













Functional Behavioural Analysis A-B-C Form

Student: _____ School: _____ Grade: _____ Observer(s): _____

Problem Behaviour: _____

Date mm/dd/yr	Time (specific) A.M. / P.M.	Setting e.g., Location, sensory stimuli, who & how many were present?	Activity e.g., What was the subject, materials, procedures required?	Immediate Trigger e.g., instructions, comments, prompts, sounds, images, touches, etc.	Behavioural Form e.g., Specific actions exhibited by student in response to the trigger (i.e., What did the student do?)	Consequence e.g., What happened afterward and what effect did it have on the problem behaviour?	Staff Initials
						   	
						   	
						   	

Auditory stimuli = **A** Visual stimuli = **V** Tactile stimuli = **T** Olfactory stimuli = **O** Gustatory stimuli = **G**
 Verbal Prompt = **VP** Pointing Prompt = **PP** Modeling = **M** Physical Guidance = **PG**

Date	Other Remote Influences
	Record any relevant details pertaining to family events, transportation, or biological variables that might have an influence on the occurrence of the problem behaviour (e.g., forgot medication, argument at home, trouble sleeping, sickness, no breakfast, etc.)