

A-B-C Checklist

Student
:

Teacher:

Date:	Time:	Location/Setting:	
Antecedent <i>(Before Behavior)</i>	Behavior	Consequence <i>(After Behavior)</i>	Duration/Intensity
<input type="checkbox"/> Given direction/task <input type="checkbox"/> Difficult task/activity presented <input type="checkbox"/> Preferred activity interrupted/stopped <input type="checkbox"/> Preferred activity/item denied <input type="checkbox"/> Ignored by peers <input type="checkbox"/> interaction w/ specific person/group <input type="checkbox"/> Teacher attention to others <input type="checkbox"/> Alone w/ activity <input type="checkbox"/> Other:		<input type="checkbox"/> Verbal redirection <input type="checkbox"/> Physical redirection/prompt <input type="checkbox"/> Teacher/Peer Ignored <input type="checkbox"/> Restated direction <input type="checkbox"/> Verbal reprimand (told to stop) <input type="checkbox"/> Remove from activity/location <input type="checkbox"/> Given another task/activity <input type="checkbox"/> Response blocked <input type="checkbox"/> Peer attention <input type="checkbox"/> Other:	Duration: Start time: End time: Intensity: 1 2 3 4 5

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