



Planning Worksheet

Learner's Name: _____ **Date/Time:** _____

Observer(s): _____

Interfering Behavior: _____

Directions: Complete this checklist to determine if this is an appropriate practice to use with the learner on the spectrum as well as if ABI is ready to be implemented.

IDENTIFY FEATURES OF THE BEHAVIOR:

1. Where does the behavior occur?
2. With whom does the behavior occur?
3. When does the behavior occur?
4. During what activities does the behavior occur?

IDENTIFY FEATURES OF THE ENVIRONMENT:

5. What are other students/peers doing when the behavior occurs?
6. What is the proximity of other students, teachers, and/or adults when the behavior occurs?
7. Number of individuals in the area:
8. Other environmental conditions:





DETERMINE THE FUNCTION OF THE BEHAVIOR:

9. To get or obtain:

- ☐ Attention
- ☐ Food
- ☐ Toys
- ☐ Hugs
- ☐ Sensory stimulation
- ☐ Other: _____

To escape or avoid:

- ☐ Attention
- ☐ Difficult task/activity
- ☐ Undesirable activity
- ☐ Social stimulation
- ☐ Sensory stimulation
- ☐ Other: _____

IDENTIFY FEATURES OF THE ENVIRONMENT:

10. Antecedents & Consequences:

11. Interfering behavior:

12. Function of behavior:

13. Hypothesis statement:

DETERMINE OVERALL GOAL FOR ABI:

14. Determine overall goal for ABI: