

## Functional Behavior Assessment

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Team Members _____ _____ _____ _____ _____ _____	Team Position _____ _____ _____ _____ _____ _____
--	---

**The FBA/BIP process occurs as a part of a school’s continuum of behavior support. Use data from prior interventions to inform this process in addition to any previously collected data related to the problem behavior.**

**In the section below, list the problem behavior (in measurable, observable and objective terms), the data sources considered and the analysis of that data.**

**Explain:** Based on the data and analysis noted above, explain the following (using measureable, observable, and objective language).

- What are the student’s strengths?
  
- What is the problem behavior? (What does it look like? What does the student say or do?)
  
- How often does the problem behavior occur?
  
- When does the problem behavior occur?
  
- Where does the problem behavior occur?

## Functional Behavior Assessment

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

**Reason:** What is the student getting/obtaining or escaping/avoiding? Choose one reason based upon the patterns identified in the available data.

Get/Obtain:

- Attention from \_\_\_\_\_
- Task/Activity/Item \_\_\_\_\_
- Sensory Stimulation \_\_\_\_\_

Escape/Avoid:

- Attention from \_\_\_\_\_
- Task/Activity/Item \_\_\_\_\_
- Sensory Stimulation \_\_\_\_\_

**Summary Statement/Hypothesis:** (When) and (Where), the student does (problem behavior) to get/obtain or escape/avoid (what).

Is there enough information to plan an effective intervention?

Yes  No

If Yes, proceed to BIP.

If No, indicate what actions will be taken: Be specific.

Specify date to reconvene \_\_\_\_\_