Provincial Outreach Program
for Autism and Related Disorders
www.autismoutreach.ca

SCATTER PLOT ASSESSMENT TOOL

Date: _____ **Name of Person Observed:** _____ **Observer:** _____

Behaviour(s): _____

Directions: At the end of each time interval, fill in the square indicating the appropriate time and date on the chart using the code given below:

_____ ☐ _____ ☐ _____ ☐ _____ ☐

Time														
Date														

Source: www.specialconnections.ku.edu