

**Positive Strategies
Setting Events Checklist**

Student: _____	Date: _____
Behavior: _____	Location: _____
	Time: _____

Instructions: Check the appropriate column for events according to their time frame. For longstanding influences, note only those that contribute to the current incident or behavior.	Timeframe in relation to problem behavior			Long- Standing
	Same day	Day before	Within week	
Setting Events (by type)				
Physical				
Meal time changed or meal missed				
Sleep pattern (including duration) atypical or insufficient				
Medications changed or missed				
Medication side effects				
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(s)				
Difficulty with peer(s) (specify):				
Chronic/acute stress in home or community (specify):				
Other (specify):				
Environment and routines				
Routine was altered; change in activity, order, pacing				
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 environment (specify):				
Other (specify):				