

# 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 <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"/> Attention not given when wanted <input type="checkbox"/> Left alone (no indiv. attention) <input type="checkbox"/> Left alone (no approp. activity) 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 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"/> Peer remarks/laughter <input type="checkbox"/> Time-out (duration) _____ Other: _____	
<b>Duration:</b> ____ <1 min ____ 1-5 min ____ 5-10 min ____ 10-30 min		<b>Intensity:</b> ____ Low ____ Medium ____ High	<b>Observer:</b> _____ <b>Notes:</b> _____	

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