Frequency Record/Graph

Client: _____ Caregiver/Staff: _____ Location: _____

Behavior of Concern: _____

Number of times behavior occurred (X out as they occur)																				
	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13
	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dates																				