

Attachment D

Functional Behavioral Assessment Behavior Support Plan

Functional Behavioral Assessment Interview-Teachers/Staff

Student Name:	Grade:	Age:	ID#:	School:	Date:
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Team Members: <i>Teacher, Parent, Student, Psychologist, Social Worker, Counselor, Community Agency, related service provider, etc.</i>	
Parent:	Counselor:
Parent:	Other:
Student:	Other:
Case Manager:	Other:
School Psychologist:	Other:
School Social Worker:	Other:

Student Profile: What is the student good at or what are some of their **strengths**?

Social-Emotional	Academic

What are the student's **needs**?

Social-Emotional	Academic

STEP 1: INTERVIEW TEACHER/STAFF/PARENT

Description of the Behavior

B	What does the problem behavior(s) look like?
	How often does the problem behavior(s) occur?
	How long does the problem behavior(s) last when it does occur?
	How disruptive or dangerous is the problem behavior(s)?

What strategies have been implemented to remediate the student's behavior problems? What were the results of these strategies?

Strategies Implemented:	Results:

Description of the Antecedent

When, where, and with whom are problem behaviors most likely?

A	Schedule (times)	Activity	Specific Problem Behavior	Likelihood of Problem Behavior	With Whom does Problem Behavior Occur
				Low 1 2 3 4 5 6 High	
				Low 1 2 3 4 5 6 High	
				Low 1 2 3 4 5 6 High	
				Low 1 2 3 4 5 6 High	
				Low 1 2 3 4 5 6 High	
				Low 1 2 3 4 5 6 High	
				Low 1 2 3 4 5 6 High	
				Low 1 2 3 4 5 6 High	
				Low 1 2 3 4 5 6 High	

Summarize Antecedent (and Setting Events)

What situations seem to set off the problem behavior? (difficult tasks, transitions, structured activities, small group settings, teacher's request, particular individuals, etc.)
When is the problem behavior most likely to occur? (times of the day and days of the week)
When is the problem behavior least likely to occur? (times of the day and days of the week)
Setting Events: Are there specific conditions, events, or activities that make the problem behavior worse? (missed medication, history of academic failure, conflict at home, missed meals, lack of sleep, history or problems with peers, etc.)

Description of the **C**onsequence

C	What usually happens after the behavior occurs? (what is the teacher's reaction, how do other student's react, is the student sent to the office, does the student get out of doing work, does the student get in a power struggle, etc.)
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STEP 2: PROPOSE A TESTABLE EXPLANATION

Setting Event	Antecedent	Behavior	Consequence
		1.	
		2.	

Function of the **B**ehavior

For each **ABC** sequence listed above, why do you think the behavior is occurring? (to get teacher attention, to get peer attention, gets desired object/activity, escapes undesirable activity, escapes demand, escapes particular people, etc.)

1. _____

2. _____

How confident are you that your testable explanation is accurate?

Very sure		So-So		Not at all
6	5	4	3	2
				1

STEP 3: RATE YOUR CONFIDENCE IN THE TESTABLE EXPLANATION

If you completed both interviews, was there agreement on these parts? Y/N

a) Setting Events ___ b) Antecedents ___ c) Behaviors ___ d) Consequences ___ e) Function ___

How confident are you that your testable explanation is accurate?

Very sure		So-So		Not at all
6	5	4	3	2
				1

STEP 4: CONDUCT OBSERVATIONS/DATA COLLECTION

- If student has an identified disability and is at risk of suspension, expulsion, or change in placement you must conduct an observation of student.
- If student does not meet above criteria, but confidence rating is 1, 2, 3, or 4 you should conduct observations to better understand when, where, and why the problem behavior is occurring.
- If student does not meet above criteria, and confidence rating is 5, or 6 you may go directly to Step 6.

Summarize Observation Data

Setting Event	A ntecedent	B ehavior	C onsequence
		1.	
		2.	
		3.	

At least two Data Collection tools must be used in order to complete an accurate Functional Behavioral Assessment. Choose from the following and attach to BIP:

Indirect	Direct
<input type="checkbox"/> Anecdotal Notes <input type="checkbox"/> Functional Analysis Screening Tool <input type="checkbox"/> Motivational Assessment Scale <input type="checkbox"/> other	<input type="checkbox"/> Antecedent, Behavior, Consequence <input type="checkbox"/> Frequency <input type="checkbox"/> Duration <input type="checkbox"/> Scatter Plot <input type="checkbox"/> other

Who will be responsible for collecting data? _____

Data collection to begin: _____ end: _____

Will data collection occur in the home: Yes No

Who will be responsible for collecting data in the home? _____

Data collection in the home will begin: _____ end: _____

Who will analyze the data? _____

Next team meeting to discuss results: _____

Function of the Behavior

For each type of data above, why do you think the behavior is occurring? (to get teacher attention, to get peer attention, gets desired object/activity, escapes undesirable activity, escapes demand, escapes particular people, etc.)

1. _____

2. _____

STEP 5: CONFIRM / MODIFY TESTABLE EXPLANATION

Was there agreement between the Teacher Interview and the Observation? Y/N

- a) Setting Events ___ b) Antecedents ___ c) Behaviors ___ d) Consequences ___ e) Function ___

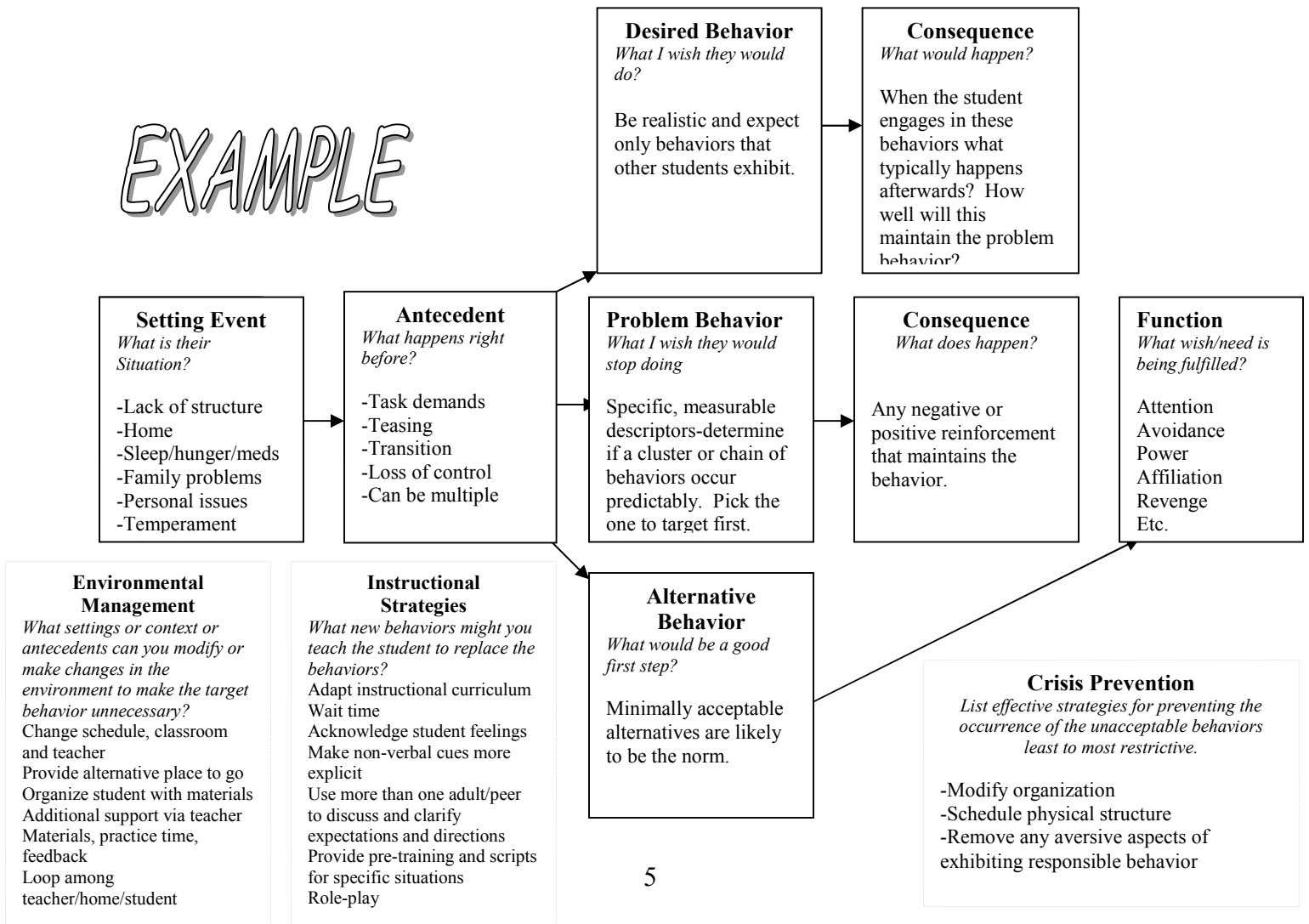
Was there agreement between the Student Interview and the Observation? Y/N

- a) Setting Events ___ b) Antecedents ___ c) Behaviors ___ d) Consequences ___ e) Function ___

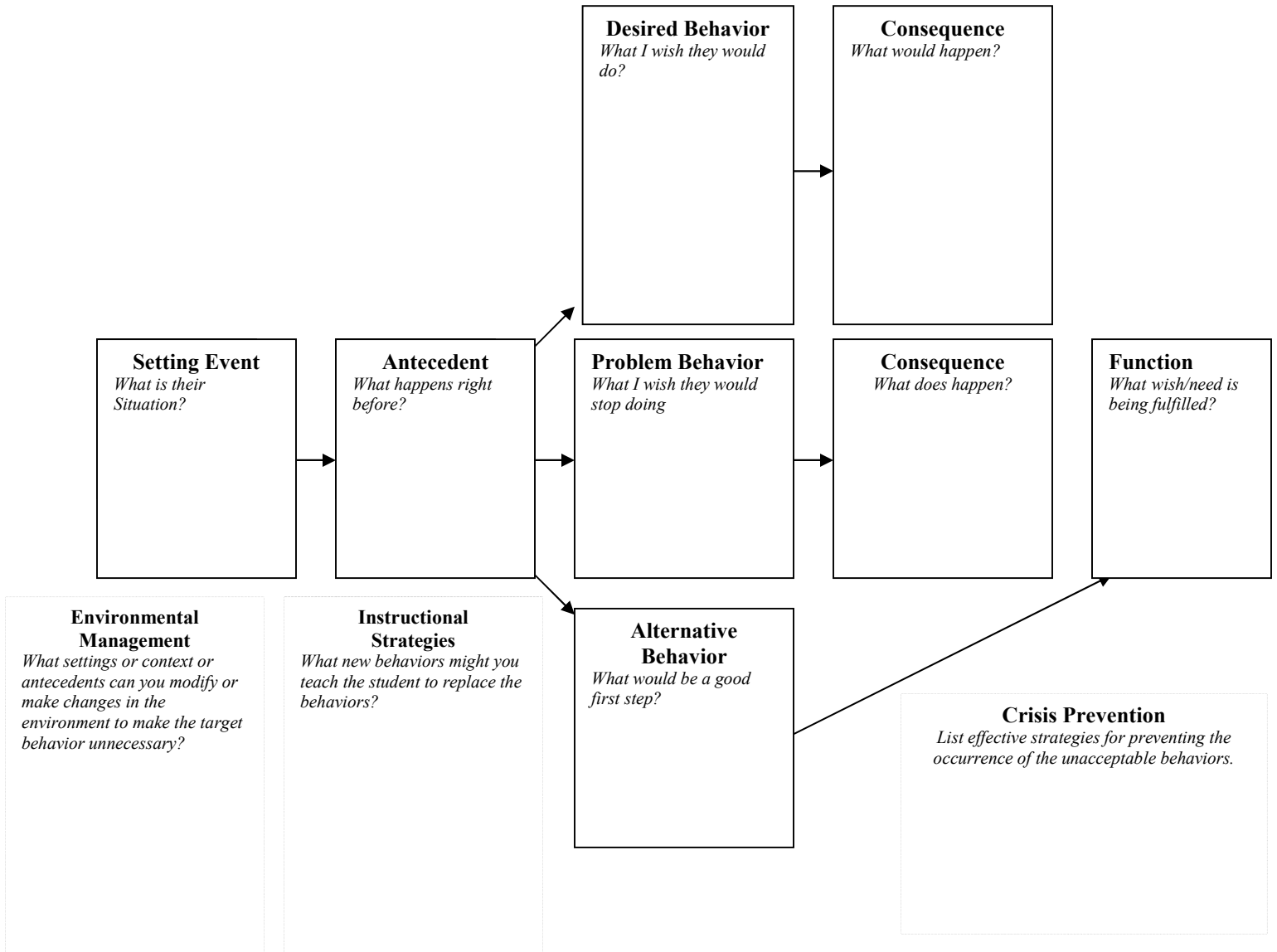
Based on the interviews and observations, what is your working testable explanation for why the problem behavior occurs?

STEP 6: BUILD A COMPETING BEHAVIOR PATHWAY

EXAMPLE



COMPETING BEHAVIOR PATHWAY



STEP 7: CRISIS INTERVENTION PLAN

Does the student's behavior have a potential to cause harm to self or others? YES NO

IF YES, complete the Crisis Intervention Plan section (below) and attach it to the BIP.

- Check to see if there is a crisis plan in the building
- Is a Threat Assessment or Suicide Assessment necessary?
- Contact Prevention and Intervention office if you have questions about Suicide or Threat Assessment.

Crisis Intervention Plan

Name:	ID:	Grade:
Plan Date:	Team Members:	

Goal of Plan:

Pre-Crisis (Crisis Prevention):

Trigger Phase: (Increased stress levels)

Trigger	Intervention

Escalation Phase: (Highly aroused, upset, beginning disruptive or destructive behavior)

Behavior	Intervention	Consequence

Outburst Phase: (Highly escalated, irrational thinking, out of control behavior)

Behavior	Intervention	Consequence

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STEP 8: EVALUATION

Indicate how the plan will be measured and by whom. Identify the desired performance level for either increasing the occurrence of the identified alternative behavior(s) or decreasing the occurrence of the behavior of greatest concern (criterion for success). Please attach progress monitoring data to the plan.

Continuous Progress Monitoring Method:	Person Responsible:
Criterion for Success:	Follow Up Meeting Date:

STEP 9: CONTEXTUAL FIT

The team has considered the following factors and agrees that this plan meets these criteria. (Check all that apply)

<input type="checkbox"/> Give Priority to the best interests of the student and family	<input type="checkbox"/> Assess skill level of adults to effectively implement plan
<input type="checkbox"/> Obtain student input and strive for student investment in all areas of the plan	<input type="checkbox"/> Determine supporting resources
<input type="checkbox"/> Consider values and expectations of the adults in the home, The school, and the community	<input type="checkbox"/> Assess time requirements
<input type="checkbox"/> Secure administrative support and system support	

STEP 10: COMMUNICATING THE BEHAVIOR INTERVENTION PLAN

The plan will be communicated to the following people (i.e. bus driver, clinic aid, school resource officer, etc.)

Person to be contacted:	How contact will be made: (Phone, e-mail, letter)	Person responsible for contact:	Date/Frequency of contact:

Who will communicate revisions and updates internally and externally?