

## A-B-C Checklist

Student Name: \_\_\_\_\_

Class: \_\_\_\_\_

School: \_\_\_\_\_

Behavior of Concern: \_\_\_\_\_

| Date:  |  | Time:  | Location/Setting:   |  |
|--|--|--|---|--|
| Antecedent (before behavior)   |  | Behavior   | Consequences (after behavior)   |  |
| <input type="checkbox"/> Given direction/task/activity<br><input type="checkbox"/> Asked to wait<br><input type="checkbox"/> New task/activity<br><input type="checkbox"/> Difficult task/activity<br><input type="checkbox"/> Preferred activity interrupted<br><input type="checkbox"/> Activity/Item denied (told "no")<br><input type="checkbox"/> Loud, noisy environment<br><input type="checkbox"/> Given assistance/correction<br><input type="checkbox"/> Transition between locations/activities<br><input type="checkbox"/> Attention given to others<br><input type="checkbox"/> Presence of specific person<br><input type="checkbox"/> Attention not given when wanted<br><input type="checkbox"/> Left alone (no indiv. attention)<br><input type="checkbox"/> Left alone (no approp. activity)<br>Other: _____ |  | <input type="checkbox"/> Refusing to follow directions<br><input type="checkbox"/> Making verbal threats<br><input type="checkbox"/> Disrupting class (describe)<br><input type="checkbox"/> Crying/whining<br><input type="checkbox"/> Screaming/yelling<br><input type="checkbox"/> Scratching<br><input type="checkbox"/> Biting<br><input type="checkbox"/> Spitting<br><input type="checkbox"/> Kicking<br><input type="checkbox"/> Flopping<br><input type="checkbox"/> Running away/bolting<br><input type="checkbox"/> Destroying property<br><input type="checkbox"/> Flipping furniture<br><input type="checkbox"/> Hitting Self<br><input type="checkbox"/> Hitting Others<br><input type="checkbox"/> Verbal Refusal<br>Other: _____ | <input type="checkbox"/> Verbal redirection<br><input type="checkbox"/> Physical assist/prompt<br><input type="checkbox"/> Ignored problem behavior<br><input type="checkbox"/> Kept demand on<br><input type="checkbox"/> Used proximity control<br><input type="checkbox"/> Verbal reprimand<br><input type="checkbox"/> Removed from activity/location<br><input type="checkbox"/> Given another task/activity<br><input type="checkbox"/> Interrupted/blocked and redirected<br><input type="checkbox"/> Left alone<br><input type="checkbox"/> Isolated within class<br><input type="checkbox"/> Loss of privilege<br><input type="checkbox"/> Calming/soothing:<br>verbal/physical/both<br><input type="checkbox"/> Peer remarks/laughter<br><input type="checkbox"/> Time-out (duration) _____<br>Other: _____ |  |
| <b>Duration:</b><br>___ <1 min      ___ 1/2 -1 hr<br>___ 1-5 min      ___ 1-2 hr<br>___ 5-10 min     ___ 2-3 hr<br>___ 10-30 min    ___ 3+ hr  |  | <b>Intensity:</b><br>___ Low<br>___ Medium<br>___ High   | <b>Observer:</b> _____<br><b>Notes:</b> _____   |  |

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