A-B-C Checklist / Duration / Latency Intensity Data

Student Name: _____ Class: _____ School: _____

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

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NOTES:

_____

**For behavior anecdotal on "other" behaviors observed

Describe behavior of concern: