

ABC Data

Name _____		Date: _____	Time: _____
Antecedent	Behavior	Consequence	
<input type="checkbox"/> Interrupt activity	<input type="checkbox"/> Crying	<input type="checkbox"/> Physically guide to comply	
<input type="checkbox"/> Told no	<input type="checkbox"/> Whining	<input type="checkbox"/> Ignored problem behavior	
<input type="checkbox"/> Wants something - can have	<input type="checkbox"/> Screaming	<input type="checkbox"/> Deny access to reinforcer and physically guide to comply with demand	
<input type="checkbox"/> Sensory reinforcement is valuable	<input type="checkbox"/> Flopping	<input type="checkbox"/> Count and mand procedure	
<input type="checkbox"/> Demand at table	<input type="checkbox"/> Bolting	<input type="checkbox"/> Contingent effort procedure	
<input type="checkbox"/> Wants attention can't have it	<input type="checkbox"/> Biting	<input type="checkbox"/> Block behavior and redirect	
<input type="checkbox"/> Demand away from table	<input type="checkbox"/> Hitting	<input type="checkbox"/> Other	
<input type="checkbox"/> Other	<input type="checkbox"/> Kicking		
	<input type="checkbox"/> Other		
		Duration: _____	

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