

Functional Behavioral Assessment: Part 1 (Description)

Date: _____

Student Name: _____ ID: _____ DOB: _____ Case Manager: _____

Data Sources: Observation | Student Interview | Teacher Interview | Parent Interview | Rating Scales | Normative Testing

Description of Behavior (No. ____):

Setting(s) in which behavior occurs:

Frequency:

Intensity (Consequences of problem behavior on student, peers, instructional environment):

Duration:

Describe Previous Interventions:

Educational impact:

Name: _____

Functional Behavioral Assessment: Part 2 (Function)

Date: _____

Function of Behavior (No. _____): Specify hypothesized function for each area checked below.
<input type="checkbox"/> Affective Regulation/Emotional Reactivity (Identify emotional factors; anxiety, depression, anger, poor self-concept; that play a role in organizing or directing problem behavior):
<input type="checkbox"/> Cognitive Distortion (Identify distorted thoughts; inaccurate attributions, negative self-statements, erroneous interpretations of events; that play a role in organizing or directing problem behavior):
<input type="checkbox"/> Reinforcement (Identify environmental triggers and payoffs that play a role in organizing and directing problem behavior): Antecedents: Consequences:
<input type="checkbox"/> Modeling (Identify the degree to which the behavior is copied, who they are copying the behavior from, and why they are copying the behavior):
<input type="checkbox"/> Family Issues (Identify family issues that play a part in organizing and directing problem behavior):
<input type="checkbox"/> Physiological/Constitutional (Identify physiological and/or personality characteristics; developmental disabilities, temperament; that play a part in organizing and directing problem behavior):
<input type="checkbox"/> Communicate need (Identify what the student is trying to say through the problem behavior):
<input type="checkbox"/> Curriculum/Instruction (Identify how instruction, curriculum, or educational environment play a part in organizing and directing problem behavior):

Behavioral Intervention Plan

Date: _____

Student Name: _____ ID: _____ DOB: _____ Case Manager: _____

Behavior Number(s)	Expected Outcome(s) Goal(s)	Intervention(s) & Frequency of Intervention	Person Responsible	Goal/Intervention Review Notes

* Review Codes: GA = Goal Achieved | C = Continue | DC = Discontinue

Expected Review Dates: _____ | _____ | _____

Signatures: _____
