|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Antecedent**  Description of the activity and conditions present just prior to the behavior | | **Behavior**  Duration of tantrum/self-injurious behaviors | **Consequence/Response**  (What is done in response to the behavior & what resolved the behavior; specify what was attempted and it’s impact) | |
| **Intervention** | **Response** |
| **Location** | **Other factors** |
| Classroom | Wheelchair | Duration:  Date:  Time: | Music |  |
| Hallway | Braces | Go for a walk/leave room |  |
| Special Area | On the floor | Remove braces |  |
|  | Excessive noise | Remove from chair |  |
| Other: | Quiet environment |  |
| Physical need/burping/gas |  |
| Other: |  |
| Other: |  |
| Classroom | Wheelchair | Duration:  Date:  Time:: | Music |  |
| Hallway | Braces | Go for a walk/leave room |  |
| Special Area | On the floor | Remove braces |  |
|  | Excessive noise | Remove from chair |  |
| Other: | Quiet environment |  |
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| Other: |  |
| Other: |  |
| Classroom | Wheelchair | Duration:  Date:  Time: | Music |  |
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| Other: |  |
| Other: |  |