

FUNCTIONAL BEHAVIORAL ASSESSMENT WORKSHEET

This form is optional and is intended to assist the IEP team in targeting factors and issues that may be contributing to student's maladaptive behaviors. The FBA is attached to the IEP that includes the BIP that is developed from this information. The FBA is to be completed when it is determined that the student's behavior interferes with his/her learning or the learning of others.

Fill in the demographic information UNDER each category below:

Child's Name:	School:	District:	School Year:
MSIS ID Number:	Grade:	Race:	Gender:
Date of Birth:	Phone Number:	Current Eligibility Date:	Eligibility Category:
Mother's Name:	Father's Name:	Address:	

Mark X beside all sources to be used.

- | | |
|------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Anecdotal information provided by parents | <input type="checkbox"/> Parents interviews |
| <input type="checkbox"/> Diagnostic evaluation(s) done by the district | <input type="checkbox"/> Diagnostic evaluations by outside agency |
| <input type="checkbox"/> Classroom/school observation(s) | <input type="checkbox"/> Child interview |
| <input type="checkbox"/> Interview with other professionals | <input type="checkbox"/> Teacher interview(s) |
| <input type="checkbox"/> Behavior Rating Scales | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> IEPs | <input type="checkbox"/> Attendance records |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

State setting, frequency, duration, intensity, and severity of what the child is doing or not doing.

A) Observed and/or reported by School Staff Parent Other:

B) Observed and/or reported by School Staff Parent Other:

C) Observed and/or reported by School Staff Parent Other:

Mark X beside all that apply in a school setting, then describe:

- | | | |
|--------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Directive or request from authority | <input type="checkbox"/> Provocation from peers | <input type="checkbox"/> Academic activity |
| <input type="checkbox"/> Unstructured setting | <input type="checkbox"/> Transition time | <input type="checkbox"/> Certain time of day |
| <input type="checkbox"/> No obvious circumstance | <input type="checkbox"/> Other: | |

Description:

Check all that apply in a school setting, then describe:

- | | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Behavior is socially reinforced by peers | <input type="checkbox"/> No consequences or behavior is ignored | <input type="checkbox"/> Gets corrective feedback |
| <input type="checkbox"/> Is removed from the setting | <input type="checkbox"/> Privileges are withheld | <input type="checkbox"/> Gets negative consequences |
| <input type="checkbox"/> Receives attention | <input type="checkbox"/> No obvious consistency | <input type="checkbox"/> other: |

Description:

Describe what **positive reinforcers** have been tried and identify its effectiveness.

Describe what **consequences** have been tried and identify its effectiveness.

A) The presumed **function** of this behavior is (*mark X and write in explanation of "what"*)

To get:

To escape:

To control:

B) The problem behavior may be linked to a **skill deficit** in the following areas:

C) The problem behavior may be linked to a **performance deficit** in the following areas:

D) Next Steps:

The child's behavior patterns may require instructional modifications or accommodations only.

The child's behavior patterns suggest that a Behavioral Intervention Plan is warranted.

Existing data is insufficient for a complete functional assessment. Additional data is needed.

Signature/Title Date	Signature/Title Date
Signature/Title Date	Signature/Title Date
Signature/Title Date	Signature/Title Date
Signature/Title Date	Signature/Title Date

02/01/17

Special Education: Behavior Management and Discipline

Policy XII.19.A