

Functional Behavioral Assessment

The FBA addresses the relationship among precipitating conditions, the behavior, its consequences, and the function of the behavior. The FBA also reflects a consideration of all relevant data gathered, both as background information and by using specific assessment techniques.

Student Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B. (Mo./Day/Yr.)	Current Grade Level:	Current School:
Behavior # _____ Specific Behavior _____				
Antecedents/Precipitating Conditions: Setting, time, or other situation typically occurring before the behavior.	Specific Behavior: Exactly what the child does or does not do.	Consequences: Events that typically follow the behavior	Function of the Behavior: Hypothesized purpose(s) the behavior serves.	
<input type="checkbox"/> Setting (ie: hallway, before school, lunchroom, recess, etc) _____ <input type="checkbox"/> Response to Directive/Request <input type="checkbox"/> Difficult Task <input type="checkbox"/> Transition from 1 task to another <input type="checkbox"/> Transition from one setting to another <input type="checkbox"/> Interruption (ie: stopping task, fire alarm, etc.) _____ <input type="checkbox"/> Peer Provocation <input type="checkbox"/> Response to Re-direction by Staff <input type="checkbox"/> Altered Daily Schedule/Assembly <input type="checkbox"/> Lack of Peer Acceptance (ie: Varying student abilities) <input type="checkbox"/> Inappropriate Response to Typical Situation <input type="checkbox"/> Skill Deficit <input type="checkbox"/> Hungry/Ill/Tired <input type="checkbox"/> Other: _____		<input type="checkbox"/> Gain teacher attention <input type="checkbox"/> Gain peer attention <input type="checkbox"/> Verbal warning/reprimand <input type="checkbox"/> Loss of privileges(s) _____ <input type="checkbox"/> Time out (How long? / When?) _____ _____ <input type="checkbox"/> Detention (How long?/When?) _____ _____ <input type="checkbox"/> Removal from class <input type="checkbox"/> ISS / OSS (How long?) _____ _____ <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Communication <input type="checkbox"/> Escape/Avoidance <input type="checkbox"/> Gaining Attention <input type="checkbox"/> Expression of Anger <input type="checkbox"/> Frustration <input type="checkbox"/> Vengeance/Revenge <input type="checkbox"/> Seeking of Power/Control <input type="checkbox"/> Intimidation <input type="checkbox"/> Sensory Stimulation <input type="checkbox"/> Relief of Fear/Anxiety <input type="checkbox"/> Gain Desired Item (ie: removal from classroom/school) <input type="checkbox"/> Peer Acceptance	
Describe student's strengths with regards to behavior:				
Describe environments/settings where this student is successful:				

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