**Functional Behavior Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |

Sources of data:

|  |  |  |  |
| --- | --- | --- | --- |
| Record Review | Scatterplot | ABC Logs | Other:Click or tap here to enter text. |

Interview information reported by:

|  |  |
| --- | --- |
| Teacher: Click or tap here to enter text. | Parent: Click or tap here to enter text. |
| Student (self): Click or tap here to enter text. | Other: Click or tap here to enter text. |

FBA Completed by: Click or tap here to enter text.

**DESCRIBE PROBLEM BEHAVIOR(S)**

* Describe in specific and observable terms. Prioritize 2-3, if more than one. What does the behavior look/sound like? Does it begin at a low intensity and escalate? Describe.

Click or tap here to enter text.

* Estimated frequency/duration/day/time as applicable (i.e.; daily, upon arrival to school, 8:00 A.M., lasting for ~20 minutes):

Click or tap here to enter text.

**TRIGGERS/ANTECEDENT**

* What typically occurs before or during behavior? Specific demands or situations?

Click or tap here to enter text.

* Where is the behavior most likely to occur? What locations?

Click or tap here to enter text.

* With whom? When?

Click or tap here to enter text.

* Setting Events? Home difficulties, peer influence, etc.?

Click or tap here to enter text.

* Describe any related medical, health, or medication issues (Known ADHD? Known mental health diagnoses?)

Click or tap here to enter text.

**CONSEQUENCE(S)**

* What typically actually happens immediately after problem behavior? Think about the last couple times it happened.

Click or tap here to enter text.

* What does the student obtain? Attention? Control? Vengeance? Something else?

Click or tap here to enter text.

* What does the student avoid? Demands? Negative interactions?

Click or tap here to enter text.

.

**CURRENT PLAN/STRATEGIES**

* Describe the current plan or strategies being used.

Click or tap here to enter text.

.

* Describe parent/home involvement regarding the student’s school behavior.

Click or tap here to enter text.

**STUDENT INPUT**

Has the student expressed concerns/difficulties that may relate to the problem behavior?

Click or tap here to enter text.

**OTHER**

* Student’s strengths (three or more):

Click or tap here to enter text.

* Possible Motivators/Reinforcers:

Click or tap here to enter text.

* Possible Replacement Behavior(s):

Click or tap here to enter text.

* Summary/Hypothesis Statement:

Click or tap here to enter text.