Directions: Fill out this chart when the targeted behavior occurs during your time of instruction. This chart should be reviewed weekly and sent to your IEP Case Manager to see if any suggestions for programing can be made to help meet their goals.

Date/ Time	Setting Events Is there anything unusual about the day? (eg. Did not eat breakfast)	Antecedent What happened right before the behavior occurred?	Behavior What was the behavior?	Consequences What happened following the behavior?	Perceived Function What may have been the purpose? *(Circle one)*	Notes *(optional)*
					▪ Attention Whose? ▪ Tangible item What?_____ ▪ Escape ▪ Sensory need	
					▪ Attention Whose? ▪ Tangible item What?_____ ▪ Escape ▪ Sensory need	
					▪ Attention Whose? ▪ Tangible item What?_____ ▪ Escape ▪ Sensory need	
					▪ Attention Whose? ▪ Tangible item What?_____ ▪ Escape ▪ Sensory need	

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