

Name: \_\_\_\_\_  
 Home: \_\_\_\_\_

Month/Yr: \_\_\_\_\_

**FCBD ABC BEHAVIOR RECORDING FORM**

Date	TIMES			No Prob	L	ANTECEDENT - What happened before										BEHAVIOR			CONSEQUENCE - What happened after																			
	Start Time	Stop Time	Total Time (Minutes)	No Problems AM Shift	No Problems PM Shift	No Problems Noc Shift	Location Code (See Below for Codes)	Physical Discomfort/Pain	Loud/Disruptive Environment	No Activities/Materials	Waiting	Changing activities/location	Shift Change	Asked to do program/activity	Inappropriate behavior interrupted	Did not get desired item	Received Correction	Other (Specify on back)				Other (Specify on Back)	Severity Rating (0-3 See <b>back</b> for codes)	Discomfort Relieved	Victim Yelled/Reacted	Staff stopped request	Given break	Redirected to Activity	Restore Environment/Apologize	Problem Solving	Others Yelled/Upset	Blocked	Separated within environment	Exclusionary Time Out*	Other (Specify on back)	Staff Initials		
	Totals:																																					

**Instructions:** If any of the target behaviors occurs, please chart on the data sheet by indicating the date and time the incident occurred. Place an "X" in the column for all behavior(s) occurring within an incident, and indicate what happened immediately before, and after the behavior(s). Indicate severity rating, and the location of the behavior(s). Chart each incident separately. If there is a break of two minutes or more between incidents, a new line should be used for the second, third, etc. If you select "other" please indicate on back what the "other" was along with the date of the corresponding entry. If no difficulties occurred for the shift, mark "No Problems" for the appropriate shift.

**Location Codes:**

_____
_____
_____

**Severity Rating**

0 - Minor - No risk of injury to person or peers; Does not cause noticeable disruption to peers	2 - Moderate - Minor injury occurs - reddening of skin, etc.; Causes noticeable disruption to peers
1 - Mild - Some risk of injury but none apparent immediately following incident; No significant disruption to peers.	3 - Severe - Causes injury requiring medical attention; Significant disruption to peers (peers upset, may cause other behaviors)

**Other or Emerging Behaviors**

Instructions: Fill out this section when you have indicated "other" under any of the sections on the front page. Include the date and time of the entry from the front page to help identify the specific item you are referring to.

Date	Time		Other Location	Other Antecedent	Other Behavior	Describe behavior (what happened?)	Other Consequence	Initials
	Start	Stop						

Initials	Signature	Title

Initials	Signature	Title