

Observational A-B-C

This form can be used as an observation tool and as part of the functional behavioral assessment process (FBA).

Student: _____ **Date:** _____

Time of Day: _____ **Duration of Observation:** _____

Staff Observing: _____ **Setting Where Observation Occurred:** _____

| Antecedents | Behavior | Consequence |
|--|-----------------|---|
| <i>What Happened Before the Behavior</i> | | <i>Purpose/Function of Behavior (Sensory, Attention, Escape, Other)</i> |
| | | |

Notes (What did staff do that was successful in addressing the behavior?)
