



Summary of Behavior

Student's Name:	School:
Completed by:	Date Completed:

The following information is based on a review of the seven (7) school days of ABC (antecedent, behavior, and consequence) data collected.

1. Check the **three most frequently occurring problem behaviors** noted on ABC data:

- | | |
|---|--|
| <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 Prefers to be alone/withdrawn/isolated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"/> Other: _____ |
|---|--|

2. **Antecedents** to problem behaviors include:

- | | |
|---|---|
| <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"/> Other: _____ |
|---|---|

3. **Consequences** for problem behaviors include:

- | | |
|---|---|
| <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: _____ |
|---|---|

4. Problem behaviors **occur** in the following settings:

- | | |
|--|--|
| <input type="checkbox"/> English/Language Arts
<input type="checkbox"/> Math
<input type="checkbox"/> Social Studies
<input type="checkbox"/> Science
<input type="checkbox"/> Other Academic Area _____
<input type="checkbox"/> Other Academic Area _____
<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: _____ |
|--|--|

