | | | | |
| If activity is disrupted, was activity restored within 5 minutes? | | | | | | | | |
| **II. PROTECTION:** Was observed period free of client aggression and/or self-injurious behaviors? | | | | | | | | |
| If not, did staff intervene immediately? | | | | | | | | |
| Was observed period free of self-stimulatory behaviors? | | | | | | | | |
| If not, did staff intervene immediately? | | | | | | | | |
| **III. ACTIVE HABILITATION:** Were all clients involved in an activity? | | | | | | | | |
| Were activities and materials age appropriate? | | | | | | | | |
| Were multiple new skills and behaviors being taught? | | | | | | | | |
| Were all clients frequently being reinforced and prompted? | | | | | | | | |
| Were at least some clients performing the task/activity? | | | | | | | | |
| Were all staff verbally and physically involved? | | | | | | | | |
| Were there sufficient staff for this activity? | | | | | | | | |
| **IV. PRIVACY:** Were the clients afforded privacy? | | | | | | | | |
| **V. HOME:** Was the home clean? | | | | | | | | |
| Was the home pleasant smelling? | | | | | | | | |