

Student: \_\_\_\_\_

**ABC Data Collection**

Teacher: \_\_\_\_\_

Date:	Time:	Antecedent: <i>What happens just before the behavior?</i>	Setting Event <i>(Mark only 1)</i>	Behavior Type: <i>What does behavior look like—in measurable terms?</i>	Behavior Intensity: <i>To what extent is the behavior disruptive to the learning?</i>	Consequence: <i>What happens immediately after the behavior? What is maintaining the behavior?</i>
		<input type="checkbox"/> Adult made a request/gave a direction <input type="checkbox"/> Peer interaction <input type="checkbox"/> Required task <input type="checkbox"/> Transition from one activity to another <input type="checkbox"/> Other: _____	<input type="checkbox"/> Group instruction - seats <input type="checkbox"/> Group instruction - carpet <input type="checkbox"/> Independent Work <input type="checkbox"/> Special (Art, Music, PE) <input type="checkbox"/> Computer lab <input type="checkbox"/> Library <input type="checkbox"/> Hallway <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Recess <input type="checkbox"/> Bus <input type="checkbox"/> Other: _____	<input type="checkbox"/> Physically aggressive (hitting, kicking, biting, etc) <input type="checkbox"/> Physically inappropriate movement (on tables, etc) <input type="checkbox"/> Refuses to follow adult directions <input type="checkbox"/> Disruptive/loud/interruptive <input type="checkbox"/> Destroying/Damaging property <input type="checkbox"/> Swearing <input type="checkbox"/> Passive refusal (ignoring, etc) <input type="checkbox"/> Other: _____	<input type="checkbox"/> <u>mild</u> due to noises (words or sounds) or attention required by adults (no physical) <input type="checkbox"/> <u>moderate</u> due to physical threat to self or others including throwing objects things towards others, spitting towards others, leaving classroom or running away <input type="checkbox"/> <u>high</u> due to causing physical harm to others or self, including hitting, biting, kicking <input type="checkbox"/> <u>severe</u> due to repeatedly physically harming others or self, including hitting repeatedly, kicking repeatedly, etc. – during this incident	<input type="checkbox"/> Avoid task (objects/activities) <input type="checkbox"/> Avoid attention (peer/adult) <input type="checkbox"/> Gain attention (peer/adult) <input type="checkbox"/> Escape setting/activity <input type="checkbox"/> Sensory need <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Adult made a request/gave a direction <input type="checkbox"/> Peer interaction <input type="checkbox"/> Required task <input type="checkbox"/> Transition from one activity to another <input type="checkbox"/> Other: _____	<input type="checkbox"/> Group instruction - seats <input type="checkbox"/> Group instruction - carpet <input type="checkbox"/> Independent Work <input type="checkbox"/> Special (Art, Music, PE) <input type="checkbox"/> Computer lab <input type="checkbox"/> Library <input type="checkbox"/> Hallway <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Recess <input type="checkbox"/> Bus <input type="checkbox"/> Other: _____	<input type="checkbox"/> Physically aggressive (hitting, kicking, biting, etc) <input type="checkbox"/> Physically inappropriate movement (on tables, etc) <input type="checkbox"/> Refuses to follow adult directions <input type="checkbox"/> Disruptive/loud/interruptive <input type="checkbox"/> Destroying/Damaging property <input type="checkbox"/> Swearing <input type="checkbox"/> Passive refusal (ignoring, etc) <input type="checkbox"/> Other: _____	<input type="checkbox"/> <u>mild</u> due to noises (words or sounds) or attention required by adults (no physical) <input type="checkbox"/> <u>moderate</u> due to physical threat to self or others including throwing objects things towards others, spitting towards others, leaving classroom or running away <input type="checkbox"/> <u>high</u> due to causing physical harm to others or self, including hitting, biting, kicking <input type="checkbox"/> <u>severe</u> due to repeatedly physically harming others or self, including hitting repeatedly, kicking repeatedly, etc. – during this incident	<input type="checkbox"/> Avoid task (objects/activities) <input type="checkbox"/> Avoid attention (peer/adult) <input type="checkbox"/> Gain attention (peer/adult) <input type="checkbox"/> Escape setting/activity <input type="checkbox"/> Sensory need <input type="checkbox"/> Other: _____
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