

Care Team ABC Recording Form

Site: _____ Teacher/Assistant Names: _____ Child's DOB: _____ Child's Initials _____

A-antecedent	B-behavior	C-consequences
What specific activity or event happened <i>before</i> the behavior?	What specifically did the child <i>do</i> or <i>say</i> ?	What happened <i>after</i> or as a result of the behavior?

Date	Time	Observer	Antecedent	Behavior	Consequences	Comments/suggestions

Teacher Signature: _____ Director Signature: _____ Date: _____

You may use additional pages as necessary.

Please document the frequency of the behavior(s):

Does your center have policies and procedures on how to handle this behavior? If so, please note what the policy is and how you have complied with these expectations:

Please document all parent/teacher conferences and/ or conversations you have had concerning this behavior. When did it take place, what was said, what action has been taken by the parent, etc.

*When all of these items are complete, please be sure to keep the originals at your location and send a copy to the CARE Team at the Cabarrus Partnership for Children.

You may scan and email it to: cabarruscountycareteam@gmail.com

You may fax it to: 704-934-0029

You may mail it to: PO Box 87, Kannapolis, NC 28082