Flagstaff Unified School District
Functional Behavior Assessment

ABC Data Assessment Form

Student's Name_____ **School**_____ **Grade**_____

Observer's Name:_____

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

Setting Information: (Where is behavior taking place?)			
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, whine, 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.