

A-B-C Record of Incidents

Student: _____ School: _____ Teacher: _____

Instructions: Each time the student engages in an inappropriate behavior, check ALL the boxes that apply to the events occurring **before**, **during**, and **after** the behavior.

Behaviors:

- Physical aggression: any occurrence of hitting, scratching, pinching, kicking, biting, etc. directed at other.
- Temper tantrums: any occurrence of yelling, cursing, screaming, crying, etc.
- Noncompliance: failure to initiate requested behavior within 10 seconds of request.
- Property destruction: causing damage or attempting to cause damage to property.
- Off task: playing with objects, sitting doing nothing, out of seat/area, head down, etc.

Location: _____ Date: _____ Time: _____ to _____

What happened **before** the incident?

- Could not get desired item
- Not getting attention
- Things taken away
- Asked to do something (non academic)
- Asked to do something (academic)
- Stopped from doing something
- Transition (task to task, place to place)
- Loud disruptive environment
- Other (specify) _____

Problem Behaviors

- Physical aggression
(specify) _____
- Temper Tantrum
(specify) _____
- Noncompliance
(specify) _____
- Property destruction
(specify) _____
- Off task (specify) _____
- Other (specify) _____

What happened **after** the incident?

- Removed from the situation
- Delayed/discontinued task
- Given desired item/activity
- Attention from others
- Redirected
- Ignored
- Verbal reprimand
- Required to continue task
- Time out: duration _____ min
- Other (specify) _____

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