

Handout 3: ABC Checklist

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