

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 |
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