Client:_____ Structured ABC Data Collection Form (Blank) Therapist:_____

Directions: **(1)** Fill in fields on the left side. **(2)** For each occurrence collect data by recording the date, time, initials and placing checks to identify the behavior (B), location, activity, antecedent (A), & consequence (C). **(3)** Summarize the (A) & (C) data to identify the likely function. Enter the # of times an A or C was checked under the function headings, by calculating across. Enter totals at the end of each column.

Date																			
Time																			
Initials																			

Behavior (specific targets):																				
1																				
2																				
3																				
Location where behavior occurred:																				
General activities in progress:																				

	+ Rt *attention*	**+ Rt** *materials*	**- Rt** *escape*	**Auto. Rt** *sensory*
Immediate antecedent (A):				
Was ignored, walked away from				
Leisure item or food removed/denied				
Other request denied				
Given instruction/prompt to work				
Provoked				
No change (client alone)				
Immediate consequence (C):				
Attention, response block, told to stop				
Redirected to another area/activity				
Leisure item or food given				
Work requirement terminated				
Nothing was done/ignored				
No change (client alone)				
TOTAL				

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