

ABC Checklist

Name:			Division:	
Date:	DD/MO/YEAR	Time:		Location:

	Antecedent What was happening before the behaviour occurred?	Behaviour	Consequence What happened after?
	Given direction/task activity	Refusing to follow directions	Verbal redirection
	Asked to wait	Making verbal threats	Physical assist/prompt
	New task/activity	Disrupting class (describe)	Ignored problem behaviour
	Difficult task/activity	Crying/whining	Kept demand on
	Preferred activity interrupted	Screaming/yelling	Used proximity control
	Activity/item denied (told "no")	Scratching	Verbal reprimand
	Loud, noisy environment	Biting	Removed from activity/location
	Given assistance/correction	Spitting	Given another task/activity
	Transition between locations/activities	Kicking	Interrupted/blocked and redirected
	Presence of specific person	Flopping on ground	Left alone
	Nothing ("out of the blue")	Running away/bolting	Isolated within class
	Attention not given when wanted	Destroying property	Loss of privilege
	Left alone (no individual attention)	Flipping furniture	Calming/soothing: verbal, physical/both
	Left alone (no appropriate activity)	Hitting self	Physically restrained
		Hitting others	Peer remarks/laughter
		Verbal refusal	Time-out (duration)
	Other:	Other:	Other:

Duration		Intensity	Contacted Parent/Guardian	
< 1 minute	½ - 1 hour	Low	Yes	No
1- 5 minutes	1- 2 hours	Medium	Staff Signature: _____	
5 - 10 minutes	2 - 3 hours	High		
10 - 30 minutes	3+ hours			

Comments: