## **Behavioural Observation Report in the adapted transport**

Client's name

STM File #

Date	
	oservations of behaviours in the vehicles of the STM
	d behaviour evaluation of the client
A few hours pri	or to AT departure:
While waiting for	or transport to arrive (indicate the duration of the waiting time):
_	
Upon arrival of	AT:
Context and be	haviour evaluation of the client upon arrival at the destination :

Please attach a summary sheet summarizing all interventions and results

2. Seated place and security in the vehicle				
In what type of vehicle and exactly where is the client seated?				
☐ In a taxi : ☐ In a minivan ☐ In a minibus				
If the client is in a regular (taxi) or minivan, where is the client seated?				
<ul> <li>☐ In the front (Taxi or minivan)</li> <li>☐ In the back, driver's side (Taxi or minivan)</li> <li>☐ In the back, passenger side (Taxi or minivan)</li> <li>☐ In the third row, driver's side (minivan)</li> <li>☐ In the third row, seated in the middle (minivan)</li> <li>☐ In the third row, passenger's side (minivan)</li> <li>☐ In which place is the client seated in the minibus?</li> </ul>				
Does the client choose his place in the taxi?				
☐ Yes ☐ No				
Does the client fasten the seatbelt by himself?				
☐ Yes ☐ No				
Does the driver ensure that the seatbelt is fastened?				
☐ Yes ☐ No Notes:				
Is the client seated at the side of another person?				
☐ Yes ☐ No Notes:				

3. Other
Did you observe any irritable which may bother the client? (ex.: sun in the eyes, music, duration of the trip, too much proximity, entry of a new client in the vehicle, change in the route, background noise, etc.)
Describe the interventions of the driver when it was applicable (did they ask the client
to change seat during the trip, etc.)
Duration of the trip :
Context and behaviour evaluation of the client during the exit of the vehicle :
Note all other pertinent observations :
Recommendations :

Names of the Professionals Implicated in the file:	
(Title and function):	
Establishment (If applicable):	
Context Integration at work	
Residential Integration	
(resource user)	
Community Integration (Day	
center)	
Professional at the residence	
Evaluator's name:	
Establishment:	
Telephone:	
Signature:	

1.	General observations	Yes	No	N/A
•	Does he eat? (reinforcement)			
•	Does he drink? (reinforcement)			
•	Does he respect the personal belongings of others?			
•	Does he approach other clients during the trip?			
•	Does he hit?			
•	Other (explain) :			
2.	Control his anxiety			
•	Confronted by one or many people			
•	Confronted by situations (circulation density, etc.)			
•	Confronted by a stimuli (music, light, communication dispatcher,			
	screams)			
3.	Sequence of abilities			
•	To go alone to the area where he has to wait for A.T.			
•	To be on time.			
•	Prepare his mode of payment.			
•	Enter in the vehicle at the request of the driver.			
•	Putting the seatbelt.			
•	Exiting the vehicle at the request of the driver (end of the trip).			