

# FUNCTIONAL BEHAVIOR ASSESSMENT REPORT

An FBA is an analytical process based on observations, review of records, interviews, and data analysis to determine the function the behavior serves for the student, how that function can be met more appropriately and how the environment can be altered to better support general positive behaviors.

Date of Report: \_\_

Date(s) of FBA Data Collection: \_\_

## SECTION 1: Student Information

Student Name:

Male Female

Last (legal) First (no nicknames) M.I.

Birthdate: Grade:

Resident District: School of attendance:

## SECTION 2: Parent/Guardian Contact Information

Parent Name: Home Phone: ( )-

Foster Parent Address: Work Phone: ( )-

Guardian City/State: Cell Phone: ( )-

Surrogate Zip: E-mail: @

Student

## SECTION 3: Behavior Analysis

1. **Behavior(s) of concern** (*State a clear, measurable, and observable description of the behavior or behaviors of concern*)

2. Frequency, Intensity, and/or Duration of current behavior:

3. Analysis of this behavior was based on:

Interviews with

Student observation(s) on at

Review of records, consisting of: health discipline other:

Environmental analysis for supportive and unsupportive variables on

**Summary of Interview, Observation, Record Review, and Environmental Analysis:**

**4. Is the behavior impeding learning of the student or peers?** Yes No

*If yes, please describe:*

**5. Have Tier II Strategies or other Interventions been tried?** (e.g., school/home notes, behavior contracts, self-monitoring)

Yes No

*Describe previously selected intervention:*

**6. Result of selected Tier II or other Positive Behavior Interventions and Strategies:**

**7. Is a behavior intervention plan recommended?** Yes No **Rationale:**

**8. Environmental Factors:**

- **What are the reported and observed predictors for the current behavior(s)?** (*Antecedent events that trigger problem behavior*)
- **What supports the student using the current problem behavior(s): summary based on the environmental assessment portion of this assessment:** (e.g., what is in the environment that should be eliminated or reduced? What is not in the environment that should be added?)

**9. Functional Factors:**

- **Hypothesis of function (purpose) of this behavior for this student** based on data collected in Section 3. above
- Suggested functionally equivalent replacement behavior:

## SECTION 4: Conclusion/Recommendation

**1. Conclusions:** (*Recommendations for IEP, 504, or school team consideration*)

**2. Estimate of need for behavior intervention:**

Extreme

Serious

Moderate

Needs attention, early stage intervention

Monitor behavior only; no formal behavior intervention plan is recommended at this time

**3. If a Behavior Intervention Plan is NOT now recommended:**

Behavior goals to be developed by: and contained in:  
Consider Tier II interventions, or other interventions, such as  
 Consider assistance to student's teacher to enhance environmental/student  
 Consider other Tier III interventions, such as district provided Cognitive Behavioral Therapy such as a  
 Related Service to address emotionally driven behavior  
 Consider WrapAround or Multiagency teaming

**Rationale for selection of an alternate approach:**

**4. This team has determined that if a behavior plan is NOT to be developed as a result of this assessment, a functional behavior assessment will be considered again if:**  
 data demonstrates the problem behavior intensity, duration or frequency escalates or continues at current rate  
 or data demonstrates non-responsiveness to selected other approaches

*Describe:*

**5. This student has:** a current IEP a current 504 Plan neither

**6. Goals to monitor future behavior will be added to:**  
 a new or amended IEP  
 a new or amended 504 Plan  
 a school team's plan (no IEP or 504 Plan)

**SECTION 5: Evaluation Personnel**

**Individuals contributing to this evaluation:**

Name	Position	Name	Position

Contact person for this report:

Phone: ()-

E-mail: @