

Functional Assessment Form (Including Setting Event)

A-B-C Observation Form

Date: _____

Student: _____

Behaviour: _____

Observer: _____

Location & Time	Behaviour Duration	Setting Event *	Antecedent (What happened prior to the behaviour)	Behaviour (Describe)	Consequence (What happened after the behaviour)	Perceived Function

***Setting Event:** e.g. Regular teacher out, substitute teacher covering.