

ABC Observation Form

Student: _____ Grade _____ Date: _____

Observer: _____ Time: _____

What to Look for: (from FBA Interview summary)		Setting/People	Antecedent	Behavior	Consequence
		Activity/Task			
		Activity/Task			
#	Time:	Activity/Task	Antecedent	Behavior	Consequence
1		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Sensory Stimulation <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Sensory Stimulation <input type="checkbox"/> Avoided pain Other/Notes:
2		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Sensory Stimulation <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Sensory Stimulation <input type="checkbox"/> Avoided Pain Other/Notes:
3		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Sensory Stimulation <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Sensory Stimulation <input type="checkbox"/> Avoided Pain Other/Notes:
4		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Sensory Stimulation <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Sensory Stimulation <input type="checkbox"/> Avoided Pain Other/Notes:
General Observation Notes:					

#	Time:	Activity/Task	Trigger/Antecedent	Behavior	Outcome/Consequence
5		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Sensory Stimulation <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Sensory Stimulation <input type="checkbox"/> Avoided Pain Other/Notes:
6		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Sensory Stimulation <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Sensory Stimulation <input type="checkbox"/> Avoided Pain Other/Notes:
7		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Sensory Stimulation <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Sensory Stimulation <input type="checkbox"/> Avoided Pain Other/Notes:
8		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Sensory Stimulation <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Sensory Stimulation <input type="checkbox"/> Avoided Pain Other/Notes:
9		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Sensory Stimulation <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Sensory Stimulation <input type="checkbox"/> Avoided Pain Other/Notes:

General Observation Notes:

#	Time:	Activity/Task	Antecedent	Behavior	Consequence
10		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Sensory Stimulation <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Sensory Stimulation <input type="checkbox"/> Avoided Pain Other/Notes:
11		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Sensory Stimulation <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Sensory Stimulation <input type="checkbox"/> Avoided Pain Other/Notes:
12		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Sensory Stimulation <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Sensory Stimulation <input type="checkbox"/> Avoided Pain Other/Notes:

TALLY ABC Results	Within each column (Activity/Antecedent/Consequence) identify the most frequently observed event & write it next to #1 in the corresponding box below. Total the number of observed occurrences of #1 in the numerator of the ratio... & the total intervals observed in the ratio denominator (Ratio= $\frac{\# \text{ occurred}}{\# \text{ total intervals}}$)			
	Activity/Task	Trigger/Antecedent	Behavior	Outcome/Consequence
	#1	#1		#1
	Ratio ____ / ____	Ratio ____ / ____		Ratio ____ / ____

General Observation Notes:			
ABC OBSERVATION SUMMARY			
Setting/Activity	Antecedent	Behavior	Consequence
<u>DURING...</u>	<u>WHEN...</u>	<u>THE STUDENT WILL...</u>	<u>BECAUSE THIS HAPPENS...</u>
			So, the Pay-Off/Function for the student is to Get <u>or</u> Avoid (circle one): What? _____
How likely is it that this Summary of Behavior accurately explains the identified behavior occurring?			
Not real sure		100% Sure/No Doubt	
1	2	3	4
			5
			6