

Antecedent-Behavior-Consequence Checklist

Student _____ Class _____ School _____ Behavior of Concern _____

Date:	Time:	Location:
Antecedent (before behavior)	Behavior	Consequences (after behavior)
<input type="checkbox"/> Given direction/task/activity <input type="checkbox"/> Asked to wait <input type="checkbox"/> Activity/Item denied (told no) <input type="checkbox"/> Loud, noisy environment <input type="checkbox"/> Transition between locations/activities <input type="checkbox"/> Attention given to others <input type="checkbox"/> Presence of specific person <input type="checkbox"/> No attention/planned ignored <input type="checkbox"/> Other _____	Verbal Aggression <input type="checkbox"/> Refusing to follow directions <input type="checkbox"/> Making verbal threats <input type="checkbox"/> Crying/yelling Physical Aggression <input type="checkbox"/> Scratching <input type="checkbox"/> Biting <input type="checkbox"/> Spitting <input type="checkbox"/> Kicking <input type="checkbox"/> Dropping <input type="checkbox"/> Hitting Object Aggression <input type="checkbox"/> Destroying property Leaving area <input type="checkbox"/> Other _____	Attention <input type="checkbox"/> Verbal redirection <input type="checkbox"/> Physical assist/prompt <input type="checkbox"/> Continued demand <input type="checkbox"/> Used proximity control <input type="checkbox"/> Verbal reprimand <input type="checkbox"/> Isolated within classroom <input type="checkbox"/> Peer remarks/laughter Avoidance <input type="checkbox"/> Removed from activity/location <input type="checkbox"/> Given another task/activity <input type="checkbox"/> Interrupted/block and redirected <input type="checkbox"/> Time-out Ignored Loss of privileges Calming/soothing Other _____
Duration: _____ <1 min _____ .5-1 hr _____ 1-5 min _____ 1-2 hr _____ 5-10 min _____ 2-3 hr _____ 10-30 min _____ 3+ hr	Intensity: _____ _____ Low _____ Medium _____ High	Observer _____ Notes: _____ _____ _____
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