

ABC DATA COLLECTION SHEET

Date:			Student:	Location/Activity:			
Start: _____	<i>Setting events (Presence or absence of environmental or social situations)</i>		<i>Antecedent Events</i> The events, action(s), or circumstances that occurred <b>immediately</b> <u>before</u> the behavior		<i>Behavior(s)</i>	<i>Consequence(s)</i> The action(s) or response(s) that <b>immediately</b> <u>followed</u> the behavior	<i>Student's response to the consequence</i>
End: _____							
Total Duration: _____	<input type="checkbox"/> Medication changed or missed  <input type="checkbox"/> Sleep pattern	<input type="checkbox"/> Given direction “ _____ ”  <input type="checkbox"/> Asked to wait	<input checked="" type="checkbox"/> Screams		<input type="checkbox"/> Physically guided to comply  <input type="checkbox"/> Ignored problem behavior (i.e., no attention)	Stopped  Continued  Intensified (explain) _____ _____	
Staff's initials _____	<input type="checkbox"/> Appeared or complained of illness  <input type="checkbox"/> Crowded conditions  <input type="checkbox"/> Noise level _____	<input type="checkbox"/> Preferred activity interrupted _____  <input type="checkbox"/> Activity/Item denied (told “no”) _____			<input type="checkbox"/> Given another task/activity  <input type="checkbox"/> Blocked  <input type="checkbox"/> Verbally redirected “ _____ ”		
Intensity 1 2 3	<input type="checkbox"/> Routine was altered/disruptive _____  <input type="checkbox"/> Teacher or staff member absent	<input type="checkbox"/> Given assistance/correction  <input type="checkbox"/> Transition between locations/activities _____  <input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____  <input type="checkbox"/> Choices given _____  <input type="checkbox"/> Personal space  <input type="checkbox"/> Natural consequence _____ _____	<b>Possible function:</b>  <input type="checkbox"/> Escape/Avoidance <input type="checkbox"/> Attention <input type="checkbox"/> Automatic Reinforcement <input type="checkbox"/> Seeking access to material <input type="checkbox"/> Unknown	

Intensity: 1: Whimper 2: Loud Scream 3: Ear piercing scream

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