

SORF Worksheet for Home Observation

Child's Name: _____ Date: _____ Setting: _____ Examiner: _____

3-Minute Intervals	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	KEY	
Activity Categories																						KEY
Impairments in Social Communication and Social Interaction																					T	
1. Limited sharing warm, joyful																						Play with Toys
2. Flat or reduced facial expressions																						
3. Limited sharing interests & enjoyment																						Pr
4. Lack of response to name																						Play with Props
5. Poor eye gaze directed to faces																						
6. Limited gestures--showing & pointing																						P
7. Uses person's hand/body as a tool																						Play with People
8. Limited use of consonant sounds: m, n, b, p, d, t, g, k, w, l, y, s, sh																						
9. Limited coordination of nonverbal																						M
10. Less interest in people than objects																						Meals & Snacks
11. Limited sharing of imaginative play																						
Restricted and Repetitive Patterns of Behavior, Interests, or Activities																					C	
12. Repetitive movements with objects																						Care- giving
13. Repetitive movements of body																						
14. Repetitive speech or intonation																						B
15. Ritualized patterns of behavior																						Book Sharing
16. Marked distress over change																						
17. Excessive interest																						F
18. Clutches particular objects																						Family Chores
19. Sticky attention to objects																						
20. Fixated interests on parts of objects																						Tr
21. Lack of or adverse response sensory																						Transi- tions
22. Unusual sensory exploration																						