

## Case Sample 2: Jeff's ABC Checklists

| Date: <b>10-15-12</b>   | Time: <b>9:30 a.m.</b>  | Location: <b>Math</b>   |
|---|---|---|
| Antecedent Event  | Behavior  | Consequence Event   |
| <input type="checkbox"/> Direction given to task<br><input checked="" type="checkbox"/> New task introduced<br><input type="checkbox"/> Difficult task<br><input type="checkbox"/> Preferred activity interrupted<br><input type="checkbox"/> Asked to wait<br><input type="checkbox"/> Attention not given when wanted<br><input type="checkbox"/> Attention to others given<br><input type="checkbox"/> Transition between activities<br><input type="checkbox"/> Left alone (no individual attention)<br><input type="checkbox"/> Left alone (no appropriate activity)<br><input type="checkbox"/> Presence of a specific person<br><input type="checkbox"/> Other: _____<br>_____ | <input type="checkbox"/> Refusing to follow directions<br><input checked="" type="checkbox"/> Making verbal threats<br><input type="checkbox"/> Disrupting class (be specific)<br><input type="checkbox"/> Crying/whining<br><input type="checkbox"/> Screaming/yelling<br><input type="checkbox"/> Scratching<br><input type="checkbox"/> Biting<br><input type="checkbox"/> Spitting<br><input type="checkbox"/> Kicking<br><input type="checkbox"/> Flopping<br><input type="checkbox"/> Running away<br><input type="checkbox"/> Destroying property<br><input type="checkbox"/> Vandalism<br><input type="checkbox"/> Hitting self<br><input type="checkbox"/> Hitting others<br><input type="checkbox"/> Verbal refusal<br><input type="checkbox"/> Other: _____<br>_____ | <input type="checkbox"/> Verbal redirection<br><input type="checkbox"/> Physical assist/prompt<br><input checked="" type="checkbox"/> Ignored problem behavior<br><input type="checkbox"/> Kept demand on<br><input type="checkbox"/> Used proximity control<br><input type="checkbox"/> Removed from activity/location<br><input type="checkbox"/> Given another task/activity<br><input type="checkbox"/> Interrupted and redirected<br><input type="checkbox"/> Left alone<br><input type="checkbox"/> Isolated within class<br><input type="checkbox"/> Loss of privilege<br><input type="checkbox"/> Calming/soothing verbal<br><input type="checkbox"/> Calming/soothing physical<br><input type="checkbox"/> Peer remarks/laughter<br><input type="checkbox"/> Time-out (duration) _____<br><input type="checkbox"/> Other: _____<br>_____ |
| <p style="text-align: center;"><b>Duration</b></p> <input type="checkbox"/> <1 min <input type="checkbox"/> ½–1 hr<br><input checked="" type="checkbox"/> 1–5 min <input type="checkbox"/> 1–2 hr<br><input type="checkbox"/> 5–10 min <input type="checkbox"/> 2–3 hr<br><input type="checkbox"/> 10–30 min <input type="checkbox"/> 3+ hr   | <p style="text-align: center;"><b>Intensity</b></p> <input type="checkbox"/> Low<br><input checked="" type="checkbox"/> Medium<br><input type="checkbox"/> High   | <p><b>Notes:</b></p>  |

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| <b>Date:</b> 10-16-12  | <b>Time:</b> 8:45 a.m.   | <b>Location:</b><br>Language Arts—Group  |
| <b>Antecedent Event</b>  | <b>Behavior</b>  | <b>Consequence Event</b>   |
| <input type="checkbox"/> Direction given to task<br><input type="checkbox"/> New task introduced<br><input checked="" type="checkbox"/> Difficult task<br><input type="checkbox"/> Preferred activity interrupted<br><input type="checkbox"/> Asked to wait<br><input type="checkbox"/> Attention not given when wanted<br><input type="checkbox"/> Attention to others given<br><input type="checkbox"/> Transition between activities<br><input type="checkbox"/> Left alone (no individual attention)<br><input type="checkbox"/> Left alone (no appropriate activity)<br><input type="checkbox"/> Presence of a specific person<br><input type="checkbox"/> Other: _____<br><br> | <input type="checkbox"/> Refusing to follow directions<br><input type="checkbox"/> Making verbal threats<br><input checked="" type="checkbox"/> Disrupting class (be specific)<br><input type="checkbox"/> Crying/whining<br><input type="checkbox"/> Screaming/yelling<br><input type="checkbox"/> Scratching<br><input type="checkbox"/> Biting<br><input type="checkbox"/> Spitting<br><input type="checkbox"/> Kicking<br><input type="checkbox"/> Flopping<br><input type="checkbox"/> Running away<br><input type="checkbox"/> Destroying property<br><input type="checkbox"/> Vandalism<br><input type="checkbox"/> Hitting self<br><input type="checkbox"/> Hitting others<br><input type="checkbox"/> Verbal refusal<br><input checked="" type="checkbox"/> Other: <b>Disruption—cursing at peers</b> | <input type="checkbox"/> Verbal redirection<br><input type="checkbox"/> Physical assist/prompt<br><input type="checkbox"/> Ignored problem behavior<br><input type="checkbox"/> Kept demand on<br><input type="checkbox"/> Used proximity control<br><input checked="" type="checkbox"/> Removed from activity/location<br><input type="checkbox"/> Given another task/activity<br><input type="checkbox"/> Interrupted and redirected<br><input type="checkbox"/> Left alone<br><input type="checkbox"/> Isolated within class<br><input type="checkbox"/> Loss of privilege<br><input type="checkbox"/> Calming/soothing verbal<br><input type="checkbox"/> Calming/soothing physical<br><input type="checkbox"/> Peer remarks/laughter<br><input type="checkbox"/> Time-out (duration) _____<br><input type="checkbox"/> Other: _____<br><br> |
| <p style="text-align: center;"><b>Duration</b></p> <input type="checkbox"/> <1 min <input type="checkbox"/> ½–1 hr<br><input checked="" type="checkbox"/> 1–5 min <input type="checkbox"/> 1–2 hr<br><input type="checkbox"/> 5–10 min <input type="checkbox"/> 2–3 hr<br><input type="checkbox"/> 10–30 min <input type="checkbox"/> 3+ hr  | <p style="text-align: center;"><b>Intensity</b></p> <input type="checkbox"/> Low<br><input checked="" type="checkbox"/> Medium<br><input type="checkbox"/> High  | <p><b>Notes:</b></p>   |

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| <b>Date: 10-17-12</b>  | <b>Time: 9:15 am</b>   | <b>Location: Language Arts—<br/>Independent Assessment</b>   |
| <b>Antecedent Event</b>  | <b>Behavior</b>  | <b>Consequence Event</b>   |
| <input type="checkbox"/> Direction given to task<br><input type="checkbox"/> New task introduced<br><input checked="" type="checkbox"/> Difficult task<br><input type="checkbox"/> Preferred activity interrupted<br><input type="checkbox"/> Asked to wait<br><input type="checkbox"/> Attention not given when wanted<br><input type="checkbox"/> Attention to others given<br><input type="checkbox"/> Transition between activities<br><input type="checkbox"/> Left alone (no individual attention)<br><input type="checkbox"/> Left alone (no appropriate activity)<br><input type="checkbox"/> Presence of a specific person<br><input type="checkbox"/> Other: _____<br><br> | <input type="checkbox"/> Refusing to follow directions<br><input checked="" type="checkbox"/> Making verbal threats<br><input type="checkbox"/> Disrupting class (be specific)<br><input type="checkbox"/> Crying/whining<br><input type="checkbox"/> Screaming/yelling<br><input type="checkbox"/> Scratching<br><input type="checkbox"/> Biting<br><input type="checkbox"/> Spitting<br><input type="checkbox"/> Kicking<br><input type="checkbox"/> Flopping<br><input type="checkbox"/> Running away<br><input type="checkbox"/> Destroying property<br><input type="checkbox"/> Vandalism<br><input type="checkbox"/> Hitting self<br><input type="checkbox"/> Hitting others<br><input type="checkbox"/> Verbal refusal<br><input type="checkbox"/> Other: _____<br><br> | <input type="checkbox"/> Verbal redirection<br><input type="checkbox"/> Physical assist/prompt<br><input type="checkbox"/> Ignored problem behavior<br><input type="checkbox"/> Kept demand on<br><input type="checkbox"/> Used proximity control<br><input checked="" type="checkbox"/> Removed from activity/location<br><input type="checkbox"/> Given another task/activity<br><input type="checkbox"/> Interrupted and redirected<br><input type="checkbox"/> Left alone<br><input type="checkbox"/> Isolated within class<br><input type="checkbox"/> Loss of privilege<br><input type="checkbox"/> Calming/soothing verbal<br><input type="checkbox"/> Calming/soothing physical<br><input type="checkbox"/> Peer remarks/laughter<br><input type="checkbox"/> Time-out (duration) _____<br><input type="checkbox"/> Other: _____<br><br> |
| <b>Duration</b>  | <b>Intensity</b>   | <b>Notes:</b>  |
| <input type="checkbox"/> <1 min<br><input checked="" type="checkbox"/> 1–5 min<br><input type="checkbox"/> 5–10 min<br><input type="checkbox"/> 10–30 min<br><input type="checkbox"/> ½–1 hr<br><input type="checkbox"/> 1–2 hr<br><input type="checkbox"/> 2–3 hr<br><input type="checkbox"/> 3+ hr   | <input type="checkbox"/> Low<br><input checked="" type="checkbox"/> Medium<br><input type="checkbox"/> High  |  |