

# Functional Behavior Assessment

## **Definition:**

A **Functional Behavior Assessment (FBA)** is a comprehensive and individualized approach to examining variables that maintain challenging behaviors. The assessment considers all behavioral assessment methods used to examine the functional antecedents, behavior, and consequent events and the relationship between each of these components. A Functional Behavioral Assessment is a process of descriptive analysis as well as functional analysis. No specific forms are required for recording the results of the Functional Behavior Assessment. Sample forms are included in this section.

## **When to do an FBA:**

- When a student continues to demonstrate chronic misbehaviors and past and present interventions are not making a positive impact.
- When a student is approaching the 10 cumulative school days of out of school suspension within the school year and the IEP team is investigating least restrictive environment options.
- When the IEP team wants to effectively and efficiently re-evaluate a student's behavior and program to determine appropriate behavioral strategies/interventions.
- As a requirement if the child's behavior is determined to be a manifestation of the child's disability, unless the school district conducted a functional behavioral assessment before the behavior occurred that prompted the disciplinary action, and implemented a behavior intervention plan.
- When a student has been removed to an Interim Alternative Educational Setting by the School District. Within 10 school days of the decision to remove the child, the IEP team must determine if the child's behavior is a manifestation of the child's disability, provide, as appropriate, a functional behavioral assessment, and behavior intervention services and modifications that are designed to address the behavior violation so that it does not recur.

Functional Behavior Assessments should occur within a team process. Participants may include

- Behavior Specialist
- School Administrator
- Staff who works regularly with the student (gen. ed. teacher, special ed. teacher, etc.)
- Parent or guardian
- Student (if appropriate)

# Functional Behavior Assessment

## Page 1

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Attending School \_\_\_\_\_ Teacher \_\_\_\_\_

### Person(s) involved in the completion of this Assessment:

Name (Print and Sign)	Title
_____	_____
_____	_____
_____	_____
_____	_____

- Student Strengths:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Behaviors of Concern: (tardy, inattentive, sleeps, disrespectful, aggression toward teaches and peers, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
- Current Strategies: (motivators, time out, seating, academic accommodate/modify, choices, etc. )  
\_\_\_\_\_  
\_\_\_\_\_
- Locations and Triggers of Concerning Behaviors: (bus, cafeteria, classroom, hallway, etc.)  
\_\_\_\_\_
- People who are present when behaviors occur? (peers, adults, self, other)  
\_\_\_\_\_
- What happens just prior to the behaviors?  
\_\_\_\_\_
- What do others do when the behaviors occur?  
\_\_\_\_\_
- What does the student do after the behaviors occur? \_\_\_\_\_
- What do others do after the behaviors occur? \_\_\_\_\_
- Time of day behaviors occur: \_\_\_\_\_
- Academic Time behaviors occur: (reading, math, journaling, independent reading, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
- Other factors that may contribute: (medication, noise, drug use, peer conflict, home conflict, lack of sleep)  
\_\_\_\_\_  
\_\_\_\_\_
- Possible Causes of Behaviors:  
\_\_\_\_ Get or Obtain Something (food, attention, money, favored activity, game, toy)  
\_\_\_\_ Control or Power (gain power and control of peers, adults, space, etc.)  
\_\_\_\_ Escape or Avoid Something (difficult tasks, attention, work, reprimand, requests, etc)  
\_\_\_\_ Emotional Release (physical release, impulsive response, etc.)



**Functional Behavior Assessment  
Observation Form**

*(Use more than one observation forms if observed in several locations or contexts)*

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Student Name \_\_\_\_\_ Grade \_\_\_\_ Date \_\_\_\_\_

Attending School \_\_\_\_\_ Teacher \_\_\_\_\_

**Person(s) involved in the completion of this Assessment:**

Name (Print and Sign)

Title

_____	_____
_____	_____
_____	_____
_____	_____

**Context of Observation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Antecedent:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Behavior:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consequence:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_