

# ABC Checklist

Student Name (D.O.B.) \_\_\_\_\_ School \_\_\_\_\_

Date	Time	Antecedent What was happening JUST prior to the behavior occurring?	Behavior	Consequence What happened after the behavior to resolve the problem?	Duration How long did the behavior last?	Intensity
		<input type="checkbox"/> At breakfast <input type="checkbox"/> Alone <input type="checkbox"/> With peers <input type="checkbox"/> Riding in bus/van <input type="checkbox"/> Lining up or in hallway <input type="checkbox"/> Just ending an activity <input type="checkbox"/> Participating in group <input type="checkbox"/> Asked to do something <input type="checkbox"/> Asked / told "No" <input type="checkbox"/> Changing activity / transitioning <input type="checkbox"/> Independent work (Task/subject? _____) <input type="checkbox"/> At recess <input type="checkbox"/> At specials <input type="checkbox"/> Being ignored <input type="checkbox"/> At lunch <input type="checkbox"/> Given a warning <input type="checkbox"/> About to begin new activity <input type="checkbox"/> OTHER (describe)	<input type="checkbox"/> Refused to follow instructions <input type="checkbox"/> Making verbal threats <input type="checkbox"/> Screaming / yelling <input type="checkbox"/> Biting <input type="checkbox"/> Throwing <input type="checkbox"/> Kicking <input type="checkbox"/> Hits peer <input type="checkbox"/> Hits adult <input type="checkbox"/> Destroying property <input type="checkbox"/> Grabbing / pulling <input type="checkbox"/> Crying loudly <input type="checkbox"/> Cursing <input type="checkbox"/> Hurting self <input type="checkbox"/> Saying "No" <input type="checkbox"/> Running away <input type="checkbox"/> Disrupting class (Describe) <input type="checkbox"/> OTHER (describe)	<input type="checkbox"/> Student ignored <input type="checkbox"/> Used proximity control <input type="checkbox"/> Gave a nonverbal cue <input type="checkbox"/> Gave a verbal warning <input type="checkbox"/> Changed assignment <input type="checkbox"/> Redirected <input type="checkbox"/> Student lost privilege <input type="checkbox"/> Time-Out in class <input type="checkbox"/> Time-Out out of class <input type="checkbox"/> Sent to office <input type="checkbox"/> Suspended <input type="checkbox"/> Detention <input type="checkbox"/> Physical assist / prompt <input type="checkbox"/> Physical escort <input type="checkbox"/> Physical management <input type="checkbox"/> OTHER (describe)	<input type="checkbox"/> <1 minute <input type="checkbox"/> 1 – 4 minutes <input type="checkbox"/> 5 – 10 minutes <input type="checkbox"/> 11 – 19 minutes <input type="checkbox"/> 20 – 30 minutes <input type="checkbox"/> ½ - 1 hour <input type="checkbox"/> 1 – 2 hours <input type="checkbox"/> 2 – 3 hours <input type="checkbox"/> 3+ hours	1 Low  2  3  4  5 High

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