

A-B-C Recording

Student Name: _____

Date: _____

Observe student during an incident and gather as much anecdotal notes as possible, looking at all the precursor, behavior, and consequences that occurred.

Antecedent (What was happening before)	Behavior (What it looked like)	Hypothesized Function (Why you think it happened)	Consequence (What happened after)
		<input type="checkbox"/> Escape/Avoid <input type="checkbox"/> Attain/Tangible <input type="checkbox"/> Attention <input type="checkbox"/> Sensory Input	
		<input type="checkbox"/> Escape/Avoid <input type="checkbox"/> Attain/Tangible <input type="checkbox"/> Attention <input type="checkbox"/> Sensory Input	
		<input type="checkbox"/> Escape/Avoid <input type="checkbox"/> Attain/Tangible <input type="checkbox"/> Attention <input type="checkbox"/> Sensory Input	
		<input type="checkbox"/> Escape/Avoid <input type="checkbox"/> Attain/Tangible <input type="checkbox"/> Attention <input type="checkbox"/> Sensory Input	
		<input type="checkbox"/> Escape/Avoid <input type="checkbox"/> Attain/Tangible <input type="checkbox"/> Attention <input type="checkbox"/> Sensory Input	
		<input type="checkbox"/> Escape/Avoid <input type="checkbox"/> Attain/Tangible <input type="checkbox"/> Attention <input type="checkbox"/> Sensory Input	
		<input type="checkbox"/> Escape/Avoid <input type="checkbox"/> Attain/Tangible <input type="checkbox"/> Attention <input type="checkbox"/> Sensory Input	

Comments:

A-B-C Recording

Student Name: _____

Date: _____

Observe student during an incident and gather as much anecdotal notes as possible, looking at all the precursor, behavior, and consequences that occurred.

Antecedent (What was happening before)	Behavior (What it looked like)	Hypothesized Function (Why you think it happened)	Consequence (What happened after)
Wanted the book but was told "no"	Cried, hit table, lasted about 10 minutes	<input type="checkbox"/> Escape/Avoid <input checked="" type="checkbox"/> Attain/Tangible <input type="checkbox"/> Attention <input type="checkbox"/> Sensory Input	Ignored behavior, redirected back to task
Wanted to be first in line	Ran out of room	<input type="checkbox"/> Escape/Avoid <input checked="" type="checkbox"/> Attain/Tangible <input type="checkbox"/> Attention <input type="checkbox"/> Sensory Input	Staff had to chase and bring back to room, took about 5 minutes to de-escalate
During free play, not really playing with anything/anyone	Ran over to TJ and hit the back of his head	<input type="checkbox"/> Escape/Avoid <input type="checkbox"/> Attain/Tangible <input checked="" type="checkbox"/> Attention <input type="checkbox"/> Sensory Input	Put in quiet corner for 5 minutes
		<input type="checkbox"/> Escape/Avoid <input type="checkbox"/> Attain/Tangible <input type="checkbox"/> Attention <input type="checkbox"/> Sensory Input	
		<input type="checkbox"/> Escape/Avoid <input type="checkbox"/> Attain/Tangible <input type="checkbox"/> Attention <input type="checkbox"/> Sensory Input	
		<input type="checkbox"/> Escape/Avoid <input type="checkbox"/> Attain/Tangible <input type="checkbox"/> Attention <input type="checkbox"/> Sensory Input	
		<input type="checkbox"/> Escape/Avoid <input type="checkbox"/> Attain/Tangible <input type="checkbox"/> Attention <input type="checkbox"/> Sensory Input	

Comments:

A-B-C Behavior Report

Student Name:

Date:

Time of incident:

Setting	What was happening before	What did the behavior look like	What happened after	How did the behavior resolve
<input type="checkbox"/> Classroom <input type="checkbox"/> Specials <input type="checkbox"/> Recess or Lunch <input type="checkbox"/> Hallway <input type="checkbox"/> Other:	<input type="checkbox"/> Wanted someone/something s/he couldn't have <input type="checkbox"/> Wanted to get away from someone/something <input type="checkbox"/> Difficult/less-preferred task <input type="checkbox"/> Wanted someone's attention or appeared "bored" <input type="checkbox"/> Appeared "over-stimulated" <input type="checkbox"/> Transition <input type="checkbox"/> Other:	<input type="checkbox"/> Aggression towards someone (hitting, kicking, throwing things at someone, biting) <input type="checkbox"/> Destruction (throwing items, destroying items, ripping, knocking things off shelves) <input type="checkbox"/> Self-injury (pulling hair, hitting self, etc) <input type="checkbox"/> Vocal aggression (yelling, screaming, blaming) <input type="checkbox"/> Posturing (moving into personal space of someone in aggressive manner) <input type="checkbox"/> Perseverative talk (talking about someone over and over and not being able to let it go) <input type="checkbox"/> Eloping (running away, ahead of others) <input type="checkbox"/> Other:	<input type="checkbox"/> Was ignored, waited him/her out <input type="checkbox"/> Was redirected to task at hand <input type="checkbox"/> Was verbally reprimanded <input type="checkbox"/> Lost reward <input type="checkbox"/> Distracted with other task <input type="checkbox"/> Hands on were required <input type="checkbox"/> Restorative justice (e.g., clean up, apologize, etc.) <input type="checkbox"/> Removed from room or room clear <input type="checkbox"/> Other:	<input type="checkbox"/> Took time and came around, continued with day <input type="checkbox"/> Spent rest of day secluded <input type="checkbox"/> Re-escalated later <input type="checkbox"/> Behavior rest of day improved <input type="checkbox"/> Other:
How long did the behavior last <input type="checkbox"/> Less than 5 minutes <input type="checkbox"/> 5-10 minutes <input type="checkbox"/> 10-30 minutes <input type="checkbox"/> 30-45 minutes <input type="checkbox"/> 45-60 minutes <input type="checkbox"/> Over 60 minutes				

Notes. Please include a brief description of the incident for analysis.

A-B-C Behavior Report

Student Name:

Date:

Time of incident:

Setting	What was happening before	What did the behavior look like	What happened after	How did the behavior resolve
<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Specials <input type="checkbox"/> Recess or Lunch <input type="checkbox"/> Hallway <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Wanted someone/something s/he couldn't have <input type="checkbox"/> Wanted to get away from someone/something <input type="checkbox"/> Difficult/less-preferred task <input type="checkbox"/> Wanted someone's attention or appeared "bored" <input type="checkbox"/> Appeared "over-stimulated" <input type="checkbox"/> Transition <input type="checkbox"/> Other:	<input type="checkbox"/> Aggression towards someone (hitting, kicking, throwing things at someone, biting) <input checked="" type="checkbox"/> Destruction (throwing items, destroying items, ripping, knocking things off shelves) <input type="checkbox"/> Self-injury (pulling hair, hitting self, etc.) <input checked="" type="checkbox"/> Vocal aggression (yelling, screaming, blaming) <input type="checkbox"/> Posturing (moving into personal space of someone in aggressive manner) <input type="checkbox"/> Perseverative talk (talking about someone over and over and not being able to let it go) <input type="checkbox"/> Eloping (running away, ahead of others) <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Was ignored, waited him/her out <input checked="" type="checkbox"/> Was redirected to task at hand <input type="checkbox"/> Was verbally reprimanded <input type="checkbox"/> Lost reward <input type="checkbox"/> Distracted with other task <input type="checkbox"/> Hands on were required <input type="checkbox"/> Restorative justice (e.g., clean up, apologize, etc.) <input type="checkbox"/> Removed from room or room clear <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Took time and came around, continued with day <input type="checkbox"/> Spent rest of day secluded <input type="checkbox"/> Re-escalated later <input type="checkbox"/> Behavior rest of day improved <input type="checkbox"/> Other:
How long did the behavior last <input type="checkbox"/> Less than 5 minutes <input type="checkbox"/> 5-10 minutes <input checked="" type="checkbox"/> 10-30 minutes <input type="checkbox"/> 30-45 minutes <input type="checkbox"/> 45-60 minutes <input type="checkbox"/> Over 60 minutes				

Notes. Please include a brief description of the incident for analysis.

Wanted more time in Blocks area when it was time to transition. Threw blocks when asked to clean up, yelled, cried. Staff waited him out and kept the class away from area until he calmed down. Took about 25 minutes, and he put the blocks away and joined class at recess.