

Functional Assessments Checklist for Teachers and Staff (FACTS-Part A)

Step 1 Student/Grade: Simren/1st grade Date:
 Interviewer: PBIS Coach/Teacher/Psych Respondent(s): Teacher or student if extended

Step 2 **Student Profile:** Please identify at least three strengths or contributions the student brings to the school
 Superior range of intellectual abilities, loves math reasoning problems and reading

Problem Behavior(s): Identify problem behaviors

- Step 3
- | | | | |
|---------------------------------------|------------------------------------------------------------|------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Tardy | <input type="checkbox"/> Fight /physical aggression | <input checked="" type="checkbox"/> Disruptive | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Unresponsive | <input checked="" type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Withdrawn | <input checked="" type="checkbox"/> Verbally Inappropriate | <input type="checkbox"/> Work not done | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Self-injury | |

Describe problem behavior: touching peers, grabbing hands, repeats rhyming songs, follows peers, invades personal space

Step 4 **Identifying Routines: Where, When and Whom Problem Behaviors are Most Likely.**

Schedule (times)	Activity	Likelihood of Problem Behavior	Specific Problem Behavior
8:05-8:20	Opening Activity	Low <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	Messy/drops things/not in place
8:20-8:30	Rug-sentence writing	Low <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	Slow to respond, clumsy
8:30-9:15	P.E.	Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 High	Runs after targeted girls, name calling, giggling, grabbing
9:15-9:45	Rug-phonics, spell	Low <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	Hands & thumbs up in targeted peers faces
9:45-10	Transition-recess	Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 High	Follow targeted peers when asked to stop
10-11:25	LA rug/whole group-independ.	Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	Off-task, looking around, fiddling, needs constant redirects to work
11:25-11	Lunch tables	Low <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	Eats lunch alone-likes to eat her lunch
11:40-12:10	Lunch recess	Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 High	Follow targeted peers, sings names, grabs, hands in face
12:10-1:30	Math-whole group-independ	Low <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	Off-task-needs redirects to work
1:30-2:00	Closure activities	Low <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	Attentive, hands to self, follows teacher directions

Step 5

Select 1-3 Routines for further assessment: Select routines based on (a) similarity of activities (conditions) with ratings of 4,5 or 6 and (b) similarity of problem behavior(s). Complete the FACTS- Part B for each routine identified. **Routine; unstructured play & space invasion with touching and verbal bantering**

Functional Assessment Checklist for Teachers & Staff (FACTS- Part B)

Step 1 Student: Simren Date:
 Interviewer: PBIS Coach/Teacher/Psych Respondent(s): Teacher
 Routine/Activities/Context: Which routine (only one) from FACTS- Part A is assessed?

Routine/Activities/Context	Problem Behavior(s)
Unstructured play & activities	Invading space of targeted peers by touching, following and verbal bantering

Step 3 **Provide more details about the problem behavior(s):**

What does the problem behavior(s) look like? Following, singing rhyming songs, touching peers

How often does the problem behavior(s) occur? 4-12 times per day

How long does the problem behavior(S) last when it does occur? 5-10 minutes

What is the intensity/level of danger of the problem behavior(s)? Severe disruption in social interactions within the classroom and on the playground

Step 4 **What are the events that predict when the problem behavior(s) will occur? (Predictors)**

Related Issues (setting events)	Environmental Features
<input type="checkbox"/> illness other: <u>Aspergers</u> <input type="checkbox"/> drug use <input checked="" type="checkbox"/> negative social <input type="checkbox"/> conflict at home <input type="checkbox"/> academic failure	<input type="checkbox"/> reprimand/correction <input type="checkbox"/> physical demands <input type="checkbox"/> socially isolated <input checked="" type="checkbox"/> with peers <input type="checkbox"/> other <input type="checkbox"/> structured activity <input checked="" type="checkbox"/> unstructured time <input type="checkbox"/> tasks too boring <input type="checkbox"/> activity too long <input type="checkbox"/> tasks to difficult

Step 5 **What consequences appear most likely to maintain the problem behavior(s)?**

Things that are Obtained	Things Avoided or Escaped From
<input checked="" type="checkbox"/> adult attention Other: _____ <input checked="" type="checkbox"/> peer attention <input type="checkbox"/> preferred activity <input type="checkbox"/> money/things	<input type="checkbox"/> hard tasks Other: _____ <input type="checkbox"/> reprimands <input type="checkbox"/> peer negatives <input type="checkbox"/> physical effort <input type="checkbox"/> adult attention

Step 6 **Summary of Behavior**
 Identify the summary that will be used to build a plan of behavior support.

Setting Events & Predictors	Problem Behavior(s)	Maintaining Consequence(s)
Social interactions with physical activity required Free play	Riddles, rhyming games, thumb in face and following of targeted peers	Peer attention Adult attention

Step 7 **How confident are you that the Summary of Behavior is accurate?**

Not very confident 1 2 3 4 5 Very Confident 6

Step 8 **What current effort have been used to control the problem behavior?**

Strategies for preventing problem behavior	Strategies for responding to problem behavior
<input checked="" type="checkbox"/> schedule change <input checked="" type="checkbox"/> seating change <input type="checkbox"/> curriculum change <input checked="" type="checkbox"/> other: social skill instruction with speech path	<input checked="" type="checkbox"/> reprimand <input checked="" type="checkbox"/> office referral <input type="checkbox"/> detention <input checked="" type="checkbox"/> other: IEP meetings, social isolation