



PTR-YC Functional Behavioral Assessment Checklist: Prevent

Challenging behavior: _____ Person responding: _____ Child: _____

1. Are there times of the day when challenging behavior is most likely to occur? If yes, what are they?				
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> Before meals <input type="checkbox"/> Evening	<input type="checkbox"/> During meals <input type="checkbox"/> Naptime	<input type="checkbox"/> After meals	<input type="checkbox"/> Preparing meals
Other: _____				
2. Are there times of the day when challenging behavior is least likely to occur? If yes, what are they?				
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> Before meals <input type="checkbox"/> Evening	<input type="checkbox"/> During meals <input type="checkbox"/> Naptime	<input type="checkbox"/> After meals	<input type="checkbox"/> Preparing meals
Other: _____				
3. Are there specific activities when challenging behavior is very likely to occur? If yes, what are they?				
<input type="checkbox"/> Arrival <input type="checkbox"/> Dismissal <input type="checkbox"/> Large-group times <input type="checkbox"/> Small-group times	<input type="checkbox"/> Naptime <input type="checkbox"/> Toileting/diapering <input type="checkbox"/> Special event (specify) _____	<input type="checkbox"/> Peer interactions <input type="checkbox"/> Centers/free play <input type="checkbox"/> Meals	<input type="checkbox"/> Snack <input type="checkbox"/> Transitions (specify) _____	
Other: _____				
4. Are there specific activities when challenging behavior is least likely to occur? What are they?				
<input type="checkbox"/> Arrival <input type="checkbox"/> Dismissal <input type="checkbox"/> Large-group times <input type="checkbox"/> Small-group times	<input type="checkbox"/> Naptime <input type="checkbox"/> Toileting/diapering <input type="checkbox"/> Special event (specify) _____	<input type="checkbox"/> Peer interactions <input type="checkbox"/> Centers/free play <input type="checkbox"/> Meals	<input type="checkbox"/> Snack <input type="checkbox"/> Transitions (specify) _____	
Other: _____				
5. Are there other children or adults whose proximity is associated with a high likelihood of challenging behavior? If so, who are they?				
<input type="checkbox"/> Siblings <input type="checkbox"/> Family member(s) <input type="checkbox"/> Care provider(s) <input type="checkbox"/> Other adults	Specify: _____ Specify: _____ Specify: _____ Specify: _____	<input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Other children (specify) _____		
Other: _____				
6. Are there other children or adults whose proximity is associated with a low likelihood of challenging behavior? If so, who are they?				
<input type="checkbox"/> Siblings <input type="checkbox"/> Family member(s) <input type="checkbox"/> Care provider(s) <input type="checkbox"/> Other adults	Specify: _____ Specify: _____ Specify: _____ Specify: _____	<input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Other children (specify) _____		
Other: _____				



PTR-YC Functional Behavioral Assessment Checklist: Prevent (continued)

7. Are there specific circumstances that are associated with a high likelihood of challenging behavior?			
<input type="checkbox"/> Asked to do something <input type="checkbox"/> Given a direction <input type="checkbox"/> Reprimand or correction <input type="checkbox"/> Being told "no" <input type="checkbox"/> Sitting near specific peer <input type="checkbox"/> Change in schedule <input type="checkbox"/> Getting peer/adult attention	<input type="checkbox"/> Seated for meal <input type="checkbox"/> Playing with others <input type="checkbox"/> Sharing <input type="checkbox"/> Taking turns <input type="checkbox"/> Playing by self <input type="checkbox"/> Novel/new task <input type="checkbox"/> One-to-one time with adult	<input type="checkbox"/> Transition <input type="checkbox"/> End of preferred activity <input type="checkbox"/> Removal of preferred item <input type="checkbox"/> Beginning of non-preferred activity <input type="checkbox"/> Activity becomes too long	<input type="checkbox"/> Structured time <input type="checkbox"/> Unstructured time <input type="checkbox"/> Down time (no task specified) <input type="checkbox"/> Teacher is attending to someone else <input type="checkbox"/> During a non-preferred activity
Other: _____			
8. Are there conditions in the physical environment that are associated with a high likelihood of challenging behavior (e.g., too warm, too cold, too crowded, too much noise, too chaotic, weather conditions).			
<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No			
9. Are there circumstances that occur on some days and not other days that may make challenging behavior more likely?			
<input type="checkbox"/> Illness <input type="checkbox"/> Allergies <input type="checkbox"/> Physical condition <input type="checkbox"/> Change in diet	<input type="checkbox"/> No medication <input type="checkbox"/> Change in medication <input type="checkbox"/> Hunger <input type="checkbox"/> Parties or social event	<input type="checkbox"/> Change in caregiver <input type="checkbox"/> Fatigue <input type="checkbox"/> Change in routine <input type="checkbox"/> Parent not home	<input type="checkbox"/> Home conflict <input type="checkbox"/> Sleep deprivation <input type="checkbox"/> Stayed with noncustodial parent
Other: _____			
Additional comments not addressed.			