ABC Data Sheet One row each time the behavior happens

Child (first name or initials)	The one behavior I am tracking, in words I could see or hear	Week of	Recorded by

Write the row as soon as everyone is safe. Keep the facts plain: no guesses about why. Record what you did even if you wish you had done something else.

Date, time, place	A: Right before What was happening? Who said or asked what?	B: What my child did Only what I could see or hear. How long it lasted.	C: Right after What did I or others do? What changed for my child?

Anything different this week? Poor sleep, illness, a medicine change, a visitor, a new routine, a missed meal:

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ABC Pattern Check

Fill in after about 8 to 10 rows. Then take it to your BCBA.

Look down the A column: what came right before?

What came before	Rows (write row numbers)	Count
Asked to stop something or a liked thing was taken away		
Asked to start a task or routine		
Adult was busy or talking to someone else		
Waiting, or told no		
Nothing obvious, or alone		
Other:		

Look down the C column: what happened right after?

What came after	Rows (write row numbers)	Count
Got the liked thing or activity back		
Task put off, shortened or done for my child		
An adult talked to, looked at or sat with my child		
Sent away or left alone		
Nothing changed		
Other:		

Times and places

When and where does the behavior happen most? When does it not happen?

Questions for the BCBA

1. Does this pattern match what you see in sessions?
2. What else could explain it? Which function would you test first?
3. Should I keep this sheet going, or count the behavior another way?
4. What should all of us do the same way when it happens?

A pattern is a clue, not an answer. A row can fit more than one reason. This page does not diagnose or replace a functional behavior assessment.

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ABC Data Sheet FICTIONAL EXAMPLE

Child (first name or initials)
Theo (made up)

The one behavior I am tracking, in words I could see or hear
Sits or lies on the floor and yells louder than his talking voice, for 5 seconds or more

Week of
Example

Recorded by
Mom, Dad

Date, time, place	A: Right before What was happening? Who said or asked what?	B: What my child did Only what I could see or hear. How long it lasted.	C: Right after What did I or others do? What changed for my child?
1 Mon 7:40 am Kitchen	Asked to turn off tablet and put on shoes.	Sat on the floor, yelled “no.” 4 min.	I said “five more minutes” and gave the tablet back.
2 Mon 4:30 pm Table	Dad asked him to start homework.	Lay on the floor, yelled. 6 min.	Dad talked to him and moved homework to after dinner.
3 Tue 7:35 am Kitchen	Asked to turn off tablet and put on shoes.	Sat on the floor, yelled. 3 min.	I turned off the tablet, talked him through it and put his shoes on for him.
4 Wed 6:10 pm Living room	Sister changed the TV show.	Sat on the floor, yelled. 2 min.	Sister changed it back. No one spoke to him.
5 Thu 7:45 am Kitchen	Asked to turn off tablet and put on shoes.	Sat on the floor, yelled. 5 min.	I gave the tablet back while I packed lunch. I did not talk to him.
6 Thu 4:40 pm Table	Asked to start homework. Dad in next room.	Lay on the floor, yelled. 8 min.	Dad came in, sat with him and did the first two problems with him.
7 Sat 11:00 am Park	Told it was time to leave the playground.	Sat on the ground, yelled. 3 min.	I said “two more slides.” We stayed 10 more minutes.
8 Sun 7:15 pm Bathroom	Asked to brush his teeth.	Sat on the floor, yelled. 2 min.	I brushed his teeth for him and talked to him quietly.

Anything different this week? Mon: slept about 6 hours. Sun: home late from a family visit. **Pattern check:** before: liked thing stopped 5, task started 6 (rows can count on more than one line, so counts need not add to 8). After: got it back 4, task put off or done for him 4, adult talked or sat with him 6.

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