

A-B-C Behavior Card

Student: Observer:	Activity: <input type="checkbox"/> Whole class instruction <input type="checkbox"/> Independent work <input type="checkbox"/> Cooperative group Other: _____ <input type="checkbox"/> Free Time _____ <input type="checkbox"/> Nonacademic time	Date: Time of incident: ____:_____ Duration of incident: ____ mins
Antecedents: <input type="checkbox"/> Alone (no attention) <input type="checkbox"/> Attention given to others <input type="checkbox"/> Class Activity <input type="checkbox"/> Difficult task/activity <input type="checkbox"/> Independent assignment <input type="checkbox"/> Non-preferred activity <input type="checkbox"/> Preferred object/activity removed <input type="checkbox"/> Request <input type="checkbox"/> Specific peer trigger <input type="checkbox"/> Specific adult trigger <input type="checkbox"/> Told “no” <input type="checkbox"/> Transition <input type="checkbox"/> Other _____	Challenging Behavior: <input type="checkbox"/> Arguing with peers <input type="checkbox"/> Arguing with teacher <input type="checkbox"/> Calling out <input type="checkbox"/> Crying <input type="checkbox"/> Disturbs peers <input type="checkbox"/> Disruptive noises <input type="checkbox"/> Inattention <input type="checkbox"/> Out of seat/area <input type="checkbox"/> Physically restless/overactivity <input type="checkbox"/> Playing with materials <input type="checkbox"/> Physical aggression toward people <input type="checkbox"/> Physical aggression toward materials <input type="checkbox"/> Refusal/Noncompliance <input type="checkbox"/> Rude <input type="checkbox"/> Whining/Complaining <input type="checkbox"/> Other _____ Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Consequences: <input type="checkbox"/> Activity/materials/task taken away <input type="checkbox"/> Call home <input type="checkbox"/> Calming/soothing of student <input type="checkbox"/> Counting (1-2-3) <input type="checkbox"/> Help/assistance given <input type="checkbox"/> Ignored <input type="checkbox"/> Office referral <input type="checkbox"/> Physical redirect <input type="checkbox"/> Reinforcing appropriate behavior of other students <input type="checkbox"/> Time out (in room) <input type="checkbox"/> Time out (other classroom) <input type="checkbox"/> Verbal redirection <input type="checkbox"/> Verbal reprimand (scolding) <input type="checkbox"/> Other _____ Effectiveness of Consequence: <input type="checkbox"/> Effective <input type="checkbox"/> Moderately Effective <input type="checkbox"/> Not Effective

A-B-C Behavior Card

Student: Observer:	Activity: <input type="checkbox"/> Whole class instruction <input type="checkbox"/> Independent work <input type="checkbox"/> Cooperative group Other: _____ <input type="checkbox"/> Free Time _____ <input type="checkbox"/> Nonacademic time	Date: Time of incident: ____:_____ Duration of incident: ____ mins
Antecedents: <input type="checkbox"/> Alone (no attention) <input type="checkbox"/> Attention given to others <input type="checkbox"/> Class Activity <input type="checkbox"/> Difficult task/activity <input type="checkbox"/> Independent assignment <input type="checkbox"/> Non-preferred activity <input type="checkbox"/> Preferred object/activity removed <input type="checkbox"/> Request <input type="checkbox"/> Specific peer trigger <input type="checkbox"/> Specific adult trigger <input type="checkbox"/> Told “no” <input type="checkbox"/> Transition <input type="checkbox"/> Other _____	Challenging Behavior: <input type="checkbox"/> Arguing with peers <input type="checkbox"/> Arguing with teacher <input type="checkbox"/> Calling out <input type="checkbox"/> Crying <input type="checkbox"/> Disturbs peers <input type="checkbox"/> Disruptive noises <input type="checkbox"/> Inattention <input type="checkbox"/> Out of seat/area <input type="checkbox"/> Physically restless/overactivity <input type="checkbox"/> Playing with materials <input type="checkbox"/> Physical aggression toward people <input type="checkbox"/> Physical aggression toward materials <input type="checkbox"/> Refusal/Noncompliance <input type="checkbox"/> Rude <input type="checkbox"/> Whining/Complaining <input type="checkbox"/> Other _____ Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Consequences: <input type="checkbox"/> Activity/materials/task taken away <input type="checkbox"/> Call home <input type="checkbox"/> Calming/soothing of student <input type="checkbox"/> Counting (1-2-3) <input type="checkbox"/> Help/assistance given <input type="checkbox"/> Ignored <input type="checkbox"/> Office referral <input type="checkbox"/> Physical redirect <input type="checkbox"/> Reinforcing appropriate behavior of other students <input type="checkbox"/> Time out (in room) <input type="checkbox"/> Time out (other classroom) <input type="checkbox"/> Verbal redirection <input type="checkbox"/> Verbal reprimand (scolding) <input type="checkbox"/> Other _____ Effectiveness of Consequence: <input type="checkbox"/> Effective <input type="checkbox"/> Moderately Effective <input type="checkbox"/> Not Effective