

ABC CHECKLIST DATA SHEET

Directions: Check or circle all that apply to the incident.

Student:	Teacher:
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Date, Time of Incident & Other Notes:

Antecedent	<input type="checkbox"/> Alone <input type="checkbox"/> Preferred Task <input type="checkbox"/> Given Attention <input type="checkbox"/> With Peers <input type="checkbox"/> Non-Preferred Task <input type="checkbox"/> Being Ignored <input type="checkbox"/> With Adult <input type="checkbox"/> Told No <input type="checkbox"/> Academic Task <input type="checkbox"/> End of Activity <input type="checkbox"/> Redirected <input type="checkbox"/> Leisure Task <input type="checkbox"/> Transitioning <input type="checkbox"/> Sensory Overload <input type="checkbox"/> Clean up <input type="checkbox"/> Denied Access Other:
Behavior	<input type="checkbox"/> Elope <input type="checkbox"/> Physical Aggression (specify in other) <input type="checkbox"/> Cry <input type="checkbox"/> Self-Injury <input type="checkbox"/> Head Banging <input type="checkbox"/> Scream <input type="checkbox"/> Spit/Fluid Exchange <input type="checkbox"/> Throw Objects <input type="checkbox"/> Non-Compliance <input type="checkbox"/> Throw Chairs Other:
Strategies	<input type="checkbox"/> Planned Ignore <input type="checkbox"/> Time-Out <input type="checkbox"/> Break <input type="checkbox"/> Repeat Ask <input type="checkbox"/> Redirected <input type="checkbox"/> Change Task <input type="checkbox"/> Physical Cue/Prompt <input type="checkbox"/> Verbal Cue/Prompt <input type="checkbox"/> Modeled Behavior Other:
Duration	<input type="checkbox"/> 0-5 minutes <input type="checkbox"/> 5-10 minutes <input type="checkbox"/> 10-15 minutes <input type="checkbox"/> 15-30 minutes <input type="checkbox"/> 30-60 minutes <input type="checkbox"/> Over 60 minutes
Intensity	<input type="checkbox"/> Mild - Moderate <input type="checkbox"/> Moderate - Severe <input type="checkbox"/> Severe - Extreme
Consequence	<input type="checkbox"/> Isolation <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Calm Down Corner <input type="checkbox"/> Ignored <input type="checkbox"/> Loss of Item <input type="checkbox"/> Admin Intervention <input type="checkbox"/> Physical Assist <input type="checkbox"/> Removal from Class <input type="checkbox"/> Phone Call Home <input type="checkbox"/> Reprimand <input type="checkbox"/> Sent to Alternate Area <input type="checkbox"/> Demand Removed <input type="checkbox"/> Given Alternate Task Other: