

ABC Data Sheet

Setting	Antecedent	Behavior	Consequence	Possible Function
Where did the behavior occur?	What happened immediately before the behavior?	Describe what the behavior "looks" like?	What happened immediately after the behavior?	Circle one of the four functions below.
Date: Time: Location: Activity:	<input type="checkbox"/> Given a demand or direction <input type="checkbox"/> Change in routine occurred <input type="checkbox"/> Denied access to preferred item/activity <input type="checkbox"/> Other: <input type="checkbox"/> Transitioned to new activity <input type="checkbox"/> Preferred activity ended <input type="checkbox"/> Child was alone/No interaction	<input type="checkbox"/> Screaming <input type="checkbox"/> Noncompliance <input type="checkbox"/> Whining <input type="checkbox"/> Aggression (hit, kick, bite, scratch, etc.) <input type="checkbox"/> Property Destruction (throwing items, ripping materials, swiping a surface, etc.) <input type="checkbox"/> Other: <input type="checkbox"/> Running away <input type="checkbox"/> Self-injurious behavior <input type="checkbox"/> Flopping to the floor <input type="checkbox"/> Crying	<input type="checkbox"/> Ignored <input type="checkbox"/> Reprimanded <input type="checkbox"/> Given choice <input type="checkbox"/> Escaped from requested demand <input type="checkbox"/> Allowed access to desired item or activity <input type="checkbox"/> Other: <input type="checkbox"/> Timeout <input type="checkbox"/> Attention given <input type="checkbox"/> Prompted to take break <input type="checkbox"/> Removed item <input type="checkbox"/> Redirected	Gain access to attention Gain access to a tangible item or activity Escape from a demand Gain access to sensory input
Date: Time: Location: Activity:	<input type="checkbox"/> Given a demand or direction <input type="checkbox"/> Change in routine occurred <input type="checkbox"/> Denied access to preferred item/activity <input type="checkbox"/> Other: <input type="checkbox"/> Transitioned to new activity <input type="checkbox"/> Preferred activity ended <input type="checkbox"/> Child was alone/No interaction	<input type="checkbox"/> Screaming <input type="checkbox"/> Noncompliance <input type="checkbox"/> Whining <input type="checkbox"/> Aggression (hit, kick, bite, scratch, etc.) <input type="checkbox"/> Property Destruction (throwing items, ripping materials, swiping a surface, etc.) <input type="checkbox"/> Other: <input type="checkbox"/> Running away <input type="checkbox"/> Self-injurious behavior <input type="checkbox"/> Flopping to the floor <input type="checkbox"/> Crying	<input type="checkbox"/> Ignored <input type="checkbox"/> Reprimanded <input type="checkbox"/> Given choice <input type="checkbox"/> Escaped from requested demand <input type="checkbox"/> Allowed access to desired item or activity <input type="checkbox"/> Other: <input type="checkbox"/> Timeout <input type="checkbox"/> Attention given <input type="checkbox"/> Prompted to take break <input type="checkbox"/> Removed item <input type="checkbox"/> Redirected	Gain access to attention Gain access to a tangible item or activity Escape from a demand Gain access to sensory input
Date: Time: Location: Activity:	<input type="checkbox"/> Given a demand or direction <input type="checkbox"/> Change in routine occurred <input type="checkbox"/> Denied access to preferred item/activity <input type="checkbox"/> Other: <input type="checkbox"/> Transitioned to new activity <input type="checkbox"/> Preferred activity ended <input type="checkbox"/> Child was alone/No interaction	<input type="checkbox"/> Screaming <input type="checkbox"/> Noncompliance <input type="checkbox"/> Whining <input type="checkbox"/> Aggression (hit, kick, bite, scratch, etc.) <input type="checkbox"/> Property Destruction (throwing items, ripping materials, swiping a surface, etc.) <input type="checkbox"/> Other: <input type="checkbox"/> Running away <input type="checkbox"/> Self-injurious behavior <input type="checkbox"/> Flopping to the floor <input type="checkbox"/> Crying	<input type="checkbox"/> Ignored <input type="checkbox"/> Reprimanded <input type="checkbox"/> Given choice <input type="checkbox"/> Escaped from requested demand <input type="checkbox"/> Allowed access to desired item or activity <input type="checkbox"/> Other: <input type="checkbox"/> Timeout <input type="checkbox"/> Attention given <input type="checkbox"/> Prompted to take break <input type="checkbox"/> Removed item <input type="checkbox"/> Redirected	Gain access to attention Gain access to a tangible item or activity Escape from a demand Gain access to sensory input
Date: Time: Location: Activity:	<input type="checkbox"/> Given a demand or direction <input type="checkbox"/> Change in routine occurred <input type="checkbox"/> Denied access to preferred item/activity <input type="checkbox"/> Other: <input type="checkbox"/> Transitioned to new activity <input type="checkbox"/> Preferred activity ended <input type="checkbox"/> Child was alone/No interaction	<input type="checkbox"/> Screaming <input type="checkbox"/> Noncompliance <input type="checkbox"/> Whining <input type="checkbox"/> Aggression (hit, kick, bite, scratch, etc.) <input type="checkbox"/> Property Destruction (throwing items, ripping materials, swiping a surface, etc.) <input type="checkbox"/> Other: <input type="checkbox"/> Running away <input type="checkbox"/> Self-injurious behavior <input type="checkbox"/> Flopping to the floor <input type="checkbox"/> Crying	<input type="checkbox"/> Ignored <input type="checkbox"/> Reprimanded <input type="checkbox"/> Given choice <input type="checkbox"/> Escaped from requested demand <input type="checkbox"/> Allowed access to desired item or activity <input type="checkbox"/> Other: <input type="checkbox"/> Timeout <input type="checkbox"/> Attention given <input type="checkbox"/> Prompted to take break <input type="checkbox"/> Removed item <input type="checkbox"/> Redirected	Gain access to attention Gain access to a tangible item or activity Escape from a demand Gain access to sensory input