

ABC Checklist

Student Name (D.O.B.): _____ School / Building: _____

Date	Time	Antecedent What was happening before the behavior occurred?	Behavior	Consequence What happened after?	Duration How long did the behavior last?	Intensity
		<input type="checkbox"/> Alone <input type="checkbox"/> With peers <input type="checkbox"/> Riding in bus/van <input type="checkbox"/> Preparing for outing <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 "not to" <input type="checkbox"/> Transitioning <input type="checkbox"/> Working on academics (which one(s)? _____) <input type="checkbox"/> At recess <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"/> Refusing to follow instructions <input type="checkbox"/> Disrupting class (describe) <input type="checkbox"/> Making verbal threats <input type="checkbox"/> Hurting self <input type="checkbox"/> Destroying property <input type="checkbox"/> Screaming/yelling <input type="checkbox"/> Biting <input type="checkbox"/> Throwing <input type="checkbox"/> Kicking <input type="checkbox"/> Running away <input type="checkbox"/> Grabbing/pulling <input type="checkbox"/> Crying Loudly <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"/> Sent to office <input type="checkbox"/> Suspended <input type="checkbox"/> Gave detention <input type="checkbox"/> Gave a time out <input type="checkbox"/> Physical assist/prompt <input type="checkbox"/> Physical escort <input type="checkbox"/> Physical management <input type="checkbox"/> OTHER	<input type="checkbox"/> <1 minute <input type="checkbox"/> 1-5 minutes <input type="checkbox"/> 5-10 minutes <input type="checkbox"/> 10-30 min. <input type="checkbox"/> 1/2 – 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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This form created by: Kelly Dunlap, Psy.S., School Psychologist/Positive Behavior Support Consultant