

Functional Behavioral Assessment (FBA) **A Team Approach to Understanding Behaviors and Prescribing Interventions**

Student: ID#: DOB: Grade:
School: Teacher(s):
Parent(s)/Guardian: Phone (H): Phone (W):
Parent email address:
Planning Meeting Date: Follow-up Meeting Date:

Team Members:

Teacher, parent, student, and mental health must be involved in the process.

Parent: Teacher/Counselor:
Student: Other:
Intervention Facilitator: Other:
Mental Health: Other:

Sources of Information:

Indicate all that apply by listing date that information was obtained:

Behavior Checklists Behavioral Observations Record Review
 Student Interview Parent Interview Teacher Interview
 Academic Assessment Other: _____

1. Student Profile:

LIST STRENGTHS: (Identify at least 3 strengths)
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2. Description of the behavior(s) of concern defined in specific, observable, measurable terms:

BEHAVIOR (specific, measurable, observable)	DATE FIRST APPEARED	ANTECEDENT/ TRIGGER TO BEHAVIOR (i.e., Problem to be Solved)	HYPOTHESIZED THINKING SKILL DEFICIT	OCCURS MOST (WHEN, WHERE, WHOM)	OCCURS LEAST (WHEN, WHRE, WHOM)
a.					
b.					

BEHAVIOR	FREQUENCY (e.g. ___ times per ___)	DURATION (How long behavior lasts?)	INTENSITY (Level of force/concern)	DATES OF DATA COLLECTION
a.				
b.				

3. Previous Accommodations/Interventions:

What accommodations and/or interventions have been tried?	Effectiveness/results with measurable data points

4. Hypothesis(es). Why does the behavior(s) occur?

What is the student's motivation/outcome?

- | | |
|--|---|
| <input type="checkbox"/> Attention | <input type="checkbox"/> Power / Control |
| <input type="checkbox"/> Approval of Others / Acceptance / Affiliation | <input type="checkbox"/> Justice / Revenge |
| <input type="checkbox"/> Gain Access to Objects or Activities | <input type="checkbox"/> Escape / Avoidance of a Task or an Event |
| <input type="checkbox"/> Self-Gratification / Sensory Stimulation | <input type="checkbox"/> Escape / Avoidance of Attention |
| <input type="checkbox"/> Protection | <input type="checkbox"/> Communicate Feelings |

Why is the student unable to achieve this outcome in a more adaptive manner? In other words:

What skills are lacking?

- Language and Communication Skills
- Attention and Working Memory Skills
- Emotion- and Self-Regulation Skills
- Cognitive Flexibility Skills
- Social Thinking Skills

Specific skill deficits within each domain:

Explain the hypothesis(es):

5. Working Hypothesis statement:

When [Describe environmental demand] _____ **is expected,**

the student [Describe behavior(s) of concern] _____,

because of a deficit in [Describe specific skill deficit] _____.

BEHAVIOR INTERVENTION PLAN
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1. Working Hypothesis statement:

When [Describe environmental demand] _____ **is expected,**
the student [Describe behavior(s) of concern] _____,
because of a deficit in [Describe specific skill deficit] _____.

2. Replacement Skill Instruction/environmental supports: What specific unmet expectations/triggers will be solved with the student collaboratively in order to build better problem solving skills, frustration tolerance, and/or flexibility/adaptability? What specific unmet expectations will not be pursued at this time in order to reduce challenging behaviors?

High priority unmet expectations/triggers (be specific):

- 1)
- 2)

Unmet expectations/triggers to be addressed later (be specific):

- 1)
- 2)
- 3)

3. What supplemental direct skills instruction (if any) will be provided (by whom, how often, etc.)

4. **Crisis Intervention Plan** (if applicable): Follow school or district safety plan. If the student demonstrates behaviors that are unsafe to self or others, how will the team respond? If restraint is part of this plan – staff must have current CPI training and a signed Parent Permission for Restraint form should be attached.

The following *positive* behavioral interventions will take place to help the student deescalate from a crisis (include behaviors, redirection strategies, and de-escalation strategies):

5. **Communication/Coordination:** Intervention facilitator _____

COMMUNICATION PLAN (include staff to be notified of plan, how contact will be made, date/frequency to be completed, and provide copy of plan to parent)

Review Date:

- 6. *Outcome/Evaluation:* Monitor progress through the Problem-Solving Process and adjust FBA/BIP as needed based on data (see Progress Monitoring Document).**