

Student's Name/ID#: \_\_\_\_\_ Grade: \_\_\_\_\_ Rater's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions**

Please answer the questions on this form based on this *student's typical behavior in the cafeteria during the past month.*

Circle the *one* answer that best describes how often the behavior happens. Use the following rating scale:

**Never:** the behavior *never* or *almost never* happens

**Occasionally:** the behavior happens *some of the time*

**Frequently:** the behavior happens *much of the time*

**Always:** the behavior *always* or *almost always* happens

Some questions ask whether this student shows "distress" in certain situations. Showing distress may include verbal expressions (whining, crying, yelling) or nonverbal expressions (withdrawing, gesturing, pushing something away, running away, wincing, striking out).

Write any additional comments on this student's behavior or functioning on the back of this sheet.

*This student...*

1. Resolves peer conflicts without teacher intervention. ....	Never 4	Occasionally 3	Frequently 2	Always 1	_____
2. Handles frustration without outbursts or aggressive behavior. ....	Never 4	Occasionally 3	Frequently 2	Always 1	_____
3. Has friends and chooses to be with them when possible. ....	Never 4	Occasionally 3	Frequently 2	Always 1	_____
4. Becomes distracted when noise level increases. ....	Never 1	Occasionally 2	Frequently 3	Always 4	_____
5. Speaks too loudly or makes excessive noise during transitions. ....	Never 1	Occasionally 2	Frequently 3	Always 4	_____
6. Does not clean saliva or food from face. ....	Never 1	Occasionally 2	Frequently 3	Always 4	_____
7. Shows distress about food temperatures; complains that foods are "too hot" or "too cold." ....	Never 1	Occasionally 2	Frequently 3	Always 4	_____
8. Refuses to try new foods or snacks. ....	Never 1	Occasionally 2	Frequently 3	Always 4	_____
9. Tilts food tray while carrying; items may spill or fall off. ....	Never 1	Occasionally 2	Frequently 3	Always 4	_____
10. Spills or knocks over items on tray or table. ....	Never 1	Occasionally 2	Frequently 3	Always 4	_____
11. Handles food and drink containers too roughly (may dent, break, or spill containers). ....	Never 1	Occasionally 2	Frequently 3	Always 4	_____
12. Shows distress when sitting on benches, stools, or other seats without backs. ....	Never 1	Occasionally 2	Frequently 3	Always 4	_____
13. Is disorganized with tray, utensils, food. ....	Never 1	Occasionally 2	Frequently 3	Always 4	_____
14. Stuffs mouth with very large bites of food. ....	Never 1	Occasionally 2	Frequently 3	Always 4	_____
15. Has difficulty using two hands together for opening food containers, opening milk cartons, or placing straws in juice containers. ....	Never 1	Occasionally 2	Frequently 3	Always 4	_____

**Cafeteria (CAF) Total Score:** \_\_\_\_\_