







## Summarize Antecedent (and Setting Events)

**What kind of things make it more likely that you will have this problem?** (difficult tasks, transitions, structured activities, small group settings, teacher's request, particular individuals, etc.)

**When and where is the problem most likely to happen?** (days of week, specific classes, hallways, bathrooms)

**When is the problem behavior least likely to occur?** (days of week, specific classes, hallways, bathrooms)

**Setting Events: Is there anything that happens before or after school or in-between classes that make it more likely that you'll have a problem?** (missed medication, history of academic failure, conflict at home, missed meals, lack of sleep, history or problems with peers, etc.)

## Description of the Consequence

**What usually happens after the problem occurs?** (what is the teacher's reaction, how do other student's react, is the student sent to the office, does the student get out of doing work, does the student get in a power struggle, etc.)

- - - - - *End of Interview* - - - - -

### STEP 2: DEVELOP A TESTABLE EXPLANATION

Setting Event	Antecedent	Behavior	Consequence
		1.	
		2.	
		3.	

## Function of the Behavior

**For each ABC sequence listed above, why do you think the behavior is occurring?** (to get teacher attention, to get peer attention, gets desired object/activity, escapes undesirable activity, escapes demand, escapes particular people, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**STEP 3: RATE YOUR CONFIDENCE IN THE TESTABLE EXPLANATION**

If you completed both interviews, was there agreement on these parts? (Y/N) (a) Setting Events ____ (b) Antecedents ____ (c) Behaviors ____ (d) Consequences ____ (e) Function ____						
How confident are you that your testable explanation is accurate?						
Very sure			So-so			Not at all
6	5	4	3	2		1

**STEP 4: CONDUCT OBSERVATIONS (IF NECESSARY)**

- If student has an identified disability and is at risk of suspension, expulsion, or change in placement you must conduct an observation of student
- If student does not meet above criteria, but confidence rating is 1, 2, 3, or 4 you should conduct observations to better understand when, where, and why the problem behavior is occurring.
- If student does not meet above criteria, and confidence rating is 5 or 6, you may go directly to Step 6

**Summarize Observation Data**

Setting Event	Antecedent	Behavior	Consequence
		1.	
		2.	
		3.	

**Function of the Behavior**

For each ABC sequence listed above, why do you think the behavior is occurring? (to get teacher attention, to get peer attention, gets desired object/activity, escapes undesirable activity, escapes demand, escapes particular people, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**STEP 5: CONFIRM/MODIFY TESTABLE EXPLANATION**

**Was there agreement between the Teacher Interview and the Observation? Y/N**

a) Setting Events \_\_\_\_ (b) Antecedents \_\_\_\_ (c) Behaviors \_\_\_\_ (d) Consequences \_\_\_\_ (e) Function \_\_\_\_

**Was there agreement between the Student Interview and the Observation? Y/N**

a) Setting Events \_\_\_\_ (b) Antecedents \_\_\_\_ (c) Behaviors \_\_\_\_ (d) Consequences \_\_\_\_ (e) Function \_\_\_\_

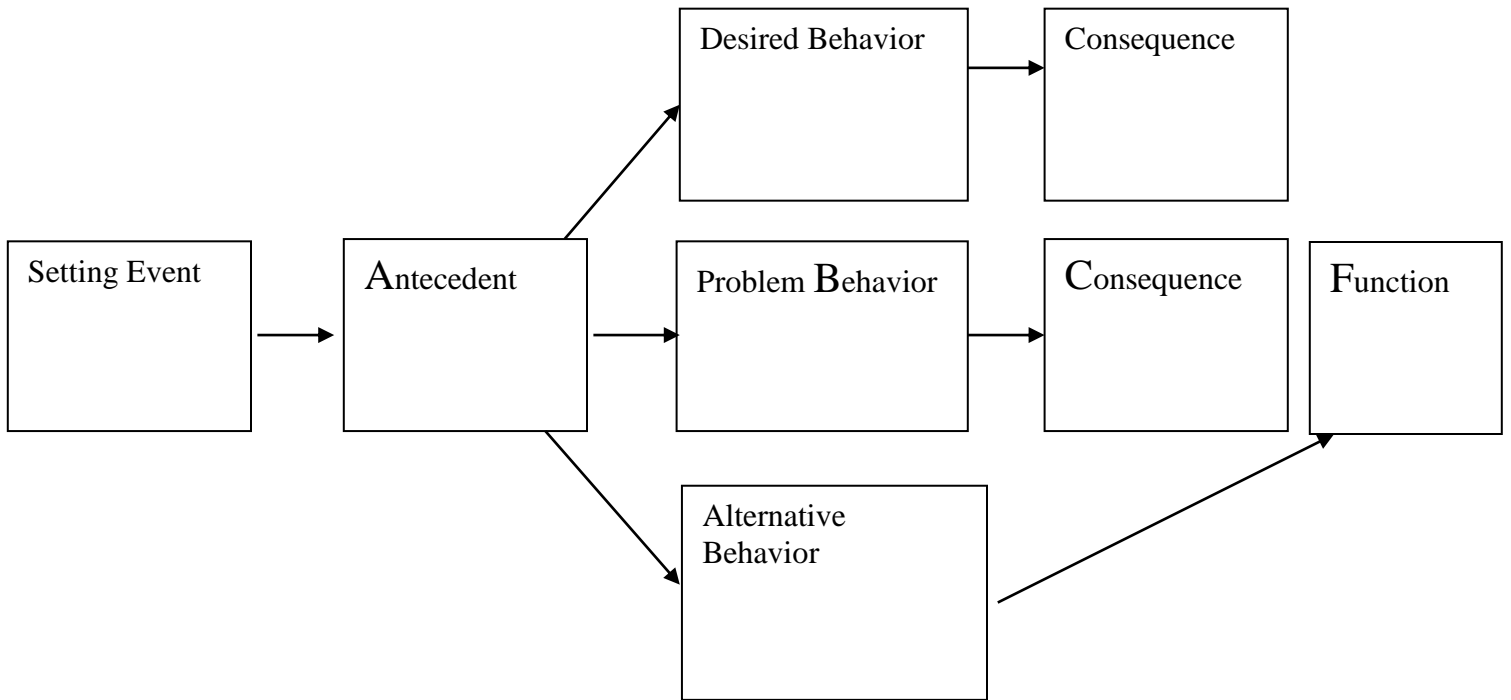
**Based on the interviews and observations, what is your working testable explanation for why the problem behavior occurs?**

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**STEP 6: BUILD A COMPETING BEHAVIOR PATHWAY**



Setting Event Strategies	Antecedent Strategies	Behavior Teaching Strategies	Consequence Strategies

### STEP 7: SELECT INITIAL INTERVENTION STRATEGIES

Tasks	Person Responsible	By When	Review Date	Evaluation Decision <ul style="list-style-type: none"><li>• Monitor</li><li>• Modify</li><li>• Discontinue</li></ul>

\*If emergency behavior management procedures are necessary, attach crisis plan as separate sheet.

## STEP 8: EVALUATE PLAN

**Behavioral Goal** (Use specific, observable, measurable descriptions of goal)

**What is the short-term behavioral goal?**

\_\_\_\_\_ **Expected date**

**What is the long-term behavioral goal?**

\_\_\_\_\_ **Expected date**

### Evaluation Procedures

Data to be Collected	Procedures for Data Collection	Person Responsible	Timeline

**Plan review date:** \_\_\_\_\_

We agree to the conditions of this plan:

\_\_\_\_\_  
Student (date)

\_\_\_\_\_  
Parent or guardian (date)

\_\_\_\_\_  
Teacher (date)

\_\_\_\_\_  
Teacher (date)

\_\_\_\_\_  
Action Team member (date)

\_\_\_\_\_  
Action Team member (date)