

Setting Events Checklist

Student: _____		Respondent: _____		
Behavior Interest: _____		Date: _____		
Instructions: The list below includes events that could possibly increase the likelihood of problem behavior occurring. If an event contributes to the student's behavior, check the appropriate column to indicate when the event occurs in relation to when it contributes to the problem behavior. For longstanding influences, note only those that contribute to the current incident or behavior.				
SETTING EVENT (by type)	Same Day	Day Before	Within Week	Long Standing
Physical				
Meal time change or meal missed				
Sleep pattern (including duration) atypical				
Medications changed or missed				
Appeared or complained of illness				
Appeared or complained of pain or discomfort				
Allergy Symptoms				
Seizure				
Chronic health condition				
Other (specify):				
Learning and self-regulation				
Specific disability (specify):				
Learning difficulties (specify):				
Low frustration tolerance/impulsive				
Short attention span				
Poor organizational or planning skills				
Anger management problems				
Atypical sensory needs				
Other (specify):				
Social-Emotional				
Anxious				
Irritable or agitated				
Depressed, sad, or blue				
Experienced disappointment (specify):				
Refused a desired object or activity				
Disciplined or reprimanded, especially if atypical				
Fought, argued, or had other negative interaction				
Difficulty with peer(s) (specify):				
Changes in living environment (specify):				
Other (specify):				

SETTING EVENT (by type)	Same Day	Day Before	Within Week	Long Standing
Environment and routines				
Routine was altered; change in activity or order				
Routine was disrupted				
Change in caregiver or teacher				
Absence of preferred caregiver or teacher				
Was 'made' to do something				
Change in school placement (specify):				
Changes in living placement (specify):				
Other (specify):				

Common Setting Events associated with Problem Behavior: Check any that contribute to the problem behavior identified above.

Environmental

- | | |
|---|--|
| <input type="checkbox"/> Crowded conditions | <input type="checkbox"/> Group instruction |
| <input type="checkbox"/> Barren environment | <input type="checkbox"/> Independent seat work |
| <input type="checkbox"/> Noise level | <input type="checkbox"/> Curriculum |
| <input type="checkbox"/> Heat/cold | <input type="checkbox"/> Being late for school |
| <input type="checkbox"/> Time of day | <input type="checkbox"/> Staffing patterns |
| <input type="checkbox"/> Music | <input type="checkbox"/> Moving to a new school/home |
| <input type="checkbox"/> Physical layout of environment | <input type="checkbox"/> Transitions |

Social

- | | |
|---|--|
| <input type="checkbox"/> Major life changes | <input type="checkbox"/> Certain individuals |
| <input type="checkbox"/> Fight with peers | <input type="checkbox"/> Losing a game |
| <input type="checkbox"/> Negative social interactions | <input type="checkbox"/> Loss of a loved one |
| <input type="checkbox"/> Family divorce/discord | <input type="checkbox"/> Change in teacher |

Physiological

- ☐ Not enough exercise
- ☐ Agitation due to emotions or physiological conditions (menses, medication change, medication side effects)
- ☐ Sleep disturbances
- ☐ Pain
- ☐ Allergies
- ☐ Infections
- ☐ Constipation
- ☐ Hunger/thirst
- ☐ Illness
- ☐ Mental illness
- ☐ Hypothyroidism
- ☐ Injury