

ABC DATA

Student: _____ Teacher: _____ Date: _____ Time: _____ until _____

****DOCUMENT ONLY ONE BEHAVIOR PER PAGE FOR EACH SUBJECT AREA****

LOCATION	ANTECEDENT	BEHAVIOR	CONSEQUENCE	RESULT OF BEHAVIOR
<p>Check only one</p> <input type="checkbox"/> English/Language Arts <ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Group <input type="checkbox"/> Math <ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Group <input type="checkbox"/> Social Studies <ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Group <input type="checkbox"/> Science <ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Group <input type="checkbox"/> Other Academic Area _____ <ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Group <input type="checkbox"/> Other Academic Area _____ <ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Group <input type="checkbox"/> Other Academic Area _____ <ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Group <input type="checkbox"/> Cafeteria <input type="checkbox"/> Hallway <input type="checkbox"/> Playground <input type="checkbox"/> Restroom <input type="checkbox"/> Dismissal area <input type="checkbox"/> Bus loading zone <input type="checkbox"/> Car loading zone <input type="checkbox"/> Other: _____	<input type="checkbox"/> Given Instruction/Prompt to Work <input type="checkbox"/> Transition/Interruption <input type="checkbox"/> Ignored by staff/staff walked away <input type="checkbox"/> Leisure materials removed/denied <input type="checkbox"/> Food removed/denied <input type="checkbox"/> Other request denied <input type="checkbox"/> Provoked by peer <input type="checkbox"/> None observed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fidgets <input type="checkbox"/> Impulsive <input type="checkbox"/> Unable to interact with minimal friction <input type="checkbox"/> Easily frustrated <input type="checkbox"/> Prefers to be alone/withdrawn/ isolated <input type="checkbox"/> Difficulty staying on task <input type="checkbox"/> Mute/refuses to speak <input type="checkbox"/> Difficulty paying attention <input type="checkbox"/> Fails to complete work <input type="checkbox"/> Rarely interacts with classmates <input type="checkbox"/> Is frequently alone during lunch/recess <input type="checkbox"/> Does not join in with group <input type="checkbox"/> Upset by any change in routine <input type="checkbox"/> Pronounced fear of failure <input type="checkbox"/> Depressed for most of the day <input type="checkbox"/> Little interest in pleasurable activities <input type="checkbox"/> *Talks about suicide or death <input type="checkbox"/> *Exhibits unwarranted self-blame/self-criticism <input type="checkbox"/> *Performs obsessive/compulsive behaviors <input type="checkbox"/> *Changes mood for no apparent reason <input type="checkbox"/> *Rarely laughs or smiles <input type="checkbox"/> *Engages in self destructive behavior <input type="checkbox"/> *Shows excessive fear of specific objects <input type="checkbox"/> *Unresponsiveness <input type="checkbox"/> *Tells of extremely strange/illogical thoughts <input type="checkbox"/> *Creates imaginary/fantasy situations in an attempt to escape reality <input type="checkbox"/> *Experienced significant changes in activity levels/ concentration/school grades <input type="checkbox"/> *Aggression <input type="checkbox"/> None	<input type="checkbox"/> Warning <input type="checkbox"/> Verbal redirection <input type="checkbox"/> Conference with teacher <input type="checkbox"/> Time-out in room (duration_____) <input type="checkbox"/> Time out in another room (duration_____) <input type="checkbox"/> Separation of students <input type="checkbox"/> Prompt to participate <input type="checkbox"/> Assigned to work with a peer <input type="checkbox"/> Behavior ignored <input type="checkbox"/> Physical prompt used to redirect <input type="checkbox"/> Loss of PBIS: _____ <input type="checkbox"/> Loss of time on recess/activity <input type="checkbox"/> Loss of access to items <input type="checkbox"/> Parent phone call <input type="checkbox"/> Parent Conference <input type="checkbox"/> Detention <input type="checkbox"/> ISS <input type="checkbox"/> OSS <input type="checkbox"/> Conference with Principal <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	<input type="checkbox"/> Peer Attention <input type="checkbox"/> Adult Attention <input type="checkbox"/> Avoids a Situation Describe _____ _____ <input type="checkbox"/> Avoid Academic Task Describe _____ _____ <input type="checkbox"/> Avoid Adult interaction <input type="checkbox"/> Avoid Peer interaction <input type="checkbox"/> Gained Item or Activity <input type="checkbox"/> Result unclear

Comments: ***DESCRIBE BEHAVIOR AND RESULT OF BEHAVIOR**