 FUNCTIONAL BEHAVIORAL ASSESSMENT

(Version 11/6/2018)

**ALL SUPPORTING DOCUMENTS NEED TO BE SCANNED AND SAVED TO APPROPRIATE SHARED DRIVE (BUILDING RTI, Sp. Ed.) &/or FRONTLINE IEP**

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| STUDENT NAME: | | STUDENT DOB: | STUDENT ID: | FBA CONSENT DATE: |
| CHRONOLOGICAL AGE: | DOMINANT LANGUAGE:  ENL?  YES  NO | | SCHOOL: |
| GRADE: |
| IS STUDENT CSE IDENTIFIED?  YES  NO | IF IDENTIFIED – CLASSIFICATION: | | CLASS PLACEMENT: | 504?  YES  NO |
| INDIVIDUALS/STAFF WHO DEVELOPED FBA DOCUMENT (include title): | | | | |

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| **SECTION 1: EVALUATION OF TARGET BEHAVIOR** | |
| **REASON FOR FBA:** | |
| **TARGET BEHAVIOR** (definition in concrete terms): | |
| **EVALUATE PATTERNS OF TARGET BEHAVIOR BY TIME OF DAY, LOCATION, ACTIVITY, ETC. USE ANY OF THE FOLLOWING DATA SOURCES** (CHECK ALL THAT APPLY):  SCATTERPLOT  POINT SHEETS  OFFICE DISCIPLINE REFERRALS  OTHER: | |
| **THE TARGET BEHAVIOR IS MOST LIKELY TO OCCUR:**   * WHERE (LOCATION): * WHEN (TIME OF DAY/ACTIVITY/CLASS): * WITH WHOM (PEERS/ADULTS): | **THE TARGET BEHAVIOR IS LEAST LIKELY TO OCCUR:**   * WHERE (LOCATION): * WHEN (TIME OF DAY/ACTIVITY/CLASS): * WITH WHOM (PEERS/ADULTS): |
| **PLEASE INCLUDE GRAPHS OF DATA USED TO DETERMINE PATTERNS OF TARGET BEHAVIOR:** | |

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| **SECTION 2: EVALUATION OF CONTEXTUAL FACTORS** | | |
| **COGNITIVE ABILITIES** | | |
| YES | NO | Does this impact the TARGET BEHAVIOR? If yes, please explain: |
|  |  | EXECUTIVE FUNCTIONS (flexibility, metacognition, impulsivity, inattention/distractibility, persistence, problem-solving, etc.): |
|  |  | WORKING MEMORY: |
|  |  | PROCESSING SPEED: |
|  |  | LANGUAGE (expressive and/or receptive): |
|  |  | SENSORY (sensory-seeking, sensory-avoidant): |
|  |  | MOTOR (gross and/or fine): |
| **AFFECTIVE ABILITIES** | | |
| YES | NO | Does this impact the TARGET BEHAVIOR? If yes, please explain: |
|  |  | MOOD (stable/labile): |
|  |  | EMOTIONAL SELF-REGULATION: |
|  |  | SOCIAL SKILLS: |
| **MEDICAL STATUS** | | |
| YES | NO | Does this impact the TARGET BEHAVIOR? If yes, please explain: |
|  |  | PHYSICAL/HEALTH CONCERNS/MEDICAL DIAGNOSIS: |

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| **SECTION 3: SUMMARY OF INDIRECT OBSERVATION DATA**  **SUMMARIZE** each of the following supporting documents. **Do not rely on a reference to an attachment.** |
| **STUDENT INTERVIEW** |
| **TEACHER(S) INTERVIEW(S)** |
| **REVIEW OF RECORDS** |
| **PARENT/GUARDIAN INTERVIEW** |

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| **SECTION 4: SUMMARY OF DIRECT OBSERVATION DATA** | | |
| DOCUMENT A MINIMUM OF 8 DATA POINTS FOR APPLICABLE METHOD(S) OF MEASUREMENT (Frequency, Duration, Latency) | | |
| Observations were conducted in across activities, settings, people and times of day:  YES  NO | | |
| MUST INCLUDE 1 OR MORE OF THESE METHODS. | | SUMMARY OF FINDINGS |
| **FREQUENCY DATA**  Check if Not Applicable  RATE  PARTIAL INTERVAL  WHOLE INTERVAL  MOMENTARY  PERCENT OF OPPORTUNITIES | |  |
| **DURATION DATA**  Check if Not Applicable | |  |
| **LATENCY DATA**  Check if Not Applicable | |  |
| **INTENSITY RATING SCALE DATA** (MUST BE COMPLETED) | | Indicate and Describe Intensity of Target Behavior – Use Intensity Rating Scale |
| 1 | Behavior is confined only to the observed student. |
| 2 | Behavior disrupts others in the student’s immediate area. |
| 3 | Behavior disrupts everyone in the class |
| 4 | Behavior disrupts other classrooms or common areas of the school |
| 5 | Behavior causes or threatens to cause physical injury to student or others |
| Optional Additional and Supplemental Baseline Data | | |
| PERMANENT PRODUCT  Check if Not Applicable | |  |
| SUPPLEMENTAL MEASURES  Check if Not Applicable | |  |
| **PLEASE INCLUDE GRAPHS OF BASELINE DATA FOR ANY MEASURE(S) USED ABOVE:** | | |

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| **SECTION 5: HYPOTHESIS** | | | | |
| Complete following section using Antecedent-Behavior-Consequence data | | | | |
| **What antecedents occurred before the target behavior?**  Summary of findings: | **TARGET BEHAVIOR**  (Copy and paste your Target Behavior here) | | **What consequences occurred after the target behavior?**  Summary of findings: | |
| What is the function of the target behavior?  Select a minimum of 1 function – if select more than one function, interventions must address both functions | | | | |
| TO GET:  ATTENTION (ADULT/PEER)  TANGIBLE (OBJECT/ACTIVITY)  SENSORY | | OR | | TO AVOID/ESCAPE:  ATTENTION (ADULT/PEER)  TANGIBLE (OBJECT/ACTIVITY)  SENSORY |
| Hypothesis Statement | | | | |
| **WHEN THIS OCCURS** (describe the circumstances/setting events)  **THE STUDENT DOES** (describe the target behavior)  **TO GET/AVOID** (describe the consequences) | | | | |

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| **SECTION 6: ASSESSMENT OF STUDENT PREFERENCES FOR REINFORCEMENT**  What assessment(s) was used to determine student preferences for reinforcement? Check below. | |
| Forced Choice Reinforcement Menu  Student Reinforcement Survey  If no student participation, specify reason: | |
| **INCENTIVES (Summarize results):** | **DISINCENTIVES (Summarize results):** |

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| **SECTION 7: DOES THIS STUDENT’S BEHAVIOR WARRANT A BIP BASED ON FBA INFORMATION COLLECTED & ANALYZED?** | |
| MEETING DATE:  ATTENDANCE: | |
| MEETING DECISION | |
| NO  IF NO, YOU DO NOT NEED TO CONTINUE WITH THE REMAINDER OF THE DOCUMENT. PLEASE PROVIDE A BRIEF SUMMARY STATEMENT OF WHY YOUR FINDING IS THAT A BIP IS NOT INDICATED AT THIS TIME: | YES  IF YES, PLEASE CONTINUE WITH REMAINDER OF THE FBA DOCUMENT |

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| **SECTION 8: RECOMMENDATIONS FOR TEACHING ALTERNATIVE SKILLS OR BEHAVIORS** | |
| REPLACEMENT BEHAVIOR: | |
| GOAL BASELINE: | |
| SETTING EVENT STRATEGIES: | STRATEGIES TO TEACH ALTERNATE BEHAVIORS: |
| ANTECEDENT STRATEGIES: | CONSEQUENCE STRATEGIES: |