

Free tools for BCBAs

11 sheets from Bloom Autism Support. Each one is also its own page at bloomautismsupport.com/freetools. Free to print and share. Please don't sell it.

First-Then Board	2
What Happened Log	4
Why Does This Happen? Parent Questions	5
Count and Time Tally	6
Time-of-Day Chart	7
What Motivates My Child	8
Home Behavior Plan	9
Parent Training Log	10
Token Board	11
Potty Log	13
Daylight Saving Bedtime Shift	14

First-Then Board

Write, draw or tape a picture in each box.

First

Then



Add this to your child's Bloom Autism Support: snap a photo and send it to your child's Bloom Autism Support email address.

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Now / Next / Later

Two strips. Cut along the dashed line.

Now

Next

Later

cut here

Now

Next

Later



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What Happened Log

Write it down soon after. One row each time.

CHILD

WEEK OF

WHEN
day and time

WHERE

BEFORE
what was going on

WHAT MY CHILD DID

AFTER
what happened right after

WHAT I NOTICE



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Why Does This Happen?

Questions to think through one hard behavior. There are no right answers.

CHILD

DATE

1. What does it look like? Describe it in plain words.

2. When does it happen most? Tick all that fit.

- | | |
|---|--|
| ☐ Mornings | ☐ Stopping something fun |
| ☐ Asked to do something hard | ☐ Told no or asked to wait |
| ☐ Busy or loud places | ☐ Tired, hungry or not feeling well |
| ☐ When I am busy with something else | ☐ Alone with nothing to do |

3. What usually happens just before?

4. What usually happens right after? Tick all that fit.

- ☐ Someone comes over or talks to my child
- ☐ My child gets out of doing something
- ☐ My child gets something they wanted (a toy, a snack, a screen)
- ☐ It seems to feel good or calm my child down

Something else:

5. When does it almost never happen?

6. What helps, even a little?

7. What would you like your child to do instead?

8. Questions for my child's BCBA or team



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Count and Time Tally

How often it happens, and how long it lasts.

CHILD

WEEK OF

WHAT I'M COUNTING

How many times

Make a mark each time it happens.

	MORNING	AFTERNOON	EVENING	TOTAL
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

How long it lasted

Write when it started and stopped, then the minutes.

DAY	STARTED	STOPPED	MINUTES	WHAT HELPED IT END
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WHAT I NOTICE



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Time-of-Day Chart

Tick the box for each hour it happened. Leave it blank if it did not.

CHILD

WEEK OF

WHAT I'M WATCHING FOR

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
6 am	☐	☐	☐	☐	☐	☐	☐
7 am	☐	☐	☐	☐	☐	☐	☐
8 am	☐	☐	☐	☐	☐	☐	☐
9 am	☐	☐	☐	☐	☐	☐	☐
10 am	☐	☐	☐	☐	☐	☐	☐
11 am	☐	☐	☐	☐	☐	☐	☐
12 pm	☐	☐	☐	☐	☐	☐	☐
1 pm	☐	☐	☐	☐	☐	☐	☐
2 pm	☐	☐	☐	☐	☐	☐	☐
3 pm	☐	☐	☐	☐	☐	☐	☐
4 pm	☐	☐	☐	☐	☐	☐	☐
5 pm	☐	☐	☐	☐	☐	☐	☐
6 pm	☐	☐	☐	☐	☐	☐	☐
7 pm	☐	☐	☐	☐	☐	☐	☐
8 pm	☐	☐	☐	☐	☐	☐	☐
9 pm	☐	☐	☐	☐	☐	☐	☐

THE BUSIEST TIMES

WHAT I NOTICE



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What Motivates My Child

What your child loves right now. Use it as the "then", or just to connect.

CHILD

DATE

FOODS AND DRINKS

TOYS AND THINGS TO HOLD

SHOWS, GAMES AND MUSIC

PEOPLE: WHAT MY CHILD LIKES FROM OTHERS

MOVING AND PLACES

THINGS TO DO ALONE

TOP 3 RIGHT NOW

1. _____ 2. _____ 3. _____

THINGS MY CHILD DOES NOT LIKE

NOTES



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Home Behavior Plan

Before, during and after: what we all do at home.

Fill this in with your child's BCBA.

CHILD

MADE WITH

DATE

THE BEHAVIOR: WHAT IT LOOKS LIKE

WHAT WE'D LIKE INSTEAD

Before

What we do to help it not happen

During

What we do while it is happening

After

What we do once things are calm, and how we praise the new skill

IF SOMEONE COULD GET HURT, WE:

GOAL WE'RE WORKING ON

Parent signature

Date



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Parent Training Log

My sessions with my child's BCBA, and what I practice at home.

CHILD

1 Date _____ With _____

We worked on _____

I'll practice at home _____

At home it went ☐ Easy ☐ OK ☐ Hard Questions for next time _____

2 Date _____ With _____

We worked on _____

I'll practice at home _____

At home it went ☐ Easy ☐ OK ☐ Hard Questions for next time _____

3 Date _____ With _____

We worked on _____

I'll practice at home _____

At home it went ☐ Easy ☐ OK ☐ Hard Questions for next time _____

4 Date _____ With _____

We worked on _____

I'll practice at home _____

At home it went ☐ Easy ☐ OK ☐ Hard Questions for next time _____

5 Date _____ With _____

We worked on _____

I'll practice at home _____

At home it went ☐ Easy ☐ OK ☐ Hard Questions for next time _____



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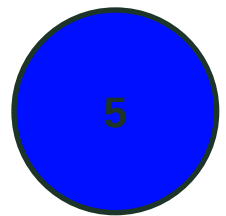
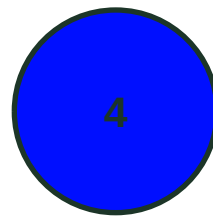
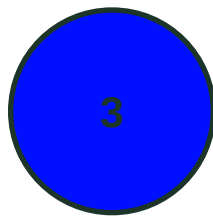
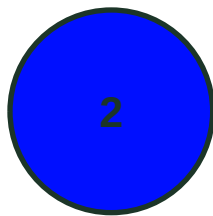
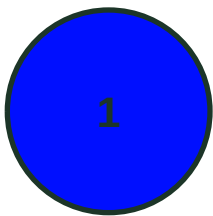
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Token Board

NAME _____

I EARN A TOKEN WHEN _____

I'm working for



All five full? I get it!



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My Goal Tracker

Ten boxes. When they are all checked, the reward is yours.

MY GOAL

I CHECK A BOX EACH TIME

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
6 ☐	7 ☐	8 ☐	9 ☐	10 ☐

WHEN ALL 10 ARE CHECKED, I GET

STARTED

FINISHED

NOTES



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Potty Log

One day. A row each try.

CHILD

DATE

WE TRY EVERY

FOR TRYING, MY CHILD GETS

TIME	Sat	Pee	Poop	Dry before	Accident	NOTE
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
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	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	

WHAT I NOTICE



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Daylight Saving Bedtime Shift

Clocks go back one hour on Sunday, November 1, 2026, at 2:00 AM.

HOW IT WORKS

Starting Wednesday, put your child to bed 15 minutes later each night. By Saturday, bedtime is one hour later. On Sunday the clock goes back, so your usual bedtime feels the same as Saturday did. Keep it steady all week. Go slower if you need to.

USUAL BEDTIME

USUAL WAKE-UP

NIGHT	BEDTIME PLAN	ASLEEP AT	WOKE AT	Easy	OK	Hard
Sun, Oct 25	Usual bedtime			☐	☐	☐
Mon, Oct 26	Usual bedtime			☐	☐	☐
Tue, Oct 27	Usual bedtime			☐	☐	☐
Wed, Oct 28	15 min after usual			☐	☐	☐
Thu, Oct 29	30 min after usual			☐	☐	☐
Fri, Oct 30	45 min after usual			☐	☐	☐
Sat, Oct 31	1 hour after usual			☐	☐	☐
Saturday night: clocks go back one hour at 2:00 AM						
Sun, Nov 1	Usual bedtime, new clock			☐	☐	☐
Mon, Nov 2	Usual bedtime			☐	☐	☐
Tue, Nov 3	Usual bedtime			☐	☐	☐
Wed, Nov 4	Usual bedtime			☐	☐	☐
Thu, Nov 5	Usual bedtime			☐	☐	☐
Fri, Nov 6	Usual bedtime			☐	☐	☐
Sat, Nov 7	Usual bedtime			☐	☐	☐

WHAT HELPED