

Ripley-Ohio-Dearborn
Special Education Cooperative

FUNCTIONAL BEHAVIOR ASSESSMENT (FBA)

Student Name: _____

Date: _____

School: _____

D.O.B.: _____

I. Specific behaviors of concern: (Check one or more behaviors you have significant concerns about and that have been observed/reported.)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> talks out | <input type="checkbox"/> throw objects | <input type="checkbox"/> out of seat | <input type="checkbox"/> cursing/sexual language |
| <input type="checkbox"/> talks back to adults | <input type="checkbox"/> hits others | <input type="checkbox"/> puts self down | <input type="checkbox"/> sexual gestures |
| <input type="checkbox"/> argumentative | <input type="checkbox"/> kicks | <input type="checkbox"/> puts others down | <input type="checkbox"/> inappropriate sexual behavior |
| <input type="checkbox"/> sleeps in class | <input type="checkbox"/> bites | <input type="checkbox"/> verbally abusive | <input type="checkbox"/> inappropriate response to |
| <input type="checkbox"/> puts head down on desk | <input type="checkbox"/> spits | <input type="checkbox"/> defiant | <input type="checkbox"/> authority figures |
| <input type="checkbox"/> poor eye contact | <input type="checkbox"/> pinches | <input type="checkbox"/> frequently tardy | <input type="checkbox"/> too dependent on adults |
| <input type="checkbox"/> cries frequently | <input type="checkbox"/> self-abusive (hits, cuts, scratches, | <input type="checkbox"/> truant/ frequently absent | <input type="checkbox"/> demands attention |
| <input type="checkbox"/> wets/soils self | <input type="checkbox"/> pulls out hair) | <input type="checkbox"/> tobacco product at school | <input type="checkbox"/> doesn't bring materials to class |
| <input type="checkbox"/> daydreams/stares blankly | <input type="checkbox"/> easily frustrated | <input type="checkbox"/> drugs or alcohol at school | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> makes inappropriate noises | <input type="checkbox"/> screams | <input type="checkbox"/> steals | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> off task frequently | <input type="checkbox"/> does not work independently | <input type="checkbox"/> touches others' property without | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> does not participate | <input type="checkbox"/> overly active | <input type="checkbox"/> permission | |
| <input type="checkbox"/> asks inappropriate questions | <input type="checkbox"/> runs out of classroom | <input type="checkbox"/> destroys property | |

II. Description of the TARGET BEHAVIOR(s) that need a supportive plan: (No more than 3 behaviors from above.)

TARGET BEHAVIOR (What was visibly observed? What does the student's behavior look like?) Write as a description of the behavior, <u>not</u> a behavior goal.
1.
2.
3.

III. Observation(s) of the TARGET BEHAVIOR(s): (Observe the student and watch for the behavior(s).** Note specific things that happen before and after the behavior(s). It may be helpful to observe more than once in different settings.)

Observer Name: _____

Date(s) of observation: _____

Activity	Time	What happened just before the behavior?	What did the student do? What did it look like?	What happened just after the behavior? What were the reactions of staff and peers? What happened to the activity or task?	Frequency (How often does the behavior occur?)	Intensity (Mild, moderate, or severe?)

**If this is a one time incident occurrence, you may utilize discipline reports or other anecdotal data to complete the chart above

IV. Events and situations related to the TARGET BEHAVIOR(s):

Most likely to see the TARGET BEHAVIOR:					Least likely to see the TARGET BEHAVIOR:			
Target Behavior	With whom?	During what?	Where?	When?	With whom?	During what?	Where?	When?
# 1.	<input type="checkbox"/> Teacher <input type="checkbox"/> Aide <input type="checkbox"/> Bus Driver <input type="checkbox"/> Peer <input type="checkbox"/> Administrator <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Large group <input type="checkbox"/> Small group <input type="checkbox"/> Independent work <input type="checkbox"/> Transition <input type="checkbox"/> Subject(s): _____ <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> In class <input type="checkbox"/> Hallway <input type="checkbox"/> Bathroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specials <input type="checkbox"/> Bus <input type="checkbox"/> Recess <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Before school <input type="checkbox"/> Morning <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon <input type="checkbox"/> On way home <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Teacher <input type="checkbox"/> Aide <input type="checkbox"/> Bus Driver <input type="checkbox"/> Peer <input type="checkbox"/> Administrator <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Large group <input type="checkbox"/> Small group <input type="checkbox"/> Independent work <input type="checkbox"/> Transition <input type="checkbox"/> Subject(s): _____ <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> In class <input type="checkbox"/> Hallway <input type="checkbox"/> Bathroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specials <input type="checkbox"/> Recess <input type="checkbox"/> Bus <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Before school <input type="checkbox"/> Morning <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon <input type="checkbox"/> On way home <input type="checkbox"/> Other _____ _____
# 2. (if needed)	<input type="checkbox"/> Teacher <input type="checkbox"/> Aide <input type="checkbox"/> Bus Driver <input type="checkbox"/> Peer <input type="checkbox"/> Administrator <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Large group <input type="checkbox"/> Small group <input type="checkbox"/> Independent work <input type="checkbox"/> Transition <input type="checkbox"/> Subject(s): _____ <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> In class <input type="checkbox"/> Hallway <input type="checkbox"/> Bathroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specials <input type="checkbox"/> Recess <input type="checkbox"/> Bus <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Before school <input type="checkbox"/> Morning <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon <input type="checkbox"/> On way home <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Teacher <input type="checkbox"/> Aide <input type="checkbox"/> Bus Driver <input type="checkbox"/> Peer <input type="checkbox"/> Administrator <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Large group <input type="checkbox"/> Small group <input type="checkbox"/> Independent work <input type="checkbox"/> Transition <input type="checkbox"/> Subject(s): _____ <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> In class <input type="checkbox"/> Hallway <input type="checkbox"/> Bathroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specials <input type="checkbox"/> Recess <input type="checkbox"/> Bus <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Before school <input type="checkbox"/> Morning <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon <input type="checkbox"/> On way home <input type="checkbox"/> Other _____ _____
# 3. (if needed)	<input type="checkbox"/> Teacher <input type="checkbox"/> Aide <input type="checkbox"/> Bus Driver <input type="checkbox"/> Peer <input type="checkbox"/> Administrator <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Large group <input type="checkbox"/> Small group <input type="checkbox"/> Independent work <input type="checkbox"/> Transition <input type="checkbox"/> Subject(s): _____ <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> In class <input type="checkbox"/> Hallway <input type="checkbox"/> Bathroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specials <input type="checkbox"/> Recess <input type="checkbox"/> Bus <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Before school <input type="checkbox"/> Morning <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon <input type="checkbox"/> On way home <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Teacher <input type="checkbox"/> Aide <input type="checkbox"/> Bus Driver <input type="checkbox"/> Peer <input type="checkbox"/> Administrator <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Large group <input type="checkbox"/> Small group <input type="checkbox"/> Independent work <input type="checkbox"/> Transition <input type="checkbox"/> Subject(s): _____ <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> In class <input type="checkbox"/> Hallway <input type="checkbox"/> Bathroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specials <input type="checkbox"/> Recess <input type="checkbox"/> Bus <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Before school <input type="checkbox"/> Morning <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon <input type="checkbox"/> On way home <input type="checkbox"/> Other _____ _____

For a one time occurrence, complete the LEFT side of this page summarizing the incident.

V. Background Information:

1. What are the student's strengths, interests, hobbies? _____

2. What are some positive relationships that the student has at school (peers or staff)? _____

3. Is the student currently taking medication? ☐ yes ☐ no ☐ don't know
If yes, list medication: _____
4. Has the student taken medication in the past? ☐ yes ☐ no ☐ don't know
If yes, list medication: _____
5. Does the student currently receive counseling at school or outside of school? ☐ yes ☐ no ☐ don't know
If yes, with whom: _____
6. Has the student received counseling in the past? ☐ yes ☐ no ☐ don't know
If yes, with whom: _____
7. Is the student known to have any of the following difficulties?:
☐ sleep problems ☐ physical health problems ☐ eating problems ☐ recent move
☐ change in family structure (divorce, new birth, etc.) ☐ death/serious illness in family
☐ legal issues (probation, detention) ☐ sensory issues
☐ attendance problems ☐ other _____
☐ list any medical or mental health diagnoses known

VI. Parent Information (if available):

1. What are your child's strength, interests, hobbies? _____

2. Does he/she show similar behaviors at home as those reported at school? ☐ yes ☐ no
Comments: _____
3. If so, how are the behaviors dealt with at home? _____

4. What has been successful with the student in the past, either at home or in previous school years? _____

5. Have there been any changes in your home or in your child's schedule that might help explain the behaviors? ☐ no ☐ yes Comments: _____

6. Are there any additional comments or suggestions that you have that might be helpful? _____

VII. **Setting Events Checklist** (May be completed by any staff member.)
 (Complete one checklist for each TARGET BEHAVIOR listed on page one, section II.)

TARGET BEHAVIOR: _____

Completed by: _____

Date: _____

Please circle the number for each item that best describes your observation of this behavior.

1. Does the behavior occur following any request to comply or perform a task (academic or non-academic)?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
2. Does the behavior seem to occur when you are attending to another student?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
3. Does the behavior occur when the student is asked to complete work that may be difficult?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
4. Does the behavior occur when you take away an object (toy, food, pencil, etc.) from the student?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
5. Does the behavior occur when you stop attending to the student?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
6. Does the behavior occur as the classroom becomes less structured (i.e., free time, low supervision, group activities)?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
7. Does the student have difficulty expressing himself/herself verbally with peers?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
8. Does the behavior occur in group situations with peers?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
9. Does the behavior occur when the student is denied an activity (i.e., free time, recess) the student wants to engage in?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
10. Does the behavior occur in response to work that may be easy for the student to complete?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
11. Does the behavior occur when the student is rejected by peers?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
12. Does the behavior occur in order to get something that the student may want (toy food, pencil, etc.)?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
13. In general, does the student have difficulty completing his/her work?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
14. Does the student have difficulty expressing himself/herself verbally with adults?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
15. Does the student seem to engage in this behavior when you are not paying attention to him/her?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6

16. Would the behavior occur continuously, over and over, if this person was left alone for long periods of time?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
17. Does the behavior occur in the presence of an academic task or request?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
18. Does the student misinterpret the behavior of other students?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
19. Does this behavior occur as classroom activities become more highly structured?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
20. Does the student get attention from other students for this behavior?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
21. Would the behavior occur repeatedly, in the same way, for very long periods of time, if no one was around?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
22. Does this behavior occur when academic work is challenging for the student?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
23. Does the behavior occur in order to engage in a preferred activity (i.e., recess, free time)?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
24. Do other students seem intimidated by this behavior?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
25. Does it appear that this person enjoys performing the behavior? (It feels, tastes, looks, smells, and/or sounds pleasing.)	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6
26. When the behavior is occurring, does this person seem calm and unaware of anything else going on around him/her?	Never 0	Almost Never 1	Seldom 2	Half the time 3	Usually 4	Almost Always 5	Always 6

Enter the rating (0 through 6) from above for each question beside its number below (i.e., if you rated question 1 as "almost always", put a 5 beside the number 1 in the first column below.)

Task Avoidance	Attention-Peer	Attention-Adults	Tangible/Activity	Sensory
1.	7.	2.	4.	16.
3.	8.	5.	9.	21.
10.	11.	6.	12.	25.
13.	18.	14.	23.	26.
17.	20.	15.		
22.	24.	19.		
Column Total	Column Total	Column Total	Column Total	Column Total
_____	_____	_____	_____	_____
Total ÷ 6 = _____	Total ÷ 6 = _____	Total ÷ 6 = _____	Total ÷ 4 = _____	Total ÷ 4 = _____

VIII. Student Interview:

Completed by: ☐ student ☐ interviewer (Name: _____)

Date Completed: _____

1. In general, is your work: ☐ too hard ☐ too easy ☐ just right ?
2. When you ask for help appropriately, do you get it? ☐ yes ☐ no ☐ sometimes
3. In general, are work periods for each subject: ☐ too long ☐ too short ☐ about right ?
4. When you do seatwork, do you do better when someone works with you?
☐ yes ☐ no ☐ sometimes
5. Do you think people notice when you do a good job? ☐ yes ☐ no ☐ sometimes
6. Do you think you would do better in school if you received more rewards?
☐ yes ☐ no ☐ sometimes
7. In general, do you find your work interesting? ☐ yes ☐ no ☐ sometimes
8. Are there things in the classroom that are distracting to you? ☐ yes ☐ no If yes, then please list: _____

9. When/where do you have the fewest problems with behavior in school?

10. When/where do you have the most problems with behavior in school?

11. Why do you think you have problems during this time or in this location?

12. What changes could be made so you would have fewer problems?

13. What kinds of rewards would you like to earn for good behavior/work?

14. What are you really good at (school subject, sport, hobby, skill)? _____

15. What things are you really interested in? _____

16. Who is an adult you can trust or talk to at school? _____

The following questions should be completed for any student ages 13 or older (or younger if appropriate for the student's situation):

17. Do you know the school rules? ☐ yes ☐ no
If yes, how did you learn them? _____
18. Do you know the consequences for fighting, skipping school, offenses related to alcohol, offenses related to drugs, offenses related to tobacco products, and having or using weapons? ☐ yes ☐ no
19. What does it mean to be suspended? _____
20. What does it mean to be expelled? _____
21. Do you have a job? ☐ yes ☐ no
If yes, how long have you worked at this job? _____
22. Have you ever been fired from a job? ☐ yes ☐ no Quit a job? ☐ yes ☐ no
If yes for either question, why? _____

BEHAVIOR INTERVENTION PLAN

Use information gathered from the student, parents, and teachers on the Functional Behavior Assessment to complete the following Behavior Intervention Plan.

Based on the information gathered:

1. What function do you think the TARGET BEHAVIOR(s) serves? (You can use information from the setting events checklist, as well as other information to determine this.)

Target Behavior 1 _____	Target Behavior 2 _____	Target Behavior 3 _____
<input type="checkbox"/> Task avoidance <input type="checkbox"/> Attention - Peer <input type="checkbox"/> Attention - Adults <input type="checkbox"/> Tangible Activity <input type="checkbox"/> Sensory <input type="checkbox"/> Other _____	<input type="checkbox"/> Task avoidance <input type="checkbox"/> Attention - Peer <input type="checkbox"/> Attention - Adults <input type="checkbox"/> Tangible Activity <input type="checkbox"/> Sensory <input type="checkbox"/> Other _____	<input type="checkbox"/> Task avoidance <input type="checkbox"/> Attention - Peer <input type="checkbox"/> Attention - Adults <input type="checkbox"/> Tangible Activity <input type="checkbox"/> Sensory <input type="checkbox"/> Other _____

2. What are the student's strengths, interests, hobbies? What are some positive relationships the student has that might be helpful to remember as you develop the behavior intervention plan?

3. What are some preventative strategies that you will implement to help avoid the inappropriate behavior? (Check all that are appropriate.)

<input type="checkbox"/> calming area	<input type="checkbox"/> preferential seating	<input type="checkbox"/> reinforcement menu	<input type="checkbox"/> sensory diet	<input type="checkbox"/> relaxation techniques
<input type="checkbox"/> home/school communication		<input type="checkbox"/> peer buddy	<input type="checkbox"/> review of rules	<input type="checkbox"/> visual aids
<input type="checkbox"/> journal	<input type="checkbox"/> increased supervision	<input type="checkbox"/> problem solving strategies	<input type="checkbox"/> breaks	<input type="checkbox"/> escort to class
<input type="checkbox"/> behavior chart	<input type="checkbox"/> social stories	<input type="checkbox"/> other _____	<input type="checkbox"/> other _____	

Who will be responsible for implementing these strategies?

4. BEHAVIOR GOALS (Be sure to include these on a goal sheet on the IEP):

What are appropriate behaviors that you would like the student to use to accomplish the same function as the TARGET BEHAVIOR or to replace the TARGET BEHAVIOR?

5. What are some specific ways you can teach the appropriate behaviors?

Strategies

Who is responsible?

6. How will these skills/ appropriate behaviors be reinforced?

7. What are actions that will be used when the inappropriate behavior occurs? (List steps that will be taken in a progressive order from least to most restrictive.)

Actions

Who is responsible?

Signatures

The following individuals participated in the development of the behavior plan and understand responsibilities for implementation.

<u>Signature</u>	<u>Title</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please review the plan with any of the student’s teachers who were not in attendance at the case conference and have them sign below within five school days of the case conference.

I have read the behavior plan for the student and understand my responsibilities for implementation.

<u>Signature</u>	<u>Title</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The case conference committee must reconvene to make any changes to this plan.