

FUNCTIONAL BEHAVIORAL ASSESSMENT AND BEHAVIORAL INTERVENTION PLAN

Student's Name: _____ Grade: _____ School: _____
 Teacher: _____ Exceptionality: _____
 Date: _____

FUNCTIONAL BEHAVIOR ASSESSMENT

A. Define the student's strengths (academic and behavioral)?

1. _____
2. _____
3. _____
4. _____

B. Complete the chart below:

- Problem Behavior: Identify the problem behaviors that most interfere with the student's functioning.
- Concrete Definition: Define behavior in concrete terms that are easy to communicate and simple to record and measure.
- Frequency: Examples: every 10 minutes, 4 of 4 days, 4 x per hour, 1 x per day, etc...
- Intensity: On a scale of 1 to 10 (1 being low intensity and 10 high intensity).
- Ex: 3=touched kid gently, 10=gave kid black eye
- Duration: How long does the entire episode last? Example: Fred gets upset, leaves class, and runs through the halls yelling and screaming. The episode begins when Fred gets upset and ends when he is able to get control of himself.
Duration=approximately 35 minutes.

Problem Behavior	Concrete Definition of Behavior	Frequency	Intensity	Duration

Circle or highlight the problem behavior, from the concrete definition list, that the committee would like to work on changing. Most likely, this will be the behavior that is highest in frequency, intensity and duration.

From the list below, indicate the factors that seem to be supporting the problem behavior by placing a check mark in the appropriate space.

Problem Behavior: _____
(Write problem behavior in space above)

What triggers the behavior?

_____ Lack of social attention
 _____ Demand/Request
 _____ Does not understand
 _____ Transition between tasks
 _____ Transition between settings
 _____ Interruption in routine
 _____ Negative social interaction w/peers
 _____ Consequences imposed for negative behavior
 _____ Inability to process directions
 _____ Other (specify) _____

What consequences have been implemented for problem behavior?

_____ Behavior ignored
 _____ Reprimand/Warning
 _____ Stated expectation
 _____ Time-Out
 _____ Loss of privileges
 _____ Sent to office
 _____ Communications with home
 _____ Discipline referral
 _____ In-school suspension
 _____ Out-of-school suspension
 _____ Other (specify) _____

During what concurrent event(s) does the behavior occur?

_____ Independent seat work
 _____ Large group instruction
 _____ Small group instruction
 _____ Crowded setting
 _____ Unstructured activity
 _____ Structured activity
 _____ Specific time of day _____
 _____ Specific day of the week _____
 _____ With a specific teacher (s) _____
 _____ A specific subject _____
 _____ Other (specify): _____

Does the student try to escape when he/she misbehaves? If so, why?

_____ Avoid a demand or request
 _____ Avoid an activity/task (if known)
 _____ Avoid a person
 _____ Escape the classroom/setting
 _____ Escape the school
 _____ Other (specify): _____

Are there any Medical/Home factors that are relevant to this behavior?

_____ Medication (change/not taking)
 _____ Change in home/family dynamics
 _____ Mental conditions-Specify: _____
 _____ Mental Health-Specify: _____
 _____ Social Services
 _____ Judicial System
 _____ Other (specify): _____

Does the student try to gain attention or control when he/she misbehaves? If so, why?

_____ Get desired item/activity
 _____ Gain adult attention
 _____ Gain peer attention
 _____ Get sent to preferred adult
 _____ Gain power
 _____ Gain revenge
 _____ Other (specify): _____

Are there other characteristics of the student that Could contribute to behavioral difficulties?

Examples: impulsivity, alienation from peers, low frustration tolerance, difficulties reading

Develop a hypothesis (best guess) about the function or purpose of the student's problem behavior. This hypothesis predicts general conditions under which behavior is most and least likely to occur (antecedents), as well as the probable consequences serve to maintain it.

Hypothesis Statement:

BEHAVIOR INTERVENTION PLAN

Develop a Behavioral Intervention Plan: (BIP) using the information from the functional behavioral assessment.

Replacement Behaviors	Activities/Modifications	Reinforcements	Consequences
1.			
2.			

How will this plan be monitored?	How often?	By Whom?

How many days will BIP be in effect before evaluated: _____

Date of next meeting: _____

Signatures of IEP Team Members who attended this meeting on: _____

LEA Representative: _____

Special Ed Teacher: _____

Regular Ed Teacher: _____

School Psychologist: _____

Parent/Guardian: _____

Student (If appropriate): _____

Other: _____

Evaluation Date of BIP: _____

Evaluation of Behavior Intervention Plan

A. Describe student's progress toward the replacement behavior(s):

B. Were the steps in the BIP implemented as indicated (be specific):

C. Describe any modifications, deletions, or revision that the committee feels would enhance the effectiveness of the plan based on new information gained since the initial BIP:

D. Revised BIP

Replacement Behavior	Activities/Modifications	Reinforcements	Consequences

How many days will BIP be in effect before evaluated: _____

Date of next meeting for revised BIP: _____

At the next meeting, the IEP Team may choose to continue to use the BIP (including any revisions), revise the BIP again or start the process over (new functional behavioral assessment and BIP) based on new information.

Use Continuation FBA (Page 4 of 4)

Signatures of IEP Team members who attended this meeting on: _____

LEA Representative: _____

Special Ed Teacher: _____

Regular Ed Teacher: _____

School Psychologist: _____

Parent/Guardian: _____

Student (If appropriate): _____

Other: _____