



## 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.

<b>Student:</b>	<b>DOB:</b>	<b>Completed on:</b>
<b>School:</b>	<b>Grade:</b>	<b>Teacher(s):</b>
<b>Form Completed by:</b>		

Participants in FBA development		Date	Data Collection Method*
<input type="checkbox"/>	Administrator		
<input type="checkbox"/>	Parent/Guardian		
<input type="checkbox"/>	Educator and Title		
<input type="checkbox"/>	Educator and Title		
<input type="checkbox"/>	Educator and Title		
<input type="checkbox"/>	Educator and Title		
<input type="checkbox"/>	Educator and Title		
<input type="checkbox"/>	Educator and Title		
<input type="checkbox"/>	School Psychologist		
<input type="checkbox"/>	Program Support		
<input type="checkbox"/>	Counselor		
<input type="checkbox"/>	Student		
<input type="checkbox"/>	Other		
<input type="checkbox"/>	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.**

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	Biting	Talking back to staff		Gesturing to peers	Using objects to cut or puncture self	Withdrawn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

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

<b>Indicate the category of the specific target behavior(s)</b>	<b>Behavior Definition List specific behaviors that comprise this behavior group</b>	<b>Priority Level for Intervention Planning</b>
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 measureable terms):**

\_\_\_\_\_.

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

Frequency of behavior:	Intensity of behavior:	Duration of behavior:
___ daily___ # (behavior count) ___ weekly___ # (behavior count) ___ monthly___ # (behavior count)	___ mild (disruptive but not dangerous) ___ moderate (verbal/physical threats and/or destructive to physical environment) ___ severe (poses a physical danger to student and/or other)	___ seconds _____ ___ minutes _____ ___ 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 Events: 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 \_\_\_\_\_ in order to \_\_\_\_\_.  
(data collection baseline) (purpose/function of behavior)

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

When situated in \_\_\_\_\_ setting \_\_\_\_\_  
(situational factor) (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?

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