

**Clinton County Regional Educational Service Agency
FUNCTIONAL BEHAVIORAL ASSESSMENT**

Student Name:	District:	School:	Grade:
Date of FBA Meeting:	Gender:	DOB:	Age:

STEP 1: IDENTIFY THE INAPPROPRIATE BEHAVIOR

For what reason(s) was the Functional Behavioral Assessment (FBA) initiated? Check all that apply.
<input type="checkbox"/> The student’s behavior consistently disrupts the learning environment. <input type="checkbox"/> The student’s behavior is not consistently disruptive, but requires proactive interventions to prevent further escalation. <input type="checkbox"/> The student’s behavior places the student or others at risk of harm and/or results in substantial property damage. <input type="checkbox"/> Behavioral concerns are resulting in exclusion from participation in activities or settings with peers. <input type="checkbox"/> The educational team is considering a more restrictive placement due to behavioral concerns. <input type="checkbox"/> Current intervention involves excessively intrusive procedures (e.g., secured seclusion, therapeutic hold). <input type="checkbox"/> The student’s behavior persists despite behavior management strategies that were previously implemented consistently. <input type="checkbox"/> Other:
Briefly summarize a history of the student’s inappropriate behaviors that prompted the FBA.
Identify ONE inappropriate behavior to be addressed for intervention. Define the behavior by using specific measurable terms that ensure the behavior can be easily observed and recorded by all parties involved.
INAPPROPRIATE BEHAVIOR: BEHAVIOR DEFINITION:

STUDENT NAME: _____

DATE: _____

STEP 2: GATHER SOURCES OF INFORMATION

REQUIRED SOURCES: At a minimum, the FBA sources of information should at least include the sources below. Documentation of all sources should be recorded on the *FBA Planning Checklist* form and then attached to the FBA.

- Record review
- Structured interview with the parent or guardian
- Structured interview with a teacher or school personnel
- Structured interview with student
- 2 functional assessment observations (ABC Narrative Recording, ABC Continuous Recording, Scatter Plot)
- Baseline data

BASELINE DATA

Check the type of data collected on the inappropriate behavior.

- Frequency (total #) Rate (freq ÷ time) % of Intervals (e.g., 15 min, 30 min) → ___ Minutes
- Average Duration % of Activities Behavior Rating Scale
- Other: _____

Enter the baseline data into the table below and calculate the baseline average. A minimum of three to five days of data must be collected to calculate the baseline average.

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Average

STEP 3: SUMMARIZE ASSESSMENT DATA

STRENGTHS/SKILLS: What are the student's strengths? When is the student most successful (e.g. academically, behaviorally, socially)?

SETTING EVENTS: What events or conditions affect how the student responds to situations? Check all that apply. *The following are examples of possible setting events. Setting events can be environmental, physiological, social, or related to learning and self-regulation.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Change in teacher | <input type="checkbox"/> Change/Missed medication | <input type="checkbox"/> Difficulty with peer(s) |
| <input type="checkbox"/> Change in living environment | <input type="checkbox"/> Side effects of medication | <input type="checkbox"/> Stress from home/community |
| <input type="checkbox"/> Crowded conditions | <input type="checkbox"/> Pain | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Noisy environment | <input type="checkbox"/> Illness | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Curricular issues | <input type="checkbox"/> Atypical sensory needs | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Insufficient sleep | <input type="checkbox"/> Depression | <input type="checkbox"/> Death of family member |
| <input type="checkbox"/> Hunger/Thirst | <input type="checkbox"/> Previous argument | <input type="checkbox"/> Loss or failure |
| <input type="checkbox"/> Skill Deficit: | | |
| <input type="checkbox"/> Medical condition: | | |

Comments/Other: _____

STUDENT NAME:

DATE:

ANTECEDENT: What is most likely to “trigger” or immediately precede the inappropriate behavior?

Check all that apply in the relation to the inappropriate behavior being assessed.

When is the inappropriate behavior most likely to occur?

<input type="checkbox"/> Morning, Approximate time(s) _____	<input type="checkbox"/> Recess
<input type="checkbox"/> Afternoon, Approximate time(s) _____	<input type="checkbox"/> Lunch
<input type="checkbox"/> Before school	<input type="checkbox"/> Time of day does not seem to affect behavior
<input type="checkbox"/> After school	<input type="checkbox"/> Other: _____

Where does the inappropriate behavior usually occur?

<input type="checkbox"/> Classroom	<input type="checkbox"/> Therapy: _____
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Unstructured setting
<input type="checkbox"/> Bus	<input type="checkbox"/> Special(s): _____
<input type="checkbox"/> Hallway	<input type="checkbox"/> Location does not seem to affect this behavior
<input type="checkbox"/> Playground/Recess	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Bathroom	
<input type="checkbox"/> Gym	

During what subject area or activity is the inappropriate behavior most likely to occur?

<input type="checkbox"/> Subject(s) _____	<input type="checkbox"/> 1:1 instruction
<input type="checkbox"/> Seatwork/Independent work	<input type="checkbox"/> Lesson presentation
<input type="checkbox"/> Group activities	<input type="checkbox"/> Task explanations
<input type="checkbox"/> Unstructured activities	<input type="checkbox"/> Subject/Activity does not seem to affect this behavior
<input type="checkbox"/> Transitions	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Free play	

Who is present when the inappropriate behavior usually occurs?

<input type="checkbox"/> Teacher	<input type="checkbox"/> Therapist: _____
<input type="checkbox"/> Other staff	<input type="checkbox"/> Who is present does not seem to affect this behavior
<input type="checkbox"/> Classmates	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other Peers	

Are there any EVENTS or CONDITIONS that immediately precede the inappropriate behavior?

<input type="checkbox"/> Demand or request of student	<input type="checkbox"/> Preferred activity/item interrupted or terminated
<input type="checkbox"/> Difficult task	<input type="checkbox"/> Denied access to a preferred item or activity
<input type="checkbox"/> Non-preferred activity	<input type="checkbox"/> Touch/physical contact with the student
<input type="checkbox"/> Non-preferred social interaction	<input type="checkbox"/> A particular sound, sight, etc.
<input type="checkbox"/> Transition from a preferred to non-preferred activity	<input type="checkbox"/> Request was denied/told “no”
<input type="checkbox"/> Lack of attention or attention is given to others	<input type="checkbox"/> Reprimand was given
<input type="checkbox"/> Changes in schedule or routine	<input type="checkbox"/> Comments or teasing from other students (provocation from peers)
<input type="checkbox"/> Loss of privilege	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Consequences imposed for behavior	

Comments/Other:

STUDENT NAME:

DATE:

CONSEQUENCES: What is most likely to immediately follow the occurrence of the inappropriate behavior?

Check all that apply in relation to the inappropriate behavior being assessed.

- | | | |
|--|---|---|
| <input type="checkbox"/> Verbal reprimand/Corrective feedback from teacher/adult | <input type="checkbox"/> Student is given time to relax and calm down | <input type="checkbox"/> Loss of time with a preferred person or activity |
| <input type="checkbox"/> Laughing/comments/teasing from peers | <input type="checkbox"/> Removal from the setting | <input type="checkbox"/> Loss of points (reward/incentive system) |
| <input type="checkbox"/> Scared or shocked reaction from others | <input type="checkbox"/> Removal to a different area of the room | <input type="checkbox"/> In-class time-out |
| <input type="checkbox"/> Eye contact | <input type="checkbox"/> Another student is moved away | <input type="checkbox"/> Out-of-class time-out |
| <input type="checkbox"/> Soothing/calming interaction from teacher/adult | <input type="checkbox"/> Assignment is shortened or terminated | <input type="checkbox"/> Secured seclusion |
| <input type="checkbox"/> Student is given access to a preferred activity/item | <input type="checkbox"/> Student does not complete work or activity | <input type="checkbox"/> Therapeutic hold |
| | <input type="checkbox"/> Loss of privileges | <input type="checkbox"/> Sensory stimulation |
| | | <input type="checkbox"/> Behavior is ignored |
| | | <input type="checkbox"/> Law enforcement/legal involvement |

Comments/Other:

PREVIOUS INTERVENTIONS: What has been consistently implemented to change the inappropriate behavior?

Check all that apply in relation to the inappropriate behavior being assessed.

- | | | |
|--|---|--|
| <input type="checkbox"/> In-class time-out | <input type="checkbox"/> Environmental modifications | <input type="checkbox"/> Behavior or academic contract |
| <input type="checkbox"/> Out-of-class time-out | <input type="checkbox"/> Reward/Point system | <input type="checkbox"/> Verbal reprimands/corrections |
| <input type="checkbox"/> Time in office | <input type="checkbox"/> Curriculum modifications | <input type="checkbox"/> Redirection techniques |
| <input type="checkbox"/> Loss of privileges | <input type="checkbox"/> Modified instruction | <input type="checkbox"/> Referral to Guidance or Intervention Specialist |
| <input type="checkbox"/> Conference with student | <input type="checkbox"/> Schedule adjustment | <input type="checkbox"/> Counseling by: |
| <input type="checkbox"/> Conference/contact with parents | <input type="checkbox"/> Setting limits (expectations, rules, and consequences) | <input type="checkbox"/> Emergency Procedures: |
| <input type="checkbox"/> Detention | <input type="checkbox"/> Home/school communication system | |
| <input type="checkbox"/> In-school suspension | | |
| <input type="checkbox"/> Out-of-school suspension | | |

Comments/Other:

PREFERENCES & REINFORCERS: what school-related items and activities are most enjoyable to the student? Are there special items, activities, privileges, or social interactions that could serve as special rewards for appropriate behavior (e.g., praise, hug, stickers, line leader, breaks from work, computer time, homework pass, positive notes home, candy, etc.)

STUDENT NAME: _____

DATE: _____

STEP 4: FORMULATE SUMMARY STATEMENTS

FUNCTION: After reviewing the data on antecedents and consequences, what “payoff” does the student obtain when she/he demonstrates the inappropriate behavior?

Check all that applies. Limit to 1 or 2 functions.

The student GAINS...

- Teacher/Adult attention
- Peer attention/acceptance
- Desired items
- Preferred activities/privileges
- Control over others or situations
- Sensory stimulation (input)

The student AVOIDS or ESCAPES...

- Teacher/Adult attention
- Peer attention
- Non-preferred activity
- Instructional (difficult, boring, repetitive, etc.)
- Non-preferred setting
- Non-preferred social interactions
- A transition
- Aversive physical sensations
- Sensory stimulation (reduction)

HYPOTHESIS: Based on the primary function identified, write a hypothesis statement describing why the student is engaging in the inappropriate behavior.

Example: when working on independent seatwork during his regular education math class, this student breaks his pencils and throws them in order to escape work that is too difficult.

WHEN (describe antecedents)...

... THE STUDENT (describe inappropriate behavior)...

... IN ORDER TO (state the function)...

DEFICIT: Is the student’s failure to perform an appropriate alternative behavior due primarily to a:

- Skill Deficit (the student does not know how to perform the appropriate behavior/skill)
- Performance Deficit (the student is capable of performing an appropriate behavior/skill but chooses not to do so)

PARTICIPANTS: