**ABC Checklist**

KD 11/04

###  Student Name (D.O.B.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School / Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| Date | Time | AntecedentWhat was happening before the behavior occurred? | Behavior | ConsequenceWhat happened after? | DurationHow long did the behavior last? | Intensity |
|  |  | **\_\_\_\_\_ Alone****\_\_\_\_\_ With peers****\_\_\_\_\_ Riding in bus/van****\_\_\_\_\_ Preparing for outing****\_\_\_\_\_ Just ending an activity****\_\_\_\_\_ Participating in group****\_\_\_\_\_ Asked to do something****\_\_\_\_\_ Asked/told “not to”****\_\_\_\_\_ Transitioning****\_\_\_\_\_ Working on academics**  **(which one(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_)****\_\_\_\_\_ At recess**\_\_\_\_\_ Being ignored**\_\_\_\_\_ At lunch****\_\_\_\_\_ Given a warning****\_\_\_\_\_ About to begin new activity****\_\_\_\_\_ OTHER (describe)** | \_\_\_\_\_ Refusing to follow instructions**\_\_\_\_\_ Disrupting class (describe)****\_\_\_\_\_ Making verbal threats** \_\_\_\_\_ Hurting self**\_\_\_\_\_ Destroying property****\_\_\_\_\_ Screaming/yelling****\_\_\_\_\_ Biting****\_\_\_\_\_ Throwing****\_\_\_\_\_ Kicking****\_\_\_\_\_ Running away****\_\_\_\_\_ Grabbing/pulling****\_\_\_\_\_ Crying Loudly****\_\_\_\_\_ OTHER (describe)** | \_\_\_\_\_ Student ignored**\_\_\_\_\_ Used proximity control****\_\_\_\_\_ Gave a nonverbal cue****\_\_\_\_\_ Gave a verbal warning****\_\_\_\_\_ Changed assignment****\_\_\_\_\_ Redirected****\_\_\_\_\_ Student lost privilege****\_\_\_\_\_ Sent to office****\_\_\_\_\_ Suspended****\_\_\_\_\_ Gave detention****\_\_\_\_\_ Gave a time out****\_\_\_\_\_ Physical assist/prompt****\_\_\_\_\_ Physical escort****\_\_\_\_\_ Physical management****\_\_\_\_\_ OTHER** | \_\_\_\_ <1 minute**\_\_\_\_ 1-5 minutes****\_\_\_\_ 5-10 minutes****\_\_\_\_ 10-30 min.****\_\_\_\_ 1/2 – 1 hour****\_\_\_\_ 1-2 hours****\_\_\_\_ 2-3 hours****\_\_\_\_ 3+ hours** | 1 LOW**2****3****4****5 HIGH** |

NOTES:

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This form created by: Kelly Dunlap, Psy.S., School Psychologist/Positive Behavior Support Consultant