

(District Name)

**FUNCTIONAL BEHAVIOR ASSESSMENT**

Date(s): \_\_\_\_\_

Student's Full Name:		SSID:	
Date of Birth:		Grade:	
School:	Disability:		
Person(s) developing FBA:			

**SECTION A. Using the questions below, identify strengths and/or preferences of student:**

Guiding Questions	Student's Strengths and/or Preferences
1. What does the student like to do or enjoy doing? What does the student like to talk about, read about, draw about, write about, play with?	
2. What are the student's learning preferences?	
3. Where, when, with whom is the student successful?	
4. Who are important people in the student's life in and out of school?	
5. Has anything happened at home that could impact the student in the school environment?	
6. What consequences (positive or negative) have worked to increase positive behavior (include length of time implemented)?	
7. What tangibles/rewards have been effectively used in the past to work with the student?	

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**SECTION B. Complete this section for each target behavior/behavior of concern (UP TO THREE):**

1. What does the target behavior/behavior of concern look like? Describe specific actions, sounds and emotions of the student so that an unfamiliar observer can recognize the behavior (e.g., "Johnny will tear up the paper, throw his pencil, and scream.").

2. What data supports and describes the target behavior/behavior of concern? Check each data collection tool utilized and attach copies of the data documentation.

Indirect Assessment	Direct Assessment	Archival Record Review
<input type="checkbox"/> Behavior Screening Tool(s):	<input type="checkbox"/> ABC Analysis	<input type="checkbox"/> Discipline Referrals
<input type="checkbox"/> Interview(s):	<input type="checkbox"/> Scatterplot	<input type="checkbox"/> Progress Monitoring Data
<input type="checkbox"/> Questionnaire(s):	<input type="checkbox"/> Other observation data:	<input type="checkbox"/> Behavior Rating Scale(s):
<input type="checkbox"/> Other:	<input type="checkbox"/> Other observation data::	<input type="checkbox"/> Other:

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3. Is the data sufficient to analyze the target behavior/behavior of concern?

- Yes. The meeting may proceed to review the information.
- No. If sufficient information is **not** available, determine the information to be collected, and identify a date to reconvene the meeting for review of the information (complete below).

Data to collect	Month/Year to reconvene
1.	
2.	
3.	
4.	

4. Summarize the results of any previous interventions for the target behavior/behavior of concern (Documentation of progress data must be attached. If no data attached, the impact on Target Behavior/Behavior of Concern cannot be considered).

Strategies/Interventions	Start Date	End Date	Impact on Target Behavior/Behavior of Concern

**SECTION C. Complete this section for each target behavior/behavior of concern (UP TO THREE):**

Target Behavior/Behavior of Concern: \_\_\_\_\_

**Antecedent Condition or Setting of the Event:** Describe the setting, time, triggers or other events/situations that usually occur immediately before the behavior (e.g., transition, peer/adult interaction, introduction of work, non-preferred activity, direction given).

1. When and where does the target behavior/behavior of concern most often occur:
2. When and where does the target behavior/behavior of concern <u>rarely or never</u> occur:
3. In what types of activities does the target behavior/behavior of concern most often occur:
4. In what types of activities does the target behavior/behavior of concern <u>rarely or never</u> occur:

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5. Who is typically present when target behavior/behavior of concern occurs:
6. Who is typically present when target behavior/behavior of concern <u>rarely or never</u> occurs:
7. Other potential contributing factors: e.g., medical, cognitive, academic, out-of-school stressors, cultural, communication:

**BEHAVIOR:** In order to arrive at a reliable definition that can be observed and measured, answer the relevant questions:

1. **Duration:** How long does the target behavior/behavior of concern last when it occurs? Using previously collected data, state how many seconds, minutes, or periods the behavior lasts? Be specific.

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2. **Latency:** What is the length of time between request for appropriate behavior and when the student begins to respond correctly? Using previously collected data, state how many seconds, minutes, or periods?

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3. **Frequency:** How often does it occur? Indicate the rate of occurrence. \_\_\_\_\_ times per \_\_\_\_\_ (e.g., 3-4 times an hour.)

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4. **Intensity:** How damaging or destructive is the target behavior/behavior of concern? Check only one.

Mild	
<input type="checkbox"/>	a. Effects of the behavior are confined only to the observed student (e.g., refusal to follow directions, scowling, crossing arms, pouting, or muttering under breath).
<input type="checkbox"/>	b. Behavior disrupts others in the student's immediate area (e.g., slamming objects, dropping books, name calling, calling out, using inappropriate language, roaming area, or getting under desk).
Moderate	
<input type="checkbox"/>	c. Behavior disrupts everyone in the classroom; instruction has stopped due to behavior (e.g., throwing objects, yelling, open defiance of teacher directions, leaving the classroom disruptively, throwing self on floor in a tantrum, undressing, inappropriately touching peers, or getting into other's materials).
<input type="checkbox"/>	d. Behavior disrupts other classrooms or common areas of the school (e.g., throwing objects, yelling, open defiance of adults, leaving school, pulling fire alarm, running into other classrooms, inappropriately touching others in the hallway, or slamming locker or other doors).
Severe	
<input type="checkbox"/>	e. Behavior causes or threatens to cause physical injury to student or others (e.g., display of weapons, assault which results in serious bodily injury, self-abuse, throwing furniture).

**CONSEQUENCES:** What happens immediately following the target behavior/behavior of concern? (e.g., gains peer attention, escape work)

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**RESULTS OF THE FBA**

**Target Behavior(s)/Behavior(s) of Concern:** Use information from sections A, B, & C to complete this section. To determine function (access /gain or escape/avoid), a variety of data collection methods must be used. The collected data should be triangulated with at least three data sources to verify hypothesis.

<b>Target Behavior/Behavior of Concern 1:</b> _____ <b>Hypothesis Regarding Function of Behavior 1:</b> During or when _____ <span style="margin-left: 400px;">(antecedent)</span> the student _____ <span style="margin-left: 100px;">(behavior)</span> to _____ <span style="margin-left: 100px;">(access/gain or escape/avoid)</span>
<b>Target Behavior/Behavior of Concern 2:</b> _____ <b>Hypothesis Regarding Function of Behavior 2:</b> During or when _____ <span style="margin-left: 400px;">(antecedent)</span> the student _____ <span style="margin-left: 100px;">(behavior)</span> to _____ <span style="margin-left: 100px;">(access/gain or escape/avoid)</span>
<b>Target Behavior/Behavior of Concern 3:</b> _____ <b>Hypothesis Regarding Function of Behavior 3:</b> During or when _____ <span style="margin-left: 400px;">(antecedent)</span> the student _____ <span style="margin-left: 100px;">(behavior)</span> to _____ <span style="margin-left: 100px;">(access/gain or escape/avoid)</span>

**Need for behavioral intervention:** Based on the gathered information. Please respond to the following:

Do the results of the FBA indicate a need for a Behavior Intervention Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes:</b>		
Existing Behavior Plan will be used	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Date Developed: _____
Existing Behavior Plan will be revised	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New Behavior Plan will be developed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If no:</b> Include appropriate strategies, such as positive behavioral interventions and supports in the IEP.		