

Functional Behavior Assessment

Section I: Description

Data Sources: Observation | Student Interview | Parent Interview

Date: _____

Child: _____

Assessed by: _____

Description of the behavior
Setting(s) in which the behavior occurs
Frequency of behavior
Duration of behavior
Consequences to peers, staff members, or instructional environment
Descriptions of or references to previous interventions

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Section II: Analysis of Function

Check the hypothesized function(s) for the behavior and describe

Date: _____

Child: _____

Assessed by: _____

<input type="checkbox"/> Gain attention
<input type="checkbox"/> Gain a tangible consequence
<input type="checkbox"/> Gain a sensory consequence
<input type="checkbox"/> Escape from or avoidance of an undesirable situation
<input type="checkbox"/> Affective regulation / emotional reactivity
<input type="checkbox"/> Make a comment or declaration
<input type="checkbox"/> Release tension
<input type="checkbox"/> Fill a habitual need
<input type="checkbox"/> Other

Functional Behavior Assessment

Section III: Behavioral Intervention Plan

Date: _____

Child: _____

Assessed by: _____

	Expected Outcomes / Replacement Behaviors	Interventions & Frequency of Interventions	Intervention Review Notes	
1				Person Responsible
				Review Dates
				1 _____
				2 _____
				3 _____
2				Person Responsible
				Review Dates
				1 _____
				2 _____
				3 _____
3				Person Responsible
				Review Dates
				1 _____
				2 _____
				3 _____
4				Person Responsible
				Review Dates
				1 _____
				2 _____
				3 _____