

A-B-C Checklist

Student Name: _____

Class: _____

School: _____

Behavior of Concern: _____

Date:		Time:	Location/Setting:	
Antecedent (before behavior)		Behavior	Consequences (after behavior)	
☐ Given direction/task/activity ☐ Asked to wait ☐ New task/activity ☐ Difficult task/activity ☐ Preferred activity interrupted ☐ Activity/Item denied (told "no") ☐ Loud, noisy environment ☐ Given assistance/correction ☐ Transition between locations/activities ☐ Attention given to others ☐ Presence of specific person ☐ Attention not given when wanted ☐ Left alone (no indiv. attention) ☐ Left alone (no approp. activity) Other: _____		☐ Refusing to follow directions ☐ Making verbal threats ☐ Disrupting class (describe) ☐ Crying/whining ☐ Screaming/yelling ☐ Scratching ☐ Biting ☐ Spitting ☐ Kicking ☐ Flopping ☐ Running away/bolting ☐ Destroying property ☐ Flipping furniture ☐ Hitting Self ☐ Hitting Others ☐ Verbal Refusal Other: _____	☐ Verbal redirection ☐ Physical assist/prompt ☐ Ignored problem behavior ☐ Kept demand on ☐ Used proximity control ☐ Verbal reprimand ☐ Removed from activity/location ☐ Given another task/activity ☐ Interrupted/blocked and redirected ☐ Left alone ☐ Isolated within class ☐ Loss of privilege ☐ Calming/soothing: verbal/physical/both ☐ Peer remarks/laughter ☐ Time-out (duration) _____ Other: _____	
Duration: ____ <1 min ____ 1-5 min ____ 5-10 min ____ 10-30 min		Intensity: ____ Low ____ Medium ____ High	Observer: _____ Notes: _____	

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