

ABC Behaviour Record Chart

ABC Charts allow us to understand the nature of the behaviours, frequency, severity and duration of behaviours, triggers, early warning signs and how these behaviours are responded to.

Please provide as much information as possible.

Date & Time	Antecedent	Behaviour	Consequence	
	<p>Where was the person, and exactly what were they doing?</p> <p>Was anyone else around, or had anyone just left?</p> <p>Had a request been made of the person?</p> <p>Had the person asked for, or did they want something to eat or drink?</p> <p>Had the person asked for, or did they want a specific object or activity?</p> <p>Had an activity just ended, or been cancelled?</p> <p>Where were you and what were you doing?</p> <p>How did the person's mood appear, e.g. happy, sad, angry, withdrawn or distressed?</p> <p>Did the person seem to be communicating anything through their behaviour, e.g. I don't want...; I want...?</p>	<p>Provide a step-by-step description of exactly what the person</p> <p>Be specific, factual and describe what you observed:</p> <p>What did you see, hear, who else was involved, how long did the behaviour last?</p> <p>If injuries are sustained, document them in combination with the body map and specify how they were sustained e.g. scratched self, as a result of head banging, accidental injury- tripped, fell, unaware of danger</p>	<p>Exactly how did you respond to the behaviour? Give a step-by-step description.</p> <p>How did the person respond to your reaction to the behaviour?</p> <p>Was there anyone else around who responded to, or showed a reaction to the behaviour?</p> <p>Did the person's behaviour result in them gaining anything they did not have before the behaviour was exhibited, e.g. attention from somebody (positive or negative); an object, food or drink; or escape from an activity or situation?</p>	
	<p><input type="checkbox"/> Demand placed</p> <p><input type="checkbox"/> Engaging in chosen activity</p> <p><input type="checkbox"/> Preferred activity interrupted/ended</p> <p><input type="checkbox"/> Removal of item/object</p> <p><input type="checkbox"/> Unable to access item/object</p> <p><input type="checkbox"/> Not a preferred activity</p> <p><input type="checkbox"/> Playing alone</p> <p><input type="checkbox"/> Given assistance/correction</p> <p><input type="checkbox"/> Loud, noisy environment</p> <p><input type="checkbox"/> Presence of specific people</p>	<p><input type="checkbox"/> Transitioning between activities</p> <p><input type="checkbox"/> Transitioning to different location</p> <p><input type="checkbox"/> Told "No", "Don't", "Stop"</p> <p><input type="checkbox"/> Told to wait</p> <p><input type="checkbox"/> Attention given to others</p> <p><input type="checkbox"/> Attention not given when wanted</p> <p><input type="checkbox"/> New task/activity</p> <p><input type="checkbox"/> Difficult task/activity</p> <p><input type="checkbox"/> Left alone</p> <p><input type="checkbox"/> Other (specify)</p>	<p><input type="checkbox"/> Hitting</p> <p><input type="checkbox"/> Screaming</p> <p><input type="checkbox"/> Shouting</p> <p><input type="checkbox"/> Swearing</p> <p><input type="checkbox"/> Crying</p> <p><input type="checkbox"/> Scratching</p> <p><input type="checkbox"/> Biting</p> <p><input type="checkbox"/> Kicking</p> <p><input type="checkbox"/> Punching</p> <p><input type="checkbox"/> Destroying property</p> <p><input type="checkbox"/> Dropping to the floor</p> <p><input type="checkbox"/> Hitting self</p> <p><input type="checkbox"/> Hitting others</p> <p><input type="checkbox"/> Not following directions</p> <p><input type="checkbox"/> Ignoring</p> <p><input type="checkbox"/> Running Away</p> <p><input type="checkbox"/> Throwing objects</p> <p><input type="checkbox"/> Biting Self</p>	<p><input type="checkbox"/> Verbal redirection</p> <p><input type="checkbox"/> Ignored behaviour</p> <p><input type="checkbox"/> Removed from activity/location</p> <p><input type="checkbox"/> Left Alone</p> <p><input type="checkbox"/> Given space</p> <p><input type="checkbox"/> Offered physical reassurance</p> <p><input type="checkbox"/> Loss of reward/preferred item</p> <p><input type="checkbox"/> Time Out/Calm Time</p> <p><input type="checkbox"/> Redirected to sensory activity</p> <p><input type="checkbox"/> Attempt to reason/ explain</p> <p><input type="checkbox"/> Physical intervention</p>

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