325 Sharon Park Drive,
Unit 647 Menlo Park,
CA 94025

(800) 806-5718

A-B-C Data for Behaviors of Concern

Caretaker/Teacher interview or direct observation
(Circle one)

	Does the child display this bx?	**Antecedent** What happens before? Motivating or Abolishing Operation	**Behavior** What does it look like?	**Consequence** What happens after?	**Frequency, Duration, Intensity**
Self-stimulatory (Hand flapping, lining up, vocal sounds, etc.)	Yes/No				F: D: I:
					F: D: I:
					F: D: I:
Self-injurious (Banging head, biting self, poking eyes, pulling out hair, etc.)	Yes/No				F: D: I:
					F: D: I:
					F: D: I:
Unsafe behaviors to self (Running away, climbing on furniture, etc.)	Yes/No				F: D: I:
					F: D: I:
					F: D: I:

325 Sharon Park Drive, Unit 647 Menlo Park, CA 94025

(800) 806-5718

	Does the child display this bx?	**Antecedent** What happens before?	**Behavior** What does it look like?	**Consequence** What happens after?	**Frequency, Duration, Intensity**
Unsafe behaviors to others (Hitting, kicking, throwing, etc.)	Yes/No				F: D: I:
					F: D: I:
					F: D: I:
Ritualistic Behaviors (Wearing the same clothes every day, focused on the same topic, etc.)	Yes/No				F: D: I:
					F: D: I:
					F: D: I:
Any other behaviors of concern					F: D: I:
					F: D: I:
					F: D: I:

325 Sharon Park Drive, Unit 647 Menlo Park, CA 94025

(800) 806-5718

1. What reinforcement/punishment strategies or behavioral management strategies have been used in the past? (Make note of perceived effectiveness)

_____

_____

_____

2. What is your child's communication system? (PECS, AAC, verbal, combination, etc.)

_____

_____

_____

3. What are some preferred foods, toys, activities?

_____

_____

_____

4. Any known environmental triggers for behavior that we should be aware of? (i.e. loud sounds, animals, etc.)

_____

_____

_____

5. Any concerns with fine or gross motor function?

_____

_____

_____

6. What are some strong academic/cognitive areas? Areas for improvement?

_____

_____

325 Sharon Park Drive,
Unit 647 Menlo Park,
CA 94025

(800) 806-5718

7. What are your child's sensory needs/preferences?

8. What is your child's toileting routine?

9. What is your child's sleep routine? Any sleep disturbances or concerns?

10. What is your child's diet like? (preferred foods, restricted diet, etc.)

11. Does your child have any medical concerns that we should be aware of? (seizures, allergies, deafness, etc.)

325 Sharon Park Drive,
Unit 647 Menlo Park,
CA 94025

(800) 806-5718

12. Does your child currently take any medications? (Med, dosage, frequency)

_____

_____

_____

What behaviors do you want to see? (Skills added, behaviors reduced)

What is most important to you to address during therapy?

1. Behavior goals:

_____

_____

_____

_____

2. Communication skills:

_____

_____

_____

_____

3. Social skills/Play skills:

_____

_____

_____

_____

4. Self-Help:

_____

_____

325 Sharon Park Drive, Unit 647 Menlo Park, CA 94025

(800) 806-5718

5. Other relevant factors that would make a socially significant impact on your family's life:

6. Other Notes:

Other Questions

1. When was your child diagnosed? By who?

2. What school does your child go to? Type of classroom? IEP? SLP/OT services at school?

3. Does your child receive any outside services (SLP, OT, psychiatry, etc.)

325 Sharon Park Drive, Unit 647 Menlo Park, CA 94025

(800) 806-5718

4. What is your preferred method of communication?

_____

_____

5. Schedule preferences:

_____

_____

_____

6. Any specific qualities you think are important for someone working with your child to have?

_____

_____

_____