



ABC Checklist



Child's Name: _____ DOB: _____ FID# _____ Intervention Plan Safety Plan IEP/IFSP

Behavior Description: _____

Behavior of concern

- Physical aggression
- Disruption/Tantrums
- Unsafe behaviors
- Self-injury

- Verbal aggression
- Non-compliance
- Withdrawal/isolation
- Inconsolable crying

- Property damage
- Trouble sleeping
- Running away
- Other _____

When Behavior Occurred

- Arrival at Head Start
- Individual Activity
- Small Group Activity
- Large Group Activity/Circle
- Free Choice Time/Interest Areas

- Transition/Transition Activity
- Clean-up
- Classroom jobs/Helping Staff
- Mealtime
- Self-care/Bathroom

- Quiet time/Nap
- Outdoor play
- Leaving Head Start
- Other _____

Who was involved: (Check all that apply):

- Self
- Parent/Family Member _____
- Peers (do not list names of other children here)
- Staff/Other _____

Possible motivation: (Why did the child do what he/she did?):

- To get an object that he/she wanted
- To get to do an activity he/she wanted
- To get sensory input
- To avoid sensory input

- To get peers attention
- To avoid peers
- To get adult attention
- To avoid adults

- To avoid a task/activity
- It's not clear why
- Other _____

Teacher/Staff Intervention: (What did staff do in response? Please check all that apply.)

- Verbal reminder of rules
- Offer sensory break
- Activity individualized for child
- Use of visual supports

- Positive time with teacher
- Physical comforting
- Redirect to another area/activity
- Model self-regulation strategies

- Practice wanted behavior
- Site Supervisor support
- Safe physical redirect
- Other _____

Child's Response to what teacher/staff did: (check all that apply):

- Behavior Improved
 - Less than 5 minutes
 - Less than 10 minutes
 - Less than 15 minutes
 - 15 minutes or more

- Behavior Escalated
Was parent/guardian contacted to pick up child (per safety plan)? Y/N
Time called: _____ Time child picked up: _____

Staff: _____ Date: _____

*If unsafe behaviors have occurred, communicate concerns with parent/guardian in a timely manner.
If Safe Physical Redirect occurred to manage behavior, inform site supervisor and parent. Submit SR to CSQI.*