



TEACHER RECORDING FORM

Child's First Name:	_____	Child's Last Name:	_____
Date of Observation:	_____	Age: __years __months	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Teacher:	_____	School:	_____
Time Started:	_____	Time Ended:	_____
Describe the challenging behavior.			

1. What happened **BEFORE** the behavior occurred?

<input type="checkbox"/> Child was told or asked to do something.	<input type="checkbox"/> Child was playing alone.
<input type="checkbox"/> Child was changed or ended activity.	<input type="checkbox"/> Attention was given to other child/children.
<input type="checkbox"/> Child was told "no," "don't," or "stop."	<input type="checkbox"/> Child was faced with difficult task/other.
<input type="checkbox"/> Object was removed from child.	<input type="checkbox"/> Object was out of reach of child.
<input type="checkbox"/> Child was moved from one activity/location to another.	

2. What happened **AFTER** the behavior occurred?

<input type="checkbox"/> Teacher gave social attention.	<input type="checkbox"/> Teacher punished or scolded.
<input type="checkbox"/> Teacher gave an object/activity/food.	<input type="checkbox"/> Teacher delayed request or demand.
<input type="checkbox"/> Teacher withdrew request or demand.	<input type="checkbox"/> Teacher gave assistance/help.
<input type="checkbox"/> Teacher removed child from activity or area.	<input type="checkbox"/> Teacher ignored behavior.
<input type="checkbox"/> Teacher put child in "time out."	<input type="checkbox"/> Other: _____

3. What was the purpose of child behavior?

<i>To get/To obtain:</i>				
<input type="checkbox"/> Activity	<input type="checkbox"/> Object	<input type="checkbox"/> Person	<input type="checkbox"/> Help	<input type="checkbox"/> Place
<input type="checkbox"/> Attention	<input type="checkbox"/> Food	<input type="checkbox"/> Other		
<i>To get out/avoid:</i>				
<input type="checkbox"/> Activity	<input type="checkbox"/> Object	<input type="checkbox"/> Person	<input type="checkbox"/> Demand/Request	<input type="checkbox"/> Place
<input type="checkbox"/> Attention	<input type="checkbox"/> Food	<input type="checkbox"/> Transition	<input type="checkbox"/> Other	



4. Possible Setting Event/Lifestyle Changes

<input type="checkbox"/> Lack of age-appropriate language	<input type="checkbox"/> Unexpected loss/change in activity/object	<input type="checkbox"/> Sickness
<input type="checkbox"/> Absence of a Person	<input type="checkbox"/> Absence of fun activities/toys	<input type="checkbox"/> Too hot/cold
<input type="checkbox"/> Uncomfortable clothing	<input type="checkbox"/> Lack of sleep	<input type="checkbox"/> Loud noise
<input type="checkbox"/> Extreme change in routine	<input type="checkbox"/> Medication side effects	<input type="checkbox"/> Hunger

A – Antecedents	B – Behavior	C – Consequences
What specific activity or event happened before the behavior?	What specifically did the child do or say?	What happened <u>after</u> or as a result of the behavior?

TIPS: Try to be as specific as possible. Consider how others responded to the child’s behavior of concern.