

**FUNCTIONAL BEHAVIOR ASSESSMENT
(FBA) PLAN**

Student Name: _____ ID: 0 _____ Date: _____
 Person Referring: _____ Grade: _____ D.O.B.: _____
 Title: _____ Age: _____
 Type: Initial Evaluation Reevaluation School: _____

What is the behavior to be used?

Data Procedures to be used:

Part I. Historical Data Collection	Person Responsible	Date Due (up to 30 school days)
_____ Background Information	_____	_____
_____ Results of Previous Interventions	_____	_____
_____ Disciplinary History (Form 2)	_____	_____
_____ Academic Achievement	_____	_____
_____ Attendance	_____	_____
_____ Health History	_____	_____
_____ Outside Agency Involvement	_____	_____

Part II. Anecdotal Reporting/Observations

_____ Attendance	_____	_____
_____ Health History	_____	_____
_____ Outside Agency Involvement	_____	_____
_____ Outside Agency Involvement	_____	_____

Part III. INTERVIEWS (forms 20-23 are optional interviews and maybe used if appropriate):

_____ Student Interview	_____	_____
_____ Teacher Interview	_____	_____
_____ Parent Interview	_____	_____

Part IV.

Data Collection Summary

<p>1. What appears to cause the behavior? Source:</p>	
<p>2. When does the behavior occur? Source:</p>	
<p>3. How often does the behavior occur? Source:</p>	
<p>4. How long does the behavior last? Source:</p>	
<p>5. How intense is the behavior? (mild, moderate, severe):</p>	
<p>6. Approximately how long has the behavior been occurring:</p>	

<p>7. Are there circumstances in which this behavior usually/frequently occurs? Please describe;</p>	
<p>8. Does this behavior occur more often during certain times of the day?</p>	
<p>9. Does this behavior occur with certain people in the environment?</p>	
<p>10. Does this behavior occur only during certain subjects?</p>	
<p>11. Could the behavior be related to any skill deficits?</p>	
<p>12. Could the behavior be signaling some deprivation conditions (e.g. thirst, hunger, lack of rest), any form of discomfort (e.g. headaches, hearing/vision difficulties), or caused by a medical condition?</p>	

13. Do any other behaviors occur along with the behavior?	
14. Are there any observable events that signal that the behavior is about to occur?	
15. What happens after the behavior occurs?	
16. What is the functional intent of the behavior (i.e., what does the student gain from engaging in the behavior)?	
17. Describe replacement behavior of functional alternatives to the behavior?	
18. What are the identified reinforcers for this student?	

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19. Is this student prescribed any medications that might affect his/her behavior? Please describe.	
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Part V.

Recommendations for Behavior Intervention Plan (Include how program will be reviewed and what success will look like):

Copies: Due Process File IEP Manager
Sp Ed Office Service Coordinator