

Establishing Operations Checklist

Student: _____ **Date:** _____

Name of Rater: _____

Description of problem behavior: _____

Instructions: Consider the events listed below. Does the occurrence of these factors or events increase the likelihood of the problem behavior (listed above) occurring? If so check the “Possibly Related,” or “Definitely Related” box as appropriate. If the event does not appear to have an effect on the problem behavior, check the “No Relationship” box. If the item is not applicable to this child then write “N/A.”

Variable	Relationship to Problem Behavior		
	No Relationship	Possibly Related	Definitely Related
Places			
Changes in the classroom environment.			
Changes in the school environment (outside of the classroom).			
Changes in the home environment.			
Changes in the neighborhood.			
People			
Presence or absence of specific people (adults and/or children) at home.			
Presence or absence of specific people (adults and/or children) at school			
Peer interactions at school (e.g., praised or teased)			
Peer interactions away from school (e.g., praised or teased)			
Adult interactions at school (e.g., praised or disciplined)			
Adult interactions away from school (e.g., praised or disciplined)			
Behavior of others (e.g., level of assistance, attention, directions, misbehavior of classmates)			
Tasks			
Curriculum (e.g., changes, level of difficulty, amount of work)			
Activities (e.g., level of structure, self-help, motor, small group, novelty, predictability, choice, preference)			

Variable	Relationship to Problem Behavior		
	No Relationship	Possibly Related	Definitely Related
Scheduling/Routines			
Changes in eating routines and/or diet (e.g., amount, timing, type)			
Changes in school or classroom routine.			
Changes in exercise routines (e.g., sports involvement, PE class)			
Changes in sleep routines (e.g., amount, schedule)			
Time of day (e.g., more likely to occur during the morning vs. afternoon)			
Physical			
Health conditions (e.g., allergies, asthma, inner ear infection, injury)			
Activity level (e.g., increases or decreases, type)			
Medications (e.g., changes in amount or type, missed, nonprescription, caffeine)			
Sensory stimulation (e.g., auditory, visual, tactile, odor)			
Emotional			
Emotional state (e.g., anger, frustration, excitement)			
Crisis Event			
Special occasion (e.g., birthday, holiday)			
Communication			
Difficulty understanding direction (e.g., hearing aid broken)			
Inability to express needs (e.g., communication devices unavailable).			
Other			
Other event (Please List anything not included above):			
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Note. (a) Adapted from Gardner et al. (1986) and Luiselli (1998).