

FUNCTIONAL BEHAVIOR ASSESSMENT WORKSHEET

TO BE COMPLETED BY STUDENT'S IEP TEAM

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Student's Name: _____	Date: _____
Birth Date/Age: _____	Grade: _____
Address: _____	Home Phone : _____
City: _____	School: _____
Parent's/Guardian(s) Name: _____	

The IEP team should collect the most current student behavioral data available. Sources of student data may include: teacher/counselor interviews; direct observations; contents of referrals; evaluation reports; parental in-put; BASC Parent/Teacher/Student Rating Scales; and/or school files that reflect incident reports.

CLASSROOM INTERVENTION COMPONENTS:

PREVENTATIVE/PROACTIVE COMPONENTS: (√ Check all that apply)

- ☐ Clearly posted rules; frequently revisited.
 - ☐ Instructional level/methods appropriate for the student.
 - ☐ Predictable routine – posted and reviewed each day.
 - ☐ Classroom setting/schedule set up to promote positive behavior.
 - ☐ Behavior monitoring system in place; frequent feedback given to all students for positive and negative behavior.
 - ☐ Other: _____
- List or attach rules/expectations posted in the classroom.
 - List or attach the motivators/incentives the teacher is using to create positive student behavior (i.e., free time, privileges).

PRO-SOCIAL BEHAVIORS:		
What does the student do well?	Where does it occur?	What is or can be done to reinforce this behavior?

STUDENT'S MOST SIGNIFICANT INAPPROPRIATE BEHAVIOR(S): (√ Check all that apply)

- | | | | | | |
|--|---|---|--|--|--|
| <input type="checkbox"/> Tardy | <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Disrupts class activity | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Work completion | <input type="checkbox"/> Verbal harassment |
| <input type="checkbox"/> Inattentive | <input type="checkbox"/> Fighting/aggression | <input type="checkbox"/> Insubordinate/disrespect | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Under achievement |
| <input type="checkbox"/> Theft <input type="checkbox"/> Other (Describe) _____ | | | | | |

Identify the two (2) most significant, **inappropriate behaviors** that are interfering with the student's classroom performance. Estimate or directly observe the frequency (how often), intensity (high, med., low), and duration of each:

Behavior: (baseline levels)	Frequency (How often)	Intensity (High, med, or low)	Duration (How long)

From the list below indicate the triggers (antecedents), concurrent events, and consequences that seem to be supporting the inappropriate behavior(s).

TRIGGERS

- ☐ Lack of social attention
☐ Demand/Request
☐ Difficult Task
☐ Transition (task)
☐ Interruption in routine
☐ Negative social interaction
☐ Consequences imposed for negative behavior
☐ Other: (Describe)

CONCURRENT EVENTS

- ☐ Independent seat work
☐ Group instruction
☐ Crowded setting
☐ Unstructured activity
☐ Unstructured setting
☐ Peer attention
☐ Adult attention

CONSEQUENCES

- ☐ Behavior ignored
☐ Reprimand/Warning
☐ Time-out
☐ Loss of privileges
☐ Communicate with home
☐ Sent to office
☐ Out-of-School suspension
☐ In-School suspension

What is/are the function(s) or the purpose(s) of the student's behavior?

ESCAPE

- ☐ Avoid a demand or request
☐ Avoid an activity/task
☐ Avoid a person
☐ Escape the classroom/setting
☐ Escape the school
☐ Other: (Identify)

ATTENTION/CONTROL

- ☐ Get desired item/activity
☐ Gain adult attention
☐ Gain peer attention
☐ Get sent to preferred adult
☐ Other: (Identify)

IEP TEAM DETERMINATION (✓ Check one)

The IEP Team ☐ Does ☐ Does Not recommend a behavior plan be completed at this time. (Place this FBA form in the student's IEP file).

This Functional Behavioral Assessment reflects the IEP team's consensus determination regarding the student's behavior. Person(s) in disagreement may indicate by checking no after their signature and attaching a statement summarizing their reason for disagreement.

IEP Team Members Signatures:	Date	Team Decision Agreement
Administrator _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sp. Ed. Teacher _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reg. Ed. Teacher _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent(s)/Guardian _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____ Title _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Title _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Title _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

The parent(s)/guardian have received notification and a copy of their Parental Rights including the right to request a hearing, if in disagreement with the IEP Team consensus determination.

Parent's/Guardian Signature Verifying Notification: