

ABC Data Sheet

**A = Antecedent-what happened immediately before the behavior?**  
**B = Behavior-what exactly did your child do?**  
**C = Consequence-what happened immediately after the behavior?**  
**Duration-how long did the behavior last?**  
**Intensity-the force with which the behavior occurred.**

Date	Time	Antecedent	Behavior	Consequence	Duration	Intensity
		<input type="checkbox"/> Alone <input type="checkbox"/> With Peer <input type="checkbox"/> With Adult <input type="checkbox"/> Asked to do something <input type="checkbox"/> Asked not to do something <input type="checkbox"/> Transitioning <input type="checkbox"/> Being Ignored <input type="checkbox"/> Eating <input type="checkbox"/> Leisure Activity <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> Refusal <input type="checkbox"/> Screaming <input type="checkbox"/> Whining <input type="checkbox"/> Threats <input type="checkbox"/> Hitting (self or others) <input type="checkbox"/> Biting (self or others) <input type="checkbox"/> Throwing <input type="checkbox"/> Kicking <input type="checkbox"/> Elopement <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> Gained Item (tangible) <input type="checkbox"/> Gained Attention <input type="checkbox"/> Ignored <input type="checkbox"/> Redirected <input type="checkbox"/> Directive Changed <input type="checkbox"/> Directive Removed <input type="checkbox"/> Time Out <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> <30 Sec. <input type="checkbox"/> <1 Min. <input type="checkbox"/> <2 Mins. <input type="checkbox"/> 2-5 Mins. <input type="checkbox"/> 5-10 Mins. <input type="checkbox"/> 10-30 Mins. <input type="checkbox"/> 30m-1 Hr. <input type="checkbox"/> 1-2 Hrs. <input type="checkbox"/> >2 Hrs.  If more than 2 hours, please write in here_____.	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Other
		<input type="checkbox"/> Alone <input type="checkbox"/> With Peer <input type="checkbox"/> With Adult <input type="checkbox"/> Asked to do something <input type="checkbox"/> Asked not to do something <input type="checkbox"/> Transitioning <input type="checkbox"/> Being Ignored <input type="checkbox"/> Eating <input type="checkbox"/> Leisure Activity <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> Refusal <input type="checkbox"/> Screaming <input type="checkbox"/> Whining <input type="checkbox"/> Threats <input type="checkbox"/> Hitting (self or others) <input type="checkbox"/> Biting (self or others) <input type="checkbox"/> Throwing <input type="checkbox"/> Kicking <input type="checkbox"/> Elopement <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> Gained Item (tangible) <input type="checkbox"/> Gained Attention <input type="checkbox"/> Ignored <input type="checkbox"/> Redirected <input type="checkbox"/> Directive Changed <input type="checkbox"/> Directive Removed <input type="checkbox"/> Time Out <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> <30 Sec. <input type="checkbox"/> <1 Min. <input type="checkbox"/> <2 Mins. <input type="checkbox"/> 2-5 Mins. <input type="checkbox"/> 5-10 Mins. <input type="checkbox"/> 10-30 Mins. <input type="checkbox"/> 30m-1 Hr. <input type="checkbox"/> 1-2 Hrs. <input type="checkbox"/> >2 Hrs.  If more than 2 hours, please write in here_____.	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Other
Date	Time	Antecedent	Behavior	Consequence	Duration	Intensity
		<input type="checkbox"/> Alone <input type="checkbox"/> With Peer <input type="checkbox"/> With Adult <input type="checkbox"/> Asked to do something <input type="checkbox"/> Asked not to do something <input type="checkbox"/> Transitioning <input type="checkbox"/> Being Ignored <input type="checkbox"/> Eating <input type="checkbox"/> Leisure Activity <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> Refusal <input type="checkbox"/> Screaming <input type="checkbox"/> Whining <input type="checkbox"/> Threats <input type="checkbox"/> Hitting (self or others) <input type="checkbox"/> Biting (self or others) <input type="checkbox"/> Throwing <input type="checkbox"/> Kicking <input type="checkbox"/> Elopement <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> Gained Item (tangible) <input type="checkbox"/> Gained Attention <input type="checkbox"/> Ignored <input type="checkbox"/> Redirected <input type="checkbox"/> Directive Changed <input type="checkbox"/> Directive Removed <input type="checkbox"/> Time Out <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> <30 Sec. <input type="checkbox"/> <1 Min. <input type="checkbox"/> <2 Mins. <input type="checkbox"/> 2-5 Mins. <input type="checkbox"/> 5-10 Mins. <input type="checkbox"/> 10-30 Mins. <input type="checkbox"/> 30m-1 Hr. <input type="checkbox"/> 1-2 Hrs. <input type="checkbox"/> >2 Hrs.  If more than 2 hours, please write in here_____.	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Other

Date	Time	Antecedent	Behavior	Consequence	Duration	Intensity
		<input type="checkbox"/> Alone <input type="checkbox"/> With Peer <input type="checkbox"/> With Adult <input type="checkbox"/> Asked to do something <input type="checkbox"/> Asked not to do something <input type="checkbox"/> Transitioning <input type="checkbox"/> Being Ignored <input type="checkbox"/> Eating <input type="checkbox"/> Leisure Activity <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> Refusal <input type="checkbox"/> Screaming <input type="checkbox"/> Whining <input type="checkbox"/> Threats <input type="checkbox"/> Hitting (self or others) <input type="checkbox"/> Biting (self or others) <input type="checkbox"/> Throwing <input type="checkbox"/> Kicking <input type="checkbox"/> Elopement <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> Gained Item (tangible) <input type="checkbox"/> Gained Attention <input type="checkbox"/> Ignored <input type="checkbox"/> Redirected <input type="checkbox"/> Directive Changed <input type="checkbox"/> Directive Removed <input type="checkbox"/> Time Out <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> <30 Sec. <input type="checkbox"/> <1 Min. <input type="checkbox"/> <2 Mins. <input type="checkbox"/> 2-5 Mins. <input type="checkbox"/> 5-10 Mins. <input type="checkbox"/> 10-30 Mins. <input type="checkbox"/> 30m-1 Hr. <input type="checkbox"/> 1-2 Hrs. <input type="checkbox"/> >2 Hrs.  If more than 2 hours, please write in here _____.	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Other
		<input type="checkbox"/> Alone <input type="checkbox"/> With Peer <input type="checkbox"/> With Adult <input type="checkbox"/> Asked to do something <input type="checkbox"/> Asked not to do something <input type="checkbox"/> Transitioning <input type="checkbox"/> Being Ignored <input type="checkbox"/> Eating <input type="checkbox"/> Leisure Activity <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> Refusal <input type="checkbox"/> Screaming <input type="checkbox"/> Whining <input type="checkbox"/> Threats <input type="checkbox"/> Hitting (self or others) <input type="checkbox"/> Biting (self or others) <input type="checkbox"/> Throwing <input type="checkbox"/> Kicking <input type="checkbox"/> Elopement <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> Gained Item (tangible) <input type="checkbox"/> Gained Attention <input type="checkbox"/> Ignored <input type="checkbox"/> Redirected <input type="checkbox"/> Directive Changed <input type="checkbox"/> Directive Removed <input type="checkbox"/> Time Out <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> <30 Sec. <input type="checkbox"/> <1 Min. <input type="checkbox"/> <2 Mins. <input type="checkbox"/> 2-5 Mins. <input type="checkbox"/> 5-10 Mins. <input type="checkbox"/> 10-30 Mins. <input type="checkbox"/> 30m-1 Hr. <input type="checkbox"/> 1-2 Hrs. <input type="checkbox"/> >2 Hrs.  If more than 2 hours, please write in here _____.	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Other
		<input type="checkbox"/> Alone <input type="checkbox"/> With Peer <input type="checkbox"/> With Adult <input type="checkbox"/> Asked to do something <input type="checkbox"/> Asked not to do something <input type="checkbox"/> Transitioning <input type="checkbox"/> Being Ignored <input type="checkbox"/> Eating <input type="checkbox"/> Leisure Activity <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> Refusal <input type="checkbox"/> Screaming <input type="checkbox"/> Whining <input type="checkbox"/> Threats <input type="checkbox"/> Hitting (self or others) <input type="checkbox"/> Biting (self or others) <input type="checkbox"/> Throwing <input type="checkbox"/> Kicking <input type="checkbox"/> Elopement <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> Gained Item (tangible) <input type="checkbox"/> Gained Attention <input type="checkbox"/> Ignored <input type="checkbox"/> Redirected <input type="checkbox"/> Directive Changed <input type="checkbox"/> Directive Removed <input type="checkbox"/> Time Out <input type="checkbox"/> Other  Brief Description Required:	<input type="checkbox"/> <30 Sec. <input type="checkbox"/> <1 Min. <input type="checkbox"/> <2 Mins. <input type="checkbox"/> 2-5 Mins. <input type="checkbox"/> 5-10 Mins. <input type="checkbox"/> 10-30 Mins. <input type="checkbox"/> 30m-1 Hr. <input type="checkbox"/> 1-2 Hrs. <input type="checkbox"/> >2 Hrs.  If more than 2 hours, please write in here _____.	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Other

NOTES: