

# CCS Schools – ABC Behavior Documentation for **PRESCHOOL** Settings

Student: \_\_\_\_\_ School: \_\_\_\_\_ Teacher/Class: \_\_\_\_\_ Period: \_\_\_\_\_

Date, Time, & Duration of Incident	Who was <u>directly</u> involved in the incident?	Where was the student when the incident started?	Instructional Context	Antecedent: What triggered the behavior or happened right before it behavior started? (select a maximum of 3)
<b>Date:</b> _____ <b>Class Period:</b> _____ <input type="checkbox"/> Before School <input type="checkbox"/> Lunch <input type="checkbox"/> After School <b>Duration: (select ONE)</b> <input type="checkbox"/> Less than 5 min. <input type="checkbox"/> 5-15 min. <input type="checkbox"/> 15-30 min. <input type="checkbox"/> 30-45 min. <input type="checkbox"/> 45-60 min. <input type="checkbox"/> 60+ minutes	<input type="checkbox"/> No one – the student was alone <input type="checkbox"/> Other student(s) <input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> EC Teacher <input type="checkbox"/> Teacher Assistant <input type="checkbox"/> Speech Therapist <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Counselor <input type="checkbox"/> Administrator <input type="checkbox"/> Other:	<input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Bathroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other:	<b>If incident happened in a classroom, what was going on at the time?</b> <input type="checkbox"/> Whole Group Lesson <input type="checkbox"/> Small Group Activity <input type="checkbox"/> 1-on-1 w/ adult <input type="checkbox"/> Centers <input type="checkbox"/> Nap <input type="checkbox"/> Meal <input type="checkbox"/> Other:	<input type="checkbox"/> Student was asked to do something <input type="checkbox"/> Student was told to stop doing something <input type="checkbox"/> Student’s request was denied or ignored <input type="checkbox"/> Student was getting frustrated with a task <input type="checkbox"/> Student just had negative interaction with peer <input type="checkbox"/> Transition: task change <input type="checkbox"/> Transition: in/out of classroom <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Change in routine <input type="checkbox"/> Sensory overload or aversion <input type="checkbox"/> Presented with non-preferred task <input type="checkbox"/> Preferred task/activity was interrupted <input type="checkbox"/> Other:

What did the student do?	How did others respond to this? (select up to THREE options)	What impact did these actions have on the student’s behavior?
<input type="checkbox"/> Student shut down by: (check all that apply) <input type="checkbox"/> Verbally refusing to comply <input type="checkbox"/> Refusing to move or do anything <input type="checkbox"/> Trying to go to sleep <input type="checkbox"/> Other: _____ <input type="checkbox"/> Student had meltdown that included: (check all that apply) <input type="checkbox"/> Physical aggression towards other people <input type="checkbox"/> Physical aggression towards self <input type="checkbox"/> Physical aggression towards objects <input type="checkbox"/> Yelling or cursing at other people <input type="checkbox"/> Verbally threatening to hurt others <input type="checkbox"/> Threatening to hurt self <input type="checkbox"/> Running away from staff <input type="checkbox"/> Student demanded _____ <input type="checkbox"/> Student ran out of room/school building <input type="checkbox"/> Other: (Describe in “Additional Comments” box)	<input type="checkbox"/> Adult verbally corrected / redirected the student in front of others <input type="checkbox"/> Adult(s) ignored student completely <input type="checkbox"/> Adult spoke privately with student <input type="checkbox"/> Adult tried to help student <input type="checkbox"/> Sent student to calm-down area in the classroom <input type="checkbox"/> Peers tried to help/soothe student <input type="checkbox"/> Peers encouraged student’s inappropriate behavior(s) <input type="checkbox"/> Peers complained/ made negative comments <input type="checkbox"/> Sent student to a different room (ISS, Guidance, Reset Room) <input type="checkbox"/> Student was removed by another staff member <input type="checkbox"/> Student was sent home <input type="checkbox"/> Other:	<input type="checkbox"/> Unsure – student removed from room <input type="checkbox"/> No Effect – Behavior continued <input type="checkbox"/> Negative Effect – Behavior escalated <input type="checkbox"/> Positive Effect – Behavior de-escalated <hr/> <b>Additional comments or information:</b> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>