

## 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)**

**2. Description of the behavior(s) of concern defined in specific, observable, measurable terms:**

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

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

**3. Previous Accommodations/Interventions:**

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

**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?**

- Executive Functioning Skills
- Language Processing Skills
- Emotion Regulation Skills
- Cognitive Flexibility Skills
- Social 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**  
**A Team Approach to Understanding Behaviors and Prescribing Interventions**

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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 problems will be solved with the student in order to build better problem solving skills, frustration tolerance, and/or flexibility/adaptability? What specific expectations will not be pursued at this time in order to reduce challenging behaviors?

High priority problems to be solved (be specific):

- 1)
- 2)

Unmet expectations 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).

DRAFT