



## ABC Checklist

STUDENT NAME: \_\_\_\_\_

TEACHER: \_\_\_\_\_

Behavior: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Duration: \_\_\_\_\_

Context / Setting	Antecedent	Consequence	Potential Function
<input type="checkbox"/> Classroom / Centers	<input type="checkbox"/> Task / Command	<input type="checkbox"/> Break / Changed Activity	<input type="checkbox"/> Escape / Avoidance
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> No / Limited Attention	<input type="checkbox"/> Peer Attention / Access	<input type="checkbox"/> Access to Something
<input type="checkbox"/> Library	<input type="checkbox"/> Denied Access	<input type="checkbox"/> Reprimand / Discuss	<input type="checkbox"/> Access to Attention
<input type="checkbox"/> Recess	<input type="checkbox"/> Error Correction	<input type="checkbox"/> Ignored	<input type="checkbox"/> Sensory / Automatic
<input type="checkbox"/> _____	<input type="checkbox"/> Waiting / Free Time	<input type="checkbox"/> Access to Tangible	

Behavior: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Duration: \_\_\_\_\_

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