

Front of card

A-B-C Behavior Card

Student:	Date/Time:	Activity:
Observer/Recorder:		
Antecedents: <ul style="list-style-type: none"><input type="checkbox"/> Demand/Request<input type="checkbox"/> Not receiving attention<input type="checkbox"/> Not engaged in activity<input type="checkbox"/> Attention given to others<input type="checkbox"/> Transition<input type="checkbox"/> Specific Peer/Adult Presence<input type="checkbox"/> Specific Adult/Peer Interaction<input type="checkbox"/> Preferred object/activity removed<input type="checkbox"/> Non-preferred activity/object<input type="checkbox"/> Difficult task/activity<input type="checkbox"/> Told "No"<input type="checkbox"/> Other _____	Challenging Behaviors: Describe briefly in observable, measurable terms. Estimated Duration: Perceived Function: <ul style="list-style-type: none"><input type="checkbox"/> Escape/Avoid (What?) <input type="checkbox"/> Obtain (What?)	Consequences: (if more than one, provide order of occurrence.) <ul style="list-style-type: none"><input type="checkbox"/> Verbal prompt<input type="checkbox"/> Physical prompt<input type="checkbox"/> Ignored<input type="checkbox"/> Activity/Materials/Task taken away<input type="checkbox"/> Removed from activity<input type="checkbox"/> Sent to another/him class<input type="checkbox"/> Sent to office<input type="checkbox"/> Calming of student<ul style="list-style-type: none">___ Verbal___ Physical___ Both<input type="checkbox"/> Emergency Procedure<input type="checkbox"/> Peer remark/laughter<input type="checkbox"/> Help/assistance given<input type="checkbox"/> Other _____ <p>Please see back</p>

XED0243

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Perceived Setting Events:

In what situation(s) did the problem behavior occur?

<u>Location</u>	<u>Time</u>	<u>Person(s)</u>	<u>Instruction Context</u>	<u>Curriculum</u>
<input type="checkbox"/> In Class	<input type="checkbox"/> Arrival to School	<input type="checkbox"/> Teacher(s)	<input type="checkbox"/> Entire Group	<input type="checkbox"/> Reading
<input type="checkbox"/> Hallways	<input type="checkbox"/> Morning	<input type="checkbox"/> Administrator	<input type="checkbox"/> Small Group	<input type="checkbox"/> P.E.
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Lunch	<input type="checkbox"/> Support Staff	<input type="checkbox"/> Individual	<input type="checkbox"/> Lang. Arts
<input type="checkbox"/> Specials	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Substitute	<input type="checkbox"/> Transition	<input type="checkbox"/> Math
<input type="checkbox"/> Bus	<input type="checkbox"/> Recess/ Break	<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Other _____	<input type="checkbox"/> Science
<input type="checkbox"/> Playground	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Peer(s)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Social Studies
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	_____	_____	<input type="checkbox"/> Writing
				<input type="checkbox"/> Other _____

Comments: _____

Developed by Behavioral Services, Exceptional Student Education, St. Lucie Public Schools, 2015

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