

A-B-C Checklist / Duration / Intensity Data



Child's Name: _____

BEHAVIOR DESCRIPTION: _____

Date:		Time:		Location / Setting:		Date:		Time:		Location / Setting:	
Antecedent What was happening before the behavior occurred?		Behavior		Consequence What happened after?		Antecedent What was happening before the behavior occurred?		Behavior		Consequence What happened after?	
<input type="checkbox"/> Given direction/task/activity <input type="checkbox"/> Asked to wait <input type="checkbox"/> New task/activity <input type="checkbox"/> Difficult task/activity <input type="checkbox"/> Preferred activity interrupted <input type="checkbox"/> Activity/Item denied (told "no") <input type="checkbox"/> Loud, noisy environment <input type="checkbox"/> Given assistance/correction <input type="checkbox"/> Transition between locations/activities <input type="checkbox"/> Attention given to others <input type="checkbox"/> Presence of specific person <input type="checkbox"/> Nothing ("out of the blue") <input type="checkbox"/> Attention not given when wanted <input type="checkbox"/> Left alone (no indiv. attention) <input type="checkbox"/> Left alone (no approp. Activity) <input type="checkbox"/> Other: _		<input type="checkbox"/> Refusing to follow directions <input type="checkbox"/> Making verbal threats <input type="checkbox"/> Disrupting class (describe) <input type="checkbox"/> Crying/whining <input type="checkbox"/> Screaming/yelling <input type="checkbox"/> Scratching <input type="checkbox"/> Biting <input type="checkbox"/> Spitting <input type="checkbox"/> Kicking <input type="checkbox"/> Flopping <input type="checkbox"/> Running away/bolting <input type="checkbox"/> Destroying property <input type="checkbox"/> Flipping furniture <input type="checkbox"/> Hitting Self <input type="checkbox"/> Hitting Others <input type="checkbox"/> Verbal Refusal <input type="checkbox"/> Other_		<input type="checkbox"/> Verbal redirection <input type="checkbox"/> Physical assist/prompt <input type="checkbox"/> Ignored problem behavior <input type="checkbox"/> Kept demand on <input type="checkbox"/> Used proximity control <input type="checkbox"/> Verbal reprimand <input type="checkbox"/> Removed from activity/location <input type="checkbox"/> Given another task/activity <input type="checkbox"/> Interrupted/blocked and redirected <input type="checkbox"/> Left alone <input type="checkbox"/> Isolated within class <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Calming/soothing: verbal/physical/both <input type="checkbox"/> Physically restrained <input type="checkbox"/> Peer remarks/laughter <input type="checkbox"/> Time-out (duration)_ <input type="checkbox"/> Other _		<input type="checkbox"/> Given direction/task/activity <input type="checkbox"/> Asked to wait <input type="checkbox"/> New task/activity <input type="checkbox"/> Difficult task/activity <input type="checkbox"/> Preferred activity interrupted <input type="checkbox"/> Activity/Item denied (told "no") <input type="checkbox"/> Loud, noisy environment <input type="checkbox"/> Given assistance/correction <input type="checkbox"/> Transition between locations/activities <input type="checkbox"/> Attention given to others <input type="checkbox"/> Presence of specific person <input type="checkbox"/> Nothing ("out of the blue") <input type="checkbox"/> Attention not given when wanted <input type="checkbox"/> Left alone (no indiv. attention) <input type="checkbox"/> Left alone (no approp. Activity) <input type="checkbox"/> Other: _		<input type="checkbox"/> Refusing to follow directions <input type="checkbox"/> Making verbal threats <input type="checkbox"/> Disrupting class (describe) <input type="checkbox"/> Crying/whining <input type="checkbox"/> Screaming/yelling <input type="checkbox"/> Scratching <input type="checkbox"/> Biting <input type="checkbox"/> Spitting <input type="checkbox"/> Kicking <input type="checkbox"/> Flopping <input type="checkbox"/> Running away/bolting <input type="checkbox"/> Destroying property <input type="checkbox"/> Flipping furniture <input type="checkbox"/> Hitting Self <input type="checkbox"/> Hitting Others <input type="checkbox"/> Verbal Refusal <input type="checkbox"/> Other_		<input type="checkbox"/> Verbal redirection <input type="checkbox"/> Physical assist/prompt <input type="checkbox"/> Ignored problem behavior <input type="checkbox"/> Kept demand on <input type="checkbox"/> Used proximity control <input type="checkbox"/> Verbal reprimand <input type="checkbox"/> Removed from activity/location <input type="checkbox"/> Given another task/activity <input type="checkbox"/> Interrupted/blocked and redirected <input type="checkbox"/> Left alone <input type="checkbox"/> Isolated within class <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Calming/soothing: verbal/physical/both <input type="checkbox"/> Physically restrained <input type="checkbox"/> Peer remarks/laughter <input type="checkbox"/> Time-out (duration)_ <input type="checkbox"/> Other _	
Duration: - <1 minute - 1-5 minutes - 5-10 minutes - 10-30 min.		Intensity: - 1/2 - 1 hour - 1-2 hours - 2-3 hours - 3+ hours		Staff Initials / Observer:		Duration: - <1 minute - 1-5 minutes - 5-10 minutes - 10-30 min.		Intensity: 7 LOW 8 MEDIUM 9 HIGH		Staff Initials / Observer:	
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