**Flagstaff Unified School District**

**Functional Behavior Assessment**

**ABC Data Assessment Form**

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| **Student’s Name:** |  | **School:** |  |
| **Grade:** |  | **Observer’s Name:** |  |

**Please complete A‐B‐C data for each episode of target behavior.**

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| **Setting Information:** (Where is behavior taking place?)  |
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| **Date/Time** | **Antecedent:**What happened before the behavior? Ex: Given directions, student redirected, told “no,” loud environment, attention given to others, etc. | **Behavior:**What did the student do?Ex: Student interrupts teacher, walks out of class, hit self, hit others, refusal, cries, whines, throws things, etc. Frequency, duration and deviation may also be included. | **Consequence:**What happened after the behavior?Ex: Student referred to office, student given help, student time out 2 min., other students laughed, student is ignored, etc. |
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