

FUNCTIONAL BEHAVIOR ASSESSMENT

Student Name: _____ Date: _____

School: _____ Grade: ___ Age: ___ Gender: _____

Area(s) of exceptionality: _____

A **Functional Behavior Assessment** (FBA) is done when a student's behavior interferes with his or her learning or the learning of others. Its purpose is to identify why a behavior is happening so that the IEP team can develop appropriate interventions.

1. SOURCES OF INFORMATION ✓**Check** sources to be used; **Circle E** if reviewing **existing** data, **Circle N** if **new** data is needed*

- | | |
|--|---|
| _____ E N Anecdotal information provided by parents | _____ E N Parent interviews |
| _____ E N Diagnostic evaluation(s) done by
by the district/public agency | _____ E N Diagnostic evaluation(s)
done by outside agency |
| _____ E N Classroom/school observation(s) | _____ E N Student interview |
| _____ E N Interview with other professionals | _____ E N Teacher interview(s) |
| _____ E N Behavior Rating Scales | _____ E N Discipline records |
| _____ E N IEP(s) | _____ E N Attendance records |
| _____ E N (other) _____ | |
| _____ E N (other) _____ | |

Note: Parent consent is required for any evaluation or reevaluation. If the FBA team seeks more than what already exists in records (new observations, interviews, etc.) then consent is required.

2. IDENTIFIED PROBLEM BEHAVIOR (what the student is doing or not doing)

State setting, frequency, duration, intensity, and severity.

A) Observed and/or reported by School staff Parents Other _____

B) Observed and/or reported by School staff Parents Other _____

C) Observed and/or reported by School staff Parents Other _____

3. EVENTS THAT TYPICALLY PRECEDE THE PROBLEM BEHAVIOR (school setting)

Check all that apply, then describe:

- | | | |
|---|--|---|
| <input type="checkbox"/> <i>directive or request from authority</i> | <input type="checkbox"/> <i>provocation from peers</i> | <input type="checkbox"/> <i>academic activity</i> |
| <input type="checkbox"/> <i>unstructured setting</i> | <input type="checkbox"/> <i>transition time</i> | <input type="checkbox"/> <i>certain time of day</i> |
| <input type="checkbox"/> <i>no obvious circumstance</i> | <input type="checkbox"/> <i>other</i> | |

4. EVENTS THAT TYPICALLY FOLLOW THE PROBLEM BEHAVIOR (school setting)

Check all that apply, then describe:

- | | | |
|--|---|---|
| <input type="checkbox"/> <i>behavior is socially reinforced by peers</i> | <input type="checkbox"/> <i>receives attention</i> | <input type="checkbox"/> <i>gets corrective feedback</i> |
| <input type="checkbox"/> <i>is removed from the setting</i> | <input type="checkbox"/> <i>privileges are withheld</i> | <input type="checkbox"/> <i>gets negative consequence</i> |
| <input type="checkbox"/> <i>no consequences or behavior is ignored</i> | <input type="checkbox"/> <i>no obvious consistency</i> | <input type="checkbox"/> <i>other</i> |

5. EFFECTIVENESS OF INTERVENTIONS ON BEHAVIOR

Describe what **positive reinforcers** have been tried and rate their level of effectiveness from 0-5, with 5 being very effective and 0 being completely ineffective. *Example: special activities (4); compliments (1)*

Describe what **consequences** have been tried and rate their level of effectiveness from 0-5, with 5 being very effective and 0 being completely ineffective. *Example: losing privileges (2); call to parents (4)*

6. ANALYSIS AND RECOMMENDATION

A) The presumed **function** or explanation of this behavior is

to get _____

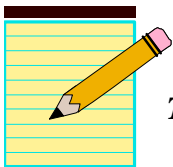
- to escape _____, or
- to control _____

B) The target behavior may be linked to a **skill deficit** in the following areas: _____

C) The target behavior may be linked to a **performance deficit** in the following areas: _____

D) Next Steps:

- The student's behavior patterns may require instructional modifications or accommodations only.*
- The student's behavior patterns suggest that a Behavioral Intervention Plan is warranted.*
- Existing data is insufficient for a complete functional assessment. Follow-up/additional data is needed as follows:* _____



The following person(s) conducted this Functional Behavior Assessment:

Signature	Title	Date
Signature	Title	Date
Signature	Title	Date

