



Special Services, Johnson County and Surrounding Schools
Functional Behavioral Assessment
Teacher Input Form

Teacher Submitting Form:		Date Completed:	
Student:		Grade:	
School:			

Behavior:

Target Behavior(s) from Page 4 of the FBA	
When is the behavior most likely to occur?	
Where is the behavior most likely to occur?	
With whom?	
Frequency? Be specific (per period, hourly, daily, weekly, monthly)	

Antecedents: What do you believe to trigger the behavior? Please place a check mark next to all that apply.

<input type="checkbox"/>	Enter Class	<input type="checkbox"/>	Independent Work
<input type="checkbox"/>	Request for academic performance	<input type="checkbox"/>	Constructive criticism/correction
<input type="checkbox"/>	When asked to do a chore or help	<input type="checkbox"/>	Terminate an activity
<input type="checkbox"/>	When told to do something non-preferred	<input type="checkbox"/>	Doesn't have materials
<input type="checkbox"/>	Re-direction	<input type="checkbox"/>	Small group work
<input type="checkbox"/>	When held to a time limit (timed task)	<input type="checkbox"/>	Multi-step work/projects
<input type="checkbox"/>	Request to change activity/transition	<input type="checkbox"/>	Whole group instruction/activity
<input type="checkbox"/>	Strangers in the room/visitors	<input type="checkbox"/>	Being ignored by peers OR by teacher
<input type="checkbox"/>	Unstructured setting (specify)	<input type="checkbox"/>	Peers
<input type="checkbox"/>	Request for public response	<input type="checkbox"/>	Being teased by others
<input type="checkbox"/>	Lecture with note taking OR without note taking	<input type="checkbox"/>	Difficult work/task
<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Loss of reward/opportunity
<input type="checkbox"/>	Medication	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Comments:

Does the student have a discipline record? Y or N
(Check One)

Consequences: What consequences have you tried with this student to help make a change in his/her behavior whether they worked or not? Place a check mark next to all that apply.

<input type="checkbox"/>	Zero for assignment	<input type="checkbox"/>	Lunch detention
<input type="checkbox"/>	Verbally correct student in private OR publically	<input type="checkbox"/>	Non-verbal cue (e.g., look at student)
<input type="checkbox"/>	Speak to student after class	<input type="checkbox"/>	Call the student's parents
<input type="checkbox"/>	Take away recess or other free time	<input type="checkbox"/>	Student/Teacher conference
<input type="checkbox"/>	Take a privilege away	<input type="checkbox"/>	Deduct points from assignment
<input type="checkbox"/>	Preferential Seating	<input type="checkbox"/>	Verbal redirection
<input type="checkbox"/>	Verbal reprimand	<input type="checkbox"/>	Assistance/help given
<input type="checkbox"/>	Give student pass to guidance or home-school coordinator	<input type="checkbox"/>	Allow the student to take a break at desk or to water fountain or bathroom
<input type="checkbox"/>	Increased supervision	<input type="checkbox"/>	After school detention
<input type="checkbox"/>	Sent from room (where?)	<input type="checkbox"/>	In school suspension
<input type="checkbox"/>	Sent to Office	<input type="checkbox"/>	Out of school suspension
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Please list any consequences that have been effective:

Please list motivators and incentives for this student: (What have you tried whether it worked or not?)

Please list any known hobbies or interests for this student:

Student Strengths: Place a check mark next to all qualities that you believe to be strengths of this student.

	Friendly		Helpful
	Social		Organized
	Leader		Liked by peers
	Has a lot of friends		Respects authority figures
	Self-Starter		Socially aware
	Follows directions		Honest
	Laid back/easy going		Attentive
	Kind to adults		Kind to students
	Works well in groups		Good sense of humor
	Positive outlook/attitude		Good communication skills
	Tries hard/hard worker		Strong reader
	Asks for help		Good support network
	Other:		Other:
	Other:		Other:

Comments:

Successful Learning Conditions: Place a check mark next to all learning conditions that you believe to work well for this student.

	Encourage reflective thinking		Use analytical skills
	Involve building/constructing of things		Involve applying experiments or testing to concepts
	Peer tutoring		Use creative writing
	Utilize the computer		Graphic organizers
	Allow for artistic expression of concepts		Involve his/her interests as a learning tool
	Offer verbal praise		Utilize incentives
	Seat away from distractions		Small group activities
	Working 1:1 when possible		Walk by his/her desk often
	Break down steps involved in tasks		Allow short breaks
	Check for understanding		Have him/her write questions down on a piece of paper to ask after class
	Other:		Other:
	Other:		Other:
	Other:		Other:
	Other:		Other:

Comments: