



## FUNCTIONAL BEHAVIOR ASSESSMENT

<b>Student Name:</b>	<b>Grade:</b>
<b>School:</b>	<b>Date completed:</b>

<b>Participants in developing plan:</b>	
School Administrator:	School Psychologist:
Parent/Guardian:	Student:
General Education Teacher:	Special Education Teacher:
Behavioral Consultant:	School Nurse:
School Counselor:	Other:
<b>Person completing report:</b>	

<b>Sources of Information Employed for this Functional Assessment</b>
<input type="checkbox"/> Parent Interview <input type="checkbox"/> Teacher Interview <input type="checkbox"/> Student Interview <input type="checkbox"/> Observations <input type="checkbox"/> Other data (please indicate:

### FUNCTIONAL ASSESSMENT

1. **Provide a description of the target behavior of concern including data on intensity, frequency, and duration of the behavior.** (*Operational definition of behavior: specific, observable, and measurable.*)

<b>Behavior</b> Actions the child is exhibiting.	<b>Frequen cy</b> How many times per hour/day on average?	<b>Duration</b> How long does it last?	<b>Severity</b> 1 = not severe 5 = average 10 = most difficult	<b>Skill Deficit</b> He/she doesn't know how to behave appropriately. OR <b>Performance Deficit</b> He/she knows how, but isn't performing appropriately.
<b>Example 1:</b> <u>Aggression</u> - Hits, kicks, punches, pushes adults and kids, especially smaller kids.	About 3x per day	NA	8	Performance
<b>Example 2:</b> <u>Elopement</u> – student exits his desk or assigned work area without first seeking and obtaining teacher/adult	About 1x per hour	About 5 minutes	6	Skill

permission. He may or may not exit the classroom.				
<b>Define behavior:</b>				

2. **What is the presumed purpose/function of this behavior (e.g., escape or avoidance, peer affiliation, teacher attention, power/control)? Indicate the sources of information that support the identified function. (e.g. avoidance, peer affiliation, attention, power/control, etc.)**
3. **What basic need is being met by this behavior?**
4. **A description of the setting in which the behavior occur (e.g., physical setting, time of day, persons involved).**
5. **Described the observed antecedents appear to serve as the trigger for the behavior.**
6. **What are the common consequences that result following the display of this behavior that may maintain the student's behavior?**
7. **Describe any other environmental conditions that may affect the behavior (e.g., medication, medical conditions, lack of sleep, diet, temperature, crowding, social factors).**
8. **A description of environmental modifications and behavioral interventions previously attempted.**
9. **What strengths does the student have that could be used to help with this behavior?**

## BEHAVIOR INTERVENTION PLAN

1. **Target Behavior** (provide the operational definition used in the Functional behavioral Assessment):
2. **Function of the Target Behavior** (as determined by the Functional Behavioral Assessment):
3. **Student Strengths or Abilities** (to be used to support the alternate or replacement behavior):
4. **Alternative or Replacement Behavior(s)**: What behavior(s) have been selected to teach and/or reinforce that meet the same function or need identified in the FBA?
5. **Changes or supports needed in the environment or social context to facilitate the display of the desired alternate/replacement behavior** (This might include changing the level or method of instruction, changing specific teacher behavior, providing sensory diet breaks, increased use of technology, re-teaching expected behaviors, etc.):
6. **Reinforcement to be provided to the desired alternative/replacement behavior**: How will desired behavior be taught and reinforced in the social context when displayed?
7. **Consequence to be implemented for the undesired target behavior**: What consequences will be implemented should the student display the undesired target behavior? (Consequence could be disciplinary, restorative or re-teaching desired behavior, etc.)
8. **Crisis contingency plan (e.g., time out, suspension, etc) anticipated**:
9. **How will this behavior intervention be monitored?** (Specify the methods and timing of efforts to ensure the fidelity of plan implementation.)
10. **What data will be collected to monitor the effectiveness of the behavior intervention? How often will these data be collected?** (Please attach or upload data collection form)
11. **How will this plan be shared with the parents/guardians of the student?**
12. **What provisions have been made to support generalization of behavior change to the home and community?**

**13. Select intervention/strategies**

Intervention/Strategies (include location/class)	Person responsible to implement strategy	Person responsible to collect data	Strategy timeline (How long will the strategy be implemented?)	How often will data be collected	Review Date(s)	Evaluation Decision(s) • Monitor • Modify • Discontinue

**Appendix A:**  
**Roles and Responsibilities**  
**for**  
**Conducting Functional Behavior Assessment (FBA)**  
**and**  
**Behavior Intervention Plan/BIP**

**Who is case manager?**

- General education students: school psychologist
- Student with disability: special education teacher

**Case manager responsibilities:**

1. Obtain consent from parent/guardian
2. Review student record and other existing data (work samples, discipline reports, and anecdotal notes) to gather information on the behavior(s) of concern.
3. Conduct teacher, parent, student interviews (can send parent interview home and follow-up) as appropriate for the behavior under investigation.
4. Conduct observations in settings where behaviors exist (requests that other team members to conduct observations) as appropriate for the behavior under investigation.
5. Schedule and facilitate meeting to complete FBA/BIP (include parents).

**Other team members' responsibilities (as needed):**

1. Complete interview protocols
2. Observe in various settings
3. Work with case manager to complete summary form
4. Assist in creation of BIP

**Appendix B: Functional Behavioral Assessment Consent Form**



**Functional Behavioral Assessment Consent Form**

Dear Parent/Guardian,

As a way to best serve your child, \_\_\_\_\_, we would like to conduct a functional behavior assessment (FBA). A functional behavior assessment is the process of:

- Identifying behavior(s) that negatively impact school performance
- Identifying environmental events that impact these behaviors(s)
- Determining the cause/function of the behavior(s)
- Outlining the necessary changes needed to be made by the school, teacher, student, and parent/guardian in order to allow the student to successfully access the general curriculum

An FBA may include, but is not limited to, the following components:

- Interviews completed by the student (if applicable), teacher(s), and parent(s)/guardian(s) regarding the student's behavior
- Information gathering tools (e.g., cumulative file review, Motivation Assessment Scale, teacher rating scale and student self-assessment)
- Observations of student behavior in school settings
- Data collection on student behavior
- Interventions to address student behavior, which focus on decreasing negative behavior and teaching new, appropriate replacement behaviors
- Ongoing data collection to evaluate intervention effectiveness
- Safety or crisis plan, if necessary

We greatly appreciate your involvement in this plan during each step in the process. If you have any questions regarding this process please call \_\_\_\_\_ at \_\_\_\_\_.

Please sign below to indicate whether or not you give consent to conduct a Functional Behavior Assessment (FBA).

I **give consent** for my child, \_\_\_\_\_, to participate in a functional behavioral assessment.

I **do not give consent** for my child, \_\_\_\_\_, to participate in a functional behavioral assessment.

Parent/Guardian Signature

Date

## Appendix C: Interview Reports (Parent, Teacher, Student)

### Functional Behavior Assessment Parent Interview

Child/Grade: \_\_\_\_\_  
Parent(s): \_\_\_\_\_

Date: \_\_\_\_\_  
Interviewer: \_\_\_\_\_

#### INTERVIEW QUESTIONS

1. What are your child's strengths?
  
2. What activities does your child like to do at home? What is your child's typical day like at home?
  
3. What is your child's current medical/physical or mental health diagnoses? Is he/she on any medication?
  
4. Tell me about your child's sleep patterns and eating routines.
  
5. Has he/she or your family experienced any significant life changes or stressors during this past year? For instance, job changes, family deaths or births, divorces, illnesses or any legal issues.
  
6. What behaviors does your child have that are challenging for you? (Prompts: aggression, tantrums, not listening)
  
7. At home or in public, what *times of day* . . .
  - Are difficult behaviors most likely to occur?
  
  - Are difficult behaviors least likely to occur?
  
8. At home or in public, what *activities, or situations* . . .
  - Are difficult behaviors most likely to occur?
  
  
  - Are difficult behaviors least likely to occur?
  
9. At home or in public, with which *people* . . .
  - Are difficult behaviors most likely to occur?

- Are difficult behaviors least likely to occur?

10. What typically precede the behavior?

11. What do you think your child's needs are?

12. What typically happens after the behavior occurs?

13. What have you tried in the past with her/him and how effective were the strategies you tried?

**Functional Behavior Assessment  
Teacher Report**

**Student/Grade:** \_\_\_\_\_  
**Date** \_\_\_\_\_

**By** \_\_\_\_\_

**TEACHER IMPRESSION OF THE CHILD'S BEHAVIOR**

1. What are the student's strengths? Please identify at least three strengths.

2. Please fill out the following chart on the student's challenging behavior. When describing the child's behavior, please be specific. In other words, write the *actions* the child is *exhibiting*. Please select those behaviors which are the most problematic for you.

<b>Behavior</b> Actions the child is exhibiting.	<b>Frequen cy</b> How many times per hour/day on average?	<b>Duration</b> How long does it last?	<b>Severity</b> 1 = not severe 5 = average 10 = most difficult	<b>Skill Deficit</b> He/she doesn't know how to behave appropriately. OR <b>Performance Deficit</b> He/she knows how, but isn't performing appropriately.
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<b>Define behavior:</b>				

3. Describe the student's behavior with regards to . . .

Social interaction w/ kids & adults	Unstructured Times (hall, transitions, lunch, recess)	Structured Times (desk, seat- work, lecture, work-time)

## TEACHER IMPRESSION OF TRIGGER EVENTS

4. At school, what *times of day* . . .
  - Are difficult behaviors most likely to occur?
  - Are difficult behaviors least likely to occur?
5. At school, with which *people* . . .
  - Are difficult behaviors most likely to occur?
  - Are difficult behaviors least likely to occur?
6. What typically precede the behavior?
7. What do you think the student's needs are?
8. Briefly describe how the student's behavior would be affected if . . .
  - You asked him/her to perform a difficult task.
  - You interrupted a desired activity.
  - You unexpectedly changed the routine.
  - He/she wanted something but wasn't able to get it.
  - You didn't pay any attention to the child or left him/her alone for awhile.

## TEACHER IMPRESSION OF MAINTAINING CONSEQUENCES

1. For the undesirable behavior you have listed/described in the chart above, how are you, other adults, and other children responding?

Behavior (from chart above)	How are the adults responding?	How are the kids responding?	Do you think the child feels an emotion when/after engaging in the behavior?

2. What typically happens after the behavior occurs?
  
3. What positive reinforcers have you used with this student and how effective were the reinforcers?
  
4. What techniques sometime work for this child?
  
5. What techniques seem to escalate the behavior?
  
6. For what reasons might the student be showing this behavior (function)?
  
7. In your opinion, what would be an acceptable way for the student to achieve the same outcome?
  
8. Do you feel that this student does not “know how” to achieve his needs using appropriate behavior (can’t). Or does the student know how to behave differently, but consistently chooses not to (won’t)?

**Functional Behavior Assessment  
Student Interview**

**Student/Grade:** \_\_\_\_\_  
**Date** \_\_\_\_\_

**By** \_\_\_\_\_

**INTERVIEW QUESTIONS**

1. What are the things you like to do, or do well at school?
2. What are some things that you do that is a problem at school?
3. How often does this behavior happen?
4. How long does this behavior last each time?
5. How serious is this behavior?
6. What kind of things makes it more likely that you will have this problem?
7. When is the problem most likely to occur?
8. Where is problem most likely to occur?
9. Is there anything that happens before or after school or in between classes that makes it more likely that you'll have a problem?
10. What usually happens after the problem occurs?



# Competing Behavior Pathway

