

Case Sample 2: Jeff's ABC Checklists

Date: 10-15-12	Time: 9:30 a.m.	Location: Math
Antecedent Event	Behavior	Consequence Event
<input type="checkbox"/> Direction given to task <input checked="" type="checkbox"/> New task introduced <input type="checkbox"/> Difficult task <input type="checkbox"/> Preferred activity interrupted <input type="checkbox"/> Asked to wait <input type="checkbox"/> Attention not given when wanted <input type="checkbox"/> Attention to others given <input type="checkbox"/> Transition between activities <input type="checkbox"/> Left alone (no individual attention) <input type="checkbox"/> Left alone (no appropriate activity) <input type="checkbox"/> Presence of a specific person <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Refusing to follow directions <input checked="" type="checkbox"/> Making verbal threats <input type="checkbox"/> Disrupting class (be specific) <input type="checkbox"/> Crying/whining <input type="checkbox"/> Screaming/yelling <input type="checkbox"/> Scratching <input type="checkbox"/> Biting <input type="checkbox"/> Spitting <input type="checkbox"/> Kicking <input type="checkbox"/> Flopping <input type="checkbox"/> Running away <input type="checkbox"/> Destroying property <input type="checkbox"/> Vandalism <input type="checkbox"/> Hitting self <input type="checkbox"/> Hitting others <input type="checkbox"/> Verbal refusal <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Verbal redirection <input type="checkbox"/> Physical assist/prompt <input checked="" type="checkbox"/> Ignored problem behavior <input type="checkbox"/> Kept demand on <input type="checkbox"/> Used proximity control <input type="checkbox"/> Removed from activity/location <input type="checkbox"/> Given another task/activity <input type="checkbox"/> Interrupted and redirected <input type="checkbox"/> Left alone <input type="checkbox"/> Isolated within class <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Calming/soothing verbal <input type="checkbox"/> Calming/soothing physical <input type="checkbox"/> Peer remarks/laughter <input type="checkbox"/> Time-out (duration) _____ <input type="checkbox"/> Other: _____ _____ _____
<p style="text-align: center;">Duration</p> <input type="checkbox"/> <1 min <input type="checkbox"/> ½–1 hr <input checked="" type="checkbox"/> 1–5 min <input type="checkbox"/> 1–2 hr <input type="checkbox"/> 5–10 min <input type="checkbox"/> 2–3 hr <input type="checkbox"/> 10–30 min <input type="checkbox"/> 3+ hr	<p style="text-align: center;">Intensity</p> <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High	<p>Notes:</p>

Date: 10-16-12	Time: 8:45 a.m.	Location: Language Arts—Group
Antecedent Event	Behavior	Consequence Event
<input type="checkbox"/> Direction given to task <input type="checkbox"/> New task introduced <input checked="" type="checkbox"/> Difficult task <input type="checkbox"/> Preferred activity interrupted <input type="checkbox"/> Asked to wait <input type="checkbox"/> Attention not given when wanted <input type="checkbox"/> Attention to others given <input type="checkbox"/> Transition between activities <input type="checkbox"/> Left alone (no individual attention) <input type="checkbox"/> Left alone (no appropriate activity) <input type="checkbox"/> Presence of a specific person <input type="checkbox"/> Other: _____ 	<input type="checkbox"/> Refusing to follow directions <input type="checkbox"/> Making verbal threats <input checked="" type="checkbox"/> Disrupting class (be specific) <input type="checkbox"/> Crying/whining <input type="checkbox"/> Screaming/yelling <input type="checkbox"/> Scratching <input type="checkbox"/> Biting <input type="checkbox"/> Spitting <input type="checkbox"/> Kicking <input type="checkbox"/> Flopping <input type="checkbox"/> Running away <input type="checkbox"/> Destroying property <input type="checkbox"/> Vandalism <input type="checkbox"/> Hitting self <input type="checkbox"/> Hitting others <input type="checkbox"/> Verbal refusal <input checked="" type="checkbox"/> Other: Disruption—cursing at peers	<input type="checkbox"/> Verbal redirection <input type="checkbox"/> Physical assist/prompt <input type="checkbox"/> Ignored problem behavior <input type="checkbox"/> Kept demand on <input type="checkbox"/> Used proximity control <input checked="" type="checkbox"/> Removed from activity/location <input type="checkbox"/> Given another task/activity <input type="checkbox"/> Interrupted and redirected <input type="checkbox"/> Left alone <input type="checkbox"/> Isolated within class <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Calming/soothing verbal <input type="checkbox"/> Calming/soothing physical <input type="checkbox"/> Peer remarks/laughter <input type="checkbox"/> Time-out (duration) _____ <input type="checkbox"/> Other: _____
<p style="text-align: center;">Duration</p> <input type="checkbox"/> <1 min <input type="checkbox"/> ½–1 hr <input checked="" type="checkbox"/> 1–5 min <input type="checkbox"/> 1–2 hr <input type="checkbox"/> 5–10 min <input type="checkbox"/> 2–3 hr <input type="checkbox"/> 10–30 min <input type="checkbox"/> 3+ hr	<p style="text-align: center;">Intensity</p> <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High	<p>Notes:</p>

Date: 10-17-12	Time: 9:15 am	Location: Language Arts— Independent Assessment
Antecedent Event	Behavior	Consequence Event
<input type="checkbox"/> Direction given to task <input type="checkbox"/> New task introduced <input checked="" type="checkbox"/> Difficult task <input type="checkbox"/> Preferred activity interrupted <input type="checkbox"/> Asked to wait <input type="checkbox"/> Attention not given when wanted <input type="checkbox"/> Attention to others given <input type="checkbox"/> Transition between activities <input type="checkbox"/> Left alone (no individual attention) <input type="checkbox"/> Left alone (no appropriate activity) <input type="checkbox"/> Presence of a specific person <input type="checkbox"/> Other: _____ 	<input type="checkbox"/> Refusing to follow directions <input checked="" type="checkbox"/> Making verbal threats <input type="checkbox"/> Disrupting class (be specific) <input type="checkbox"/> Crying/whining <input type="checkbox"/> Screaming/yelling <input type="checkbox"/> Scratching <input type="checkbox"/> Biting <input type="checkbox"/> Spitting <input type="checkbox"/> Kicking <input type="checkbox"/> Flopping <input type="checkbox"/> Running away <input type="checkbox"/> Destroying property <input type="checkbox"/> Vandalism <input type="checkbox"/> Hitting self <input type="checkbox"/> Hitting others <input type="checkbox"/> Verbal refusal <input type="checkbox"/> Other: _____ 	<input type="checkbox"/> Verbal redirection <input type="checkbox"/> Physical assist/prompt <input type="checkbox"/> Ignored problem behavior <input type="checkbox"/> Kept demand on <input type="checkbox"/> Used proximity control <input checked="" type="checkbox"/> Removed from activity/location <input type="checkbox"/> Given another task/activity <input type="checkbox"/> Interrupted and redirected <input type="checkbox"/> Left alone <input type="checkbox"/> Isolated within class <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Calming/soothing verbal <input type="checkbox"/> Calming/soothing physical <input type="checkbox"/> Peer remarks/laughter <input type="checkbox"/> Time-out (duration) _____ <input type="checkbox"/> Other: _____
Duration	Intensity	Notes:
<input type="checkbox"/> <1 min <input checked="" type="checkbox"/> 1–5 min <input type="checkbox"/> 5–10 min <input type="checkbox"/> 10–30 min <input type="checkbox"/> ½–1 hr <input type="checkbox"/> 1–2 hr <input type="checkbox"/> 2–3 hr <input type="checkbox"/> 3+ hr	<input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High	