

What's Included?

INTERVAL & INTENSITY RATING SHEETS

Interval & Intensity Data Collection

Directions: Circle the type of behavior that occurred in each box if the behavior occurs at least one time during each time segment. Rate the severity of the behavior if it occurred in that interval.

Name: Loud Larry Teacher: Mrs. Quiet

BEHAVIOR: A = hitting peers B = hitting self C = yelling

INTENSITY: 1=Mild (kicking desk, hitting table lightly), 3=Moderate (hitting others once or twice, banging table loudly), 5=Severe (high Frequency behavior, possibly causing injury)

Date →	1/22/18	1/23/18	1/24/18	1/25/18	1/26/18
7:45-8:00	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
8:00-8:15	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
8:15-8:30	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
8:30-8:45	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
8:45-9:00	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
9:00-9:15	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
9:15-9:30	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
9:30-9:45	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
9:45-10:00	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
10:00-10:15	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
10:15-10:30	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
10:30-10:45	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
10:45-11:00	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
11:00-11:15	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
11:15-11:30	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
11:30-11:45	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
11:45-12:00	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
12:00-12:15	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
12:15-12:30	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
12:30-12:45	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
12:45-1:00	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
1:00-1:15	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
1:15-1:30	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
1:30-1:45	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
1:45-2:00	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
2:00-2:15	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate

Rating Scale & Time Written In

These interval data sheets are similar to the ones on the earlier page, but you can also track 3 specific behaviors (coded with ABC) and provide an intensity rating for each interval.

Includes PowerPoint with grids you can type in

Interval & Intensity Data Collection

Directions: Circle the type of behavior that occurred in each box if the behavior occurs at least one time during each time segment. Rate the severity of the behavior if it occurred in that interval.

Name: _____ Teacher: _____

Behavior: A= _____ B= _____ C= _____

Intensity Code: _____

Date →	7:45-8:00	8:00-8:15	8:15-8:30	8:30-8:45	8:45-9:00	9:00-9:15	9:15-9:30	9:30-9:45	9:45-10:00	10:00-10:15	10:15-10:30	10:30-10:45	10:45-11:00
	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate

Time only written in

Interval & Intensity Data Collection

Directions: Circle the type of behavior that occurred in each box if the behavior occurs at least one time during each time segment. Rate the severity of the behavior if it occurred in that interval.

Name: _____ Teacher: _____

Behavior: A= property destruction B= Aggression toward others C= Self-Injury

Intensity: 1=Mild (kicking desk, hitting table lightly), 3=Moderate (hitting others or twice, banging table loudly), 5=Severe (high Frequency behavior, possibly causing injury)

Date →	7:45-8:00	8:00-8:15	8:15-8:30	8:30-8:45	8:45-9:00	9:00-9:15	9:15-9:30	9:30-9:45	9:45-10:00	10:00-10:15	10:15-10:30	10:30-10:45	10:45-11:00
	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate

Interval & Intensity Data Collection

Directions: Circle the type of behavior that occurred in each box if the behavior occurs at least one time during each time segment. Rate the severity of the behavior if it occurred in that interval.

Name: _____ Teacher: _____

Behavior: A= _____ B= _____ C= _____

INTENSITY: 1=Mild (kicking desk, hitting table lightly), 3=Moderate (hitting others once or twice, banging table loudly), 5=Severe (high Frequency behavior, possibly causing injury)

Date →	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate

Rating Scale only written in

Interval & Intensity Data Collection

Directions: Circle the type of behavior that occurred in each box if the behavior occurs at least one time during each time segment. Rate the severity of the behavior if it occurred in that interval.

Name: _____ Teacher: _____

BEHAVIOR A= _____ B= _____ C= _____

INTENSITY CODE: _____

Date →	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate
	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate	A B C Rate

No Preformatting

Behaviors, Rating Scale & 15-minute intervals written in

What's Included?

FREQUENCY & INTENSITY RATING SHEETS

SELF-GRAPHING

Intensity & Frequency Data

Directions: Mark the rating for each date in the top section. Mark off each number starting at 1 for the frequency. Then circle the number of 5 and connect the circles to graph the frequency.

Name: *Stew Dent* Teacher: *Teach Er*

Target Behavior: *littering peers*

Behavior	Date	1/20	1/21	1/22	1/23	1/24	1/25	1/26	1/27	1/28	1/29	1/30
INTENSITY		3	3	3	3	3	3	3	3	3	3	3
0=NO BEHAVIOR		2	2	2	2	2	2	2	2	2	2	2
1=MILD - No injury		1	1	1	1	1	1	1	1	1	1	1
2=MODERATE - some injury		0	0	0	0	0	0	0	0	0	0	0
3=SEVERE - removed												
Frequency	15											
	14											
	13											
	12											
	11											
	10											
	9											
	8											
	7											
	6											
	5											
	4											
	3											
	2											
	1											
0												

These sheets can track frequency to 15 incidents per day and allow you to rate the worst or most intense behavior each day. Both measures then can be connected to make a graph for easy analysis.

Includes PowerPoint with grids you can type in. For a tutorial on how to do this, go here: <https://youtu.be/vgliHFRDjOU>

Frequency up to 15 & Daily Intensity Rating

Intensity & Frequency Data

Directions: Write the intensity rating in each box for each instance of the target behavior.

Name: *Stew Dent* Teacher: *Mrs. Er*

Target Behavior: *littering peers + teacher*

Date: *1/20 1/21 1/22 1/23 1/24 1/25 1/26 1/27 1/28*

Frequency	1/20	1/21	1/22	1/23	1/24	1/25	1/26	1/27	1/28
5									
4									
3									
2									
1									
0									

Self-graphing by writing the intensity rating into the block from the bottom of the page up. Or just track the frequency by coloring in a square for each incident.

What's Included?

FREQUENCY & INTENSITY RATING SHEETS

SELF-GRAPHING

BEHAVIOR RATING & FREQUENCY SCALE

STUDENT: Sammy S. MONTH: January 2018 TEACHER: Chris Reeve

Behavior	Date	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	1/20	1/21	1/22	1/23	1/24	1/25	1/26	1/27	1/28	1/29	1/30	1/31
INTENSITY		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
0=NO BEHAVIOR		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
1=MILD		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2=MODERATE		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3=SEVERE		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FREQUENCY	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
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3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

These sheets can track frequency to 10 incidents per day and allow you to rate the worst or most intense behavior each day. Both measures then can be connected to make a graph for easy analysis.

BEHAVIOR RATING & FREQUENCY SCALE

STUDENT: _____ MONTH: _____ TEACHER: _____

Behavior	Date																											
INTENSITY		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
0=NO BEHAVIOR		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
1=MILD		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
2=MODERATE		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3=SEVERE		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
FREQUENCY	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Rating Scale Not Defined

Includes PowerPoint with grids you can type in. For a tutorial on how to do this, go here: <https://youtu.be/vgliHFRDjOU>

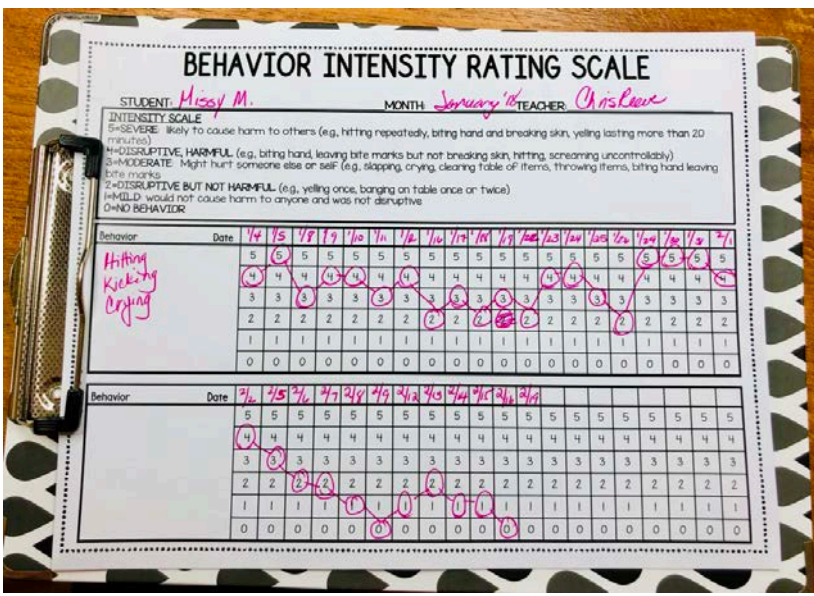
What's Included?

INTENSITY RATING SHEETS

Includes PowerPoint with grids you can type in

On this data sheet, you rate the intensity of the challenging behavior on a scale of 0 (no behavior) to 5 (severe).

- There are options with and without the rating scale.
- You can use the two rows to graph across 4 weeks for the whole sheet
- Or use the two rows to rate morning and afternoon behavior



BEHAVIOR INTENSITY RATING SCALE

STUDENT: _____ MONTH: _____ TEACHER: _____

5-POINT SCALE RATINGS

STUDENT: _____ MONTH: _____ TEACHER: _____

5-POINT SCALE RATINGS

STUDENT: _____ MONTH: _____ TEACHER: _____

5-POINT SCALE RATINGS

STUDENT: _____ MONTH: _____ TEACHER: _____

ANXIETY RATINGS

STUDENT: _____ MONTH: _____ TEACHER: _____

DATE: _____

Comments / Observations

Without the rating scale—add your own

Great for 5-Point Scale Self-Regulation or Anxiety

What's Included?

ABC DATA SHEETS

Behavior Assessment Form

DATE: *Stew Dent* RATER: *Chris Reeve*

RATING SCALE: At the beginning of the day, please rate the following information (where 1 is low and 7 is high) and check any variables that seem to apply.

Student's activity level: 1 2 3 4 5 6 7

TODAY THE STUDENT IS:
 Tired Angry Sad Not feeling well Easily agitated Other _____

Describe any situations that you are aware of that might affect the student's behavior but may not be directly related in the data sheet below (e.g. didn't like his choices for lunch today—but problems were not exhibited until recess).
Sight w/ his brother before school

What happened before the behavior?	What behavior occurred?	What happened after?
<i>During class, asked to put his backpack up. Other students going through the AM routine. Class a bit noisy</i>	<i>Stew threw his backpack on the ground, then picked it up and threw it at the student next to him. Then tried to run into the hall</i>	<i>Aide stepped in to block him from running and redirected w/ a visual. Teacher attended to the student who was hit hit + was crying loudly</i>

An Antecedent-Behavior-Consequence data sheet that includes information about the severity of the behavior and possible events that happened well before the behavior that might have impacted the incident.

Includes PowerPoint with grids you can type in. For a tutorial on how to do this, go here:

<https://youtu.be/vglilHFRDjOU>

What's Included?

ABC DATA SHEETS

A-B-C Data Card		
Student: <i>Student</i>	Observer: <i>CR</i>	Activist: <i>Marta</i>
Date: <i>Jan 21</i>	Time: <i>9am</i>	
What's Occurring as the Behavior Begins? (Check all that apply)	What Behavior Did You Observe? (Check all that apply)	What Occurred in the Environment During or After the Behavior? (check all that apply)
<input checked="" type="checkbox"/> Asked to work <input type="checkbox"/> Working on a task <input type="checkbox"/> Engaging in chosen activity <input type="checkbox"/> Asking For something or an activity he can't have <input type="checkbox"/> Asked to work independently <input type="checkbox"/> Asked to wait <input type="checkbox"/> Transitioning between activities <input type="checkbox"/> Playing with another student <input type="checkbox"/> Playing on playground <input type="checkbox"/> LeFt alone while adult talking to someone else <input type="checkbox"/> On a break <input type="checkbox"/> Other _____	<input type="checkbox"/> Crying <input type="checkbox"/> Screaming / Yelling <input type="checkbox"/> Running into hallway <input type="checkbox"/> Hitting peer <input type="checkbox"/> Hitting adult <input checked="" type="checkbox"/> Throwing items <input type="checkbox"/> Destroying property <input type="checkbox"/> Talking back to the teacher <input type="checkbox"/> Hitting self <input type="checkbox"/> Biting self <input type="checkbox"/> Other self-injury <input type="checkbox"/> Biting <input type="checkbox"/> Spitting <input type="checkbox"/> Falling to the Floor <input type="checkbox"/> Cursing <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Verbally redirected or corrected (e.g. told "no") <input checked="" type="checkbox"/> Reminded of the behavior system <input type="checkbox"/> Adult attempts to explain or reason with him <input type="checkbox"/> Other child interacted with him in some way (redirecting him, reprimanding him) <input checked="" type="checkbox"/> Removed From class <input type="checkbox"/> Work demand adjusted or withdrawn <input type="checkbox"/> Redirected to ask for a break or attention <input type="checkbox"/> Redirected to another activity or action <input type="checkbox"/> Redirected to sensory activity (e.g. box) <input type="checkbox"/> Other (Please describe) _____
COMMENTS: <i>multiple incidents today</i>		

ABC Data Sheets are critical for completing important behavior assessments in the classroom. The more information you can gather successfully the more accurate your FBA can be. I've included a wide variety of forms and formats including check-off, journal, full sheets, and 3 forms that work well printed to index card size.

Check-off ABC data sheets in multiple forms including

- 5 with check-off options completed
- 5 blanks that you can either write on or add your own check-off options to in PowerPoint (or Keynote)

A-B-C Data Form					
NAME	TEACHER	TARGET BEHAVIOR: see behavior column below			
DATE / TIME	ACTIVITY	What was happening before or while the behavior occurred?	BEHAVIOR	What happened after the behavior?	Other Factors and Comments
					STAFF INITIALS

A-B-C Data Form					
NAME	TEACHER	TARGET BEHAVIOR: see behavior column below			
DATE / TIME	ACTIVITY	What was happening before or while the behavior occurred?	BEHAVIOR	What happened after the behavior?	Other Factors and Comments
					STAFF INITIALS

A-B-C Data Form					
NAME	TEACHER	TARGET BEHAVIOR: see behavior column below			
DATE / TIME	ACTIVITY	What was happening before or while the behavior occurred?	BEHAVIOR	What happened after the behavior?	Other Factors and Comments
					STAFF INITIALS

A-B-C Data Form					
NAME	TEACHER	TARGET BEHAVIOR: see behavior column below			
DATE / TIME	ACTIVITY	What was happening before or while the behavior occurred?	BEHAVIOR	What happened after the behavior?	Other Factors and Comments
					STAFF INITIALS

A-B-C Data Form					
NAME	TEACHER	TARGET BEHAVIOR: see behavior column below			
DATE / TIME	ACTIVITY	What was happening before or while the behavior occurred?	BEHAVIOR	What happened after the behavior?	Other Factors and Comments
					STAFF INITIALS

A-B-C Data Form					
NAME	TEACHER	TARGET BEHAVIOR: see behavior column below			
DATE / TIME	ACTIVITY	What was happening before or while the behavior occurred?	BEHAVIOR	What happened after the behavior?	Other Factors and Comments
					STAFF INITIALS

A-B-C Data Form					
NAME	TEACHER	TARGET BEHAVIOR: see behavior column below			
DATE / TIME	ACTIVITY	What was happening before or while the behavior occurred?	BEHAVIOR	What happened after the behavior?	Other Factors and Comments
					STAFF INITIALS

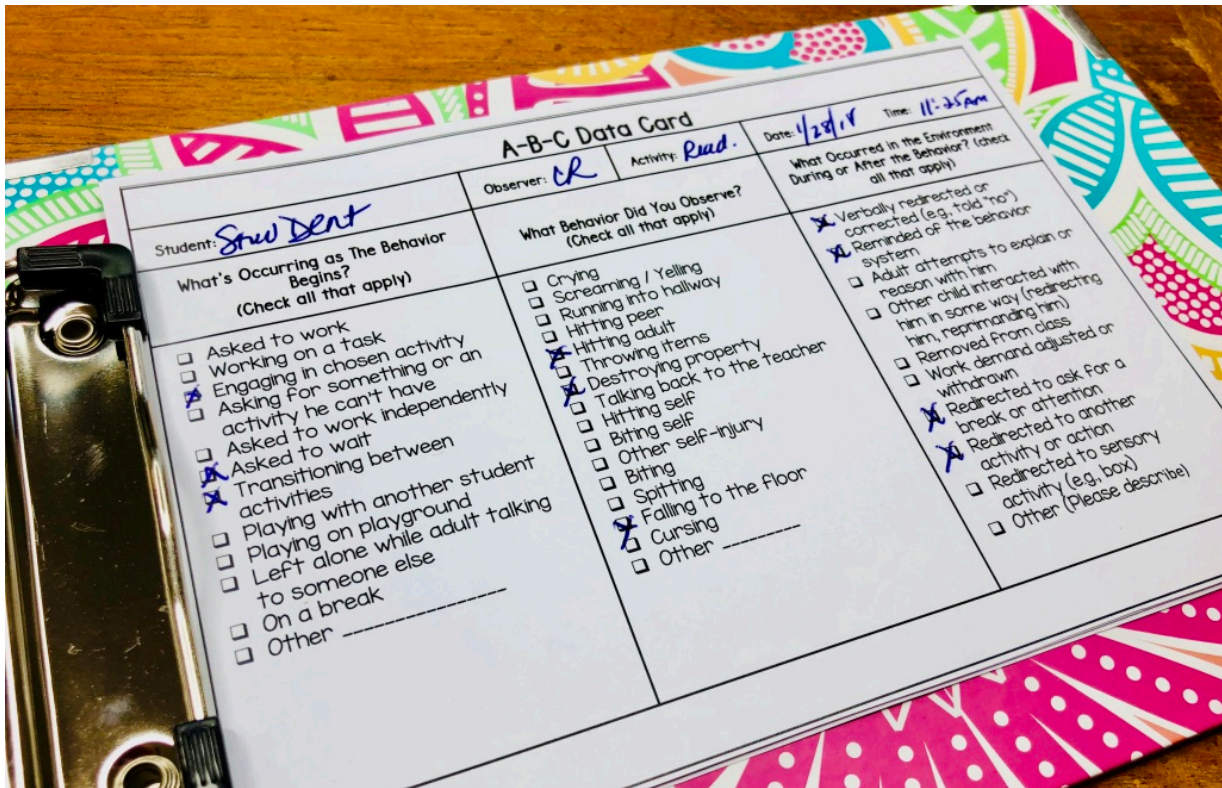
A-B-C Data Form					
NAME	TEACHER	TARGET BEHAVIOR: see behavior column below			
DATE / TIME	ACTIVITY	What was happening before or while the behavior occurred?	BEHAVIOR	What happened after the behavior?	Other Factors and Comments
					STAFF INITIALS

A-B-C Data Form					
NAME	TEACHER	TARGET BEHAVIOR: see behavior column below			
DATE / TIME	ACTIVITY	What was happening before or while the behavior occurred?	BEHAVIOR	What happened after the behavior?	Other Factors and Comments
					STAFF INITIALS

See card formats on next page

What's Included?

ABC DATA SHEETS



Check-off Antecedent-Behavior-Consequence data sheets that can be printed as full sheet and others that can be used to print on cardstock and others that can be used to print on 3x5 or 5x7 index cards. This makes it easy to put them in your pocket with a pen and have them available without having to carry a clipboard.

A-B-C Data				
Student:	Observer:	Activity:	Date:	Time:
What's Occurring as The Behavior Begins? (Check all that apply)	What Behavior Did You Observe? (Check all that apply)	What Occurred in the Environment During or After the Behavior? (check all that apply)		
COMMENTS:				

A-B-C Data				
Student:	Observer:	Activity:	Date:	Time:
What's Occurring as The Behavior Begins? (Check all that apply)	What Behavior Did You Observe? (Check all that apply)	What Occurred in the Environment During or After the Behavior? (check all that apply)		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
COMMENTS:				

Includes PowerPoint with grids you can type in