

Frequency Count Data Collection Form

Child:				
Behavior:				
Date:				
Time:				
Tally:				
Total # of behaviors:				
Length of observation:				
Rate:				

ABC Checklist

Child:

Observer:

Date:

Time:

General context (activity):

Antecedent (what happened before):

- | | | |
|--|--|--|
| <input type="checkbox"/> Told or asked to do something | <input type="checkbox"/> Playing alone | <input type="checkbox"/> Changed or ended activity |
| <input type="checkbox"/> Removed an object | <input type="checkbox"/> Moved to another location | <input type="checkbox"/> Object out of reach |
| <input type="checkbox"/> Not a preferred activity | <input type="checkbox"/> Told "no," "don't," or "stop" | <input type="checkbox"/> Child requested something |
| <input type="checkbox"/> Difficult task/activity | <input type="checkbox"/> Attention given to others | <input type="checkbox"/> Other: _____ |

Behavior (that is challenging):

- | | | |
|--|---|---|
| <input type="checkbox"/> Crying/tantruming | <input type="checkbox"/> Spitting | <input type="checkbox"/> Taking toy or object from others |
| <input type="checkbox"/> Yelling | <input type="checkbox"/> Pinching | <input type="checkbox"/> Cursing |
| <input type="checkbox"/> Hitting/kicking | <input type="checkbox"/> Refusing to do task/defiance | <input type="checkbox"/> Other: _____ |

Consequence (what happened after):

- | | | |
|---|--|--|
| <input type="checkbox"/> Given attention | <input type="checkbox"/> Given food | <input type="checkbox"/> Put in "time out" |
| <input type="checkbox"/> Given a toy or object | <input type="checkbox"/> Punished or scolded | <input type="checkbox"/> Ignored |
| <input type="checkbox"/> Removed from an activity | <input type="checkbox"/> Request or demand withdrawn | <input type="checkbox"/> Given help |
| <input type="checkbox"/> Removed from location | <input type="checkbox"/> Request or demand delayed | <input type="checkbox"/> Other: _____ |

Possible function (reason for the behavior):

To get or obtain:

To get out of or avoid:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Activity | <input type="checkbox"/> Food | <input type="checkbox"/> Activity | <input type="checkbox"/> Food |
| <input type="checkbox"/> Toy or object | <input type="checkbox"/> Place | <input type="checkbox"/> Toy or object | <input type="checkbox"/> Place or transition |
| <input type="checkbox"/> Person or attention | <input type="checkbox"/> Sensory stimulation | <input type="checkbox"/> Person or attention | <input type="checkbox"/> Sensory stimulation |
| <input type="checkbox"/> Help | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Demand/request | <input type="checkbox"/> Other: _____ |

Setting events (background information):

- | | | |
|---|--|--|
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Absence of a person | <input type="checkbox"/> Unexpected change of activity |
| <input type="checkbox"/> Uncomfortable clothing | <input type="checkbox"/> Loud noise | <input type="checkbox"/> Medication side effects |
| <input type="checkbox"/> Absence of fun activities/toys | <input type="checkbox"/> Sick | <input type="checkbox"/> Change in routine |
| <input type="checkbox"/> Too hot or too cold | <input type="checkbox"/> Lack of sleep | <input type="checkbox"/> Other: _____ |

Notes:

ABC Recording Form		
Child:	Observer:	Date:
General context (activity):		Time:
Antecedent (social context):		
Behavior (that is challenging):		
Consequence (social reaction):		
Possible function:		

ABC Recording Form		
Child:	Observer:	Date:
General context (activity):		Time:
Antecedent (social context):		
Behavior (that is challenging):		
Consequence (social reaction):		
Possible function:		

ABC Recording Form

Child: _____ Date: _____

Time: _____ Location: _____

Adult(s) Involved: _____

Antecedent:	Behavior:	Consequence:

Notes: _____
