



Special Services, Johnson County and Surrounding Schools **Functional Behavioral Assessment (FBA)**

Functional Behavioral Assessment is a systematic collection and analysis of data that will vary in length and scope depending on the severity of a student's behavior.
Results and analysis of the data collection are used in developing the student's Behavioral Intervention Plan if needed, which is discussed in the IIEP report.
A Functional Behavioral Assessment will identify **target behavior(s)** for intervention, the **purpose or function** of the behavior for the student, and possible **functionally equivalent replacement behaviors (FERBs)** the student may use to obtain the same outcome.

Student:	DOB:	Completed on:
School:	Grade:	Teacher(s):
Form Completed by:		

	Participants in FBA development	Date	Data Collection Method*
	Administrator		
	Parent/Guardian		
	Educator and Title		
	Educator and Title		
	Educator and Title		
	Educator and Title		
	Educator and Title		
	Educator and Title		
	School Psychologist		
	Program Support		
	Counselor		
	Student		
	Other		
	Other		

***Data Collection Methods:** (1) Interview, (2) Form or Survey, (3) Observation, (4) Systematic Data Collection, (5) Discipline/Incident Record, (6) Consultation, (7) Other ?

Compile and check all of the behavior(s) that were indicated by teachers/staff to impede the student's learning or the learning of others.

		Categories:					
		Aggression	Inappropriate Talk	Noncompliance	Off-Task	Self-Injurious	Other
Behaviors	Hitting	Talking out	Failing to comply with staff requests or instructions	Out-of-seat	Head banging	Unresponsive	
	Biting	Talking back to staff	Refusing to follow school rules, specifically:	Gesturing to peers	Using objects to cut or puncture self	Withdrawn	
	Spitting	Negative comments	_____	Touching others	Pinching self	Socially isolated	
	Pushing	Using profanity	Failing to begin task when requested	Talking to peers	Consuming inedible substances	Hygiene issues	
	Scratching	Name calling	Refusing to talk	Appearing to be doing nothing	Vomiting	Communication problems	
	Kicking	Yelling	Verbal refusals	Working on unrelated materials	Pulling own hair	Stealing	
	Shoving	Making inappropriate sounds	Arriving tardy to class	Looking around room	Sucking/biting/scratching body parts	Other:	
	Pulling hair	Verbal threats	Truancy (class or day)	Putting head down in class/sleeping	Possession/use of drugs/alcohol/inhalants/ tobacco		
	Inappropriate touching	Inappropriate symbolism (i.e., gang related)	Hiding in the school bldg./classroom	Using objects to gain peer attention	Other: _____		
	Vandalism	Humming or singing	Leaving class	Not attending to directions			
	Threatening others	Off-subject comments	Leaving building	Unprepared for class			
	Hitting objects against desk, wall, floor	Harassing statements	Lying	Self-stimulating behaviors, specifically:			
	Tantruming	Sexual innuendoes	Other: _____				
	Fighting	Other: _____					
	Bullying						
	Destroying school objects such as paper, pencil, books, assignments						
	Other:						

Prioritize the Categories or Behaviors indicated above which most interfere with the student's learning.

1. _____ 2. _____ 3. _____

INDICATE ALL OF THE STRENGTHS, INTERESTS, HOBBIES, AND LEARNING STYLE CONDITIONS OBTAINED FROM PARENT, TEACHER, AND STUDENT FEEDBACK.

Student Strengths or positive things about the student	Student's Hobbies or Interests	Successful Learning Conditions or things that work well for the student
<input type="checkbox"/> Friendly <input type="checkbox"/> Helpful <input type="checkbox"/> Social <input type="checkbox"/> Organized <input type="checkbox"/> Leader <input type="checkbox"/> Liked by peers <input type="checkbox"/> Has a lot of friends <input type="checkbox"/> Respects authority figures <input type="checkbox"/> Self-starter <input type="checkbox"/> Socially aware <input type="checkbox"/> Follows directions <input type="checkbox"/> Honest <input type="checkbox"/> Laid back/easy going <input type="checkbox"/> Attentive <input type="checkbox"/> Kind to adults <input type="checkbox"/> Kind to students <input type="checkbox"/> Works well in groups	<p style="text-align: center;"><i>Please fill in based on information obtained through parents, teachers, and student.</i></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Encourage reflective thinking <input type="checkbox"/> Use analytical skills <input type="checkbox"/> Involve building/constructing <input type="checkbox"/> Involve applying experiments or testing <input type="checkbox"/> Peer tutoring <input type="checkbox"/> Use creative writing <input type="checkbox"/> Utilize the computer <input type="checkbox"/> Graphic organizers <input type="checkbox"/> Allow for artistic expression of concepts <input type="checkbox"/> Involve his/her interests as a learning tool <input type="checkbox"/> Utilize incentives <input type="checkbox"/> Offer verbal praise <input type="checkbox"/> Seat away from distractions <input type="checkbox"/> Small group activities <input type="checkbox"/> Working 1:1 when possible

Student Strengths or positive things about the student	Student's Hobbies or Interests	Successful Learning Conditions or things that work well for the student
<input type="checkbox"/> Good sense of humor <input type="checkbox"/> Positive outlook/attitude <input type="checkbox"/> Good communication skills <input type="checkbox"/> Tries hard/hard worker <input type="checkbox"/> Strong reader <input type="checkbox"/> Asks for help <input type="checkbox"/> Good support network <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Walk by his/her desk often <input type="checkbox"/> Break down steps involved in a task <input type="checkbox"/> Allow short breaks <input type="checkbox"/> Check for understanding <input type="checkbox"/> Have him/her write questions down on a piece of paper to ask after class <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

PLEASE LIST ADDITIONAL STRENGTHS, SUPPORTS, AND/OR RESOURCES:

Family:

School:

Community:

COMPILE THE DATA COLLECTED FROM THE TEACHER(S) ON THE TARGET BEHAVIOR LIST AND INSERT HERE.

Indicate the category of the specific target behavior(s)	Behavior Definition List specific behaviors that comprise this behavior group	Priority Level for Intervention Planning
1)		High Medium Low
2)		High Medium Low
3)		High Medium Low

Copy pages 6 through 9 for each identified target behavior.

COMPLETE THE REST OF THIS FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA) BASED UPON THE TARGET BEHAVIOR
(please make sure to list overall behavior category and then describe behavior(s) in observable and measurable terms):

_____.

DATA COLLECTION: (Choose one) ATTACH DATA SHEETS IF UTILIZED

Frequency of behavior:	Intensity of behavior:	Duration of behavior:
__ daily__ # (behavior count)	__ mild (disruptive but not dangerous)	__ seconds _____
__ weekly__ # (behavior count)	__ moderate (verbal/physical threats and/or destructive to physical environment)	__ minutes _____
__ monthly__ # (behavior count)	__ severe (poses a physical danger to student and/or other)	__ hours _____

WHAT FUNCTION DOES THE BEHAVIOR SEEM TO SERVE FOR THE STUDENT? WHAT DOES THE STUDENT SEEM TO “GET” FROM THE BEHAVIOR OR WHAT NEED IS BEING MET? (Obtain from using the Behavior Functions Checklist). * Insert into IIEP, if developing an IEP.

USING THE DATA COLLECTED, WHAT FACTORS APPEAR TO BE CAUSING OR MAINTAINING THE BEHAVIOR?

Predictor(s) & Setting E vents: In which settings, with what person(s), and/or at what time do the behavior(s) occur? (e.g., classroom, hallway, lunch room, computer room, peers, teachers, morning, afternoon, etc.)

Antecedents: What event, action, or circumstance occurs before the behavior?

Skill Deficit: What skill deficit(s) may be causing the occurrence of this behavior? (e.g., language impairment, processing deficit, social deficit, learning disability, etc.)

HYPOTHESIS: (May identify 1 or 2 functions of the identified interfering behavior; however, if 2 functions are identified, you may need to develop 2 hypotheses): *Insert into IIEP, if developing an IEP.

When _____ (identify setting events) _____ (student)

will _____ (target behavior)

at an approximate rate of _____ (data collection baseline) in order to _____ (purpose/function of behavior).

FUNCTIONALLY EQUIVALENT REPLACEMENT BEHAVIOR (F.E.R.B.):

When situated in _____ (situational factor) setting _____ (student)

will _____ (F.E.R.B.)

in order to _____ (purpose/function of behavior)

**ANNUAL GOAL - Designed to address behavior skill development: *To be filled out by the teacher of record if placement is being made.
*Insert into IIEP, if developing an IEP.**

Data regarding the Annual Goal will be gathered and recorded by _____ every _____.
person responsible how often

ADDITIONAL COMMENTS AND INFORMATION:

RECOMMENDED INSTRUCTIONAL PRACTICES TO TEACH REPLACEMENT BEHAVIOR: *Insert appropriate information into IEP, if developing an IEP.

Preteaching: How can the replacement behavior initially be presented to the student? (Individual discussion? Class discussion?) What physical cues or visual supports will remind the student of the appropriate behavior?

Direct Instruction: How will you teach the student the correct behavior? (Role-playing? Demonstration? Reinforcing other students for appropriate behaviors?) What prompts and cues will be taught? How often?

Reinforced Practice: How will opportunities for practice be provided? (In class? Resource period? With counselor?) What positive reinforcers will be used for appropriate behavior? How often? (1/2 day? Daily? Per Period?)

Response to problem behavior: What strategies will be used to reduce problem behavior(s) (e.g., direction, verbal warnings, office referral, visual strategies, etc.)? What consequences/disciplinary actions will be used if behavior continues or escalates?

Self-Control: What types of self-management strategies will be used to teach the student to monitor his/her own behavior?

