

	Setting Events Are there other factors indirectly contributing to the occurrence of challenging behaviours?	Antecedent What happened/how did the environment change immediately before the behavior occurred?	Behavior What did the behaviour look like, how long did it last?	Consequence What happened/how did the environment change immediately after the behavior occurred?	Hypothesized Function(s)
Date, Time & Initials	<input type="checkbox"/> Student is ill <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Atypical sleep pattern <input type="checkbox"/> Complaints of being in pain <input type="checkbox"/> Medication changes <input type="checkbox"/> Challenging morning before school <input type="checkbox"/> Negative school experience <input type="checkbox"/> Substitute teacher or caregiver <input type="checkbox"/> Introduction of new services <input type="checkbox"/> Traumatic events outside of school <input type="checkbox"/> Change in living placement <input type="checkbox"/> School routine change <input type="checkbox"/> Other:				<input type="checkbox"/> Escape/avoidance <input type="checkbox"/> Access to item <input type="checkbox"/> Attention <input type="checkbox"/> Sensory/self-stim
Date, Time & Initials	<input type="checkbox"/> Student is ill <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Atypical sleep pattern <input type="checkbox"/> Complaints of being in pain <input type="checkbox"/> Medication changes <input type="checkbox"/> Challenging morning before school <input type="checkbox"/> Negative school experience <input type="checkbox"/> Substitute teacher or caregiver <input type="checkbox"/> Introduction of new services <input type="checkbox"/> Traumatic events outside of school <input type="checkbox"/> Change in living placement <input type="checkbox"/> School routine change <input type="checkbox"/> Other:				<input type="checkbox"/> Escape/avoidance <input type="checkbox"/> Access to item <input type="checkbox"/> Attention <input type="checkbox"/> Sensory/self-stim
Date, Time & Initials	<input type="checkbox"/> Student is ill <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Atypical sleep pattern <input type="checkbox"/> Complaints of being in pain <input type="checkbox"/> Medication changes <input type="checkbox"/> Challenging morning before school <input type="checkbox"/> Negative school experience <input type="checkbox"/> Substitute teacher or caregiver <input type="checkbox"/> Introduction of new services <input type="checkbox"/> Traumatic events outside of school <input type="checkbox"/> Change in living placement <input type="checkbox"/> School routine change <input type="checkbox"/> Other:				<input type="checkbox"/> Escape/avoidance <input type="checkbox"/> Access to item <input type="checkbox"/> Attention <input type="checkbox"/> Sensory/self-stim

