

SETTING EVENT CHECKLIST

The following checklist has been adapted for students with severe multiple disabilities, from www.udel.edu/cds/pbs/downloads/pbs_settingeventlist.doc

Check any of the following events that occurred last evening (PM) or this morning prior to work/school (AM). Briefly describe items that are checked.

	AM	PM
Was informed of something unusually disappointing	_____	_____
Was refused some requested object/activity	_____	_____
Fought, argued, or had other negative interactions	_____	_____
Was disciplined/reprimanded (behavior or disciplinary action was atypical)	_____	_____
Was hurried or rushed more than usual	_____	_____
Sleep pattern (including duration) was unusual	_____	_____
Was under the care of someone new/favorite caretaker was absent	_____	_____
Experienced other major changes in living environment	_____	_____
Learned about visit/vacation with friends/family (will or will not occur)	_____	_____
Visitors arrived/failed to arrive	_____	_____
Medications were changed/missed	_____	_____
Has menstrual period	_____	_____
Appeared excessively tired/lethargic	_____	_____
Appeared excessively agitated	_____	_____
Appeared in a bad mood	_____	_____
Appeared/complained of being ill	_____	_____
Other (_____)	_____	_____