

Functional Behavioral Assessment

Name _____ DOB _____

Scatterplot

Week of: _____

Daily Schedule Analysis—*first step* in understanding child’s behavior.

Record each incidence of *disruptive or non compliant behavior* with each check(/) as a separate event. An open box without checks represents positive or neutral behaviors.

Sequence of Quality of Activities AM to PM	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:	Sat Date:	Sun Date:
Getting up and ready for day							
Family Relations am							
Breakfast							
Off to school							
School (write in actual class schedule or weekend activities)							
School							
School							
Lunch							
School							
School							
School							
School							
Home after School							
Rest							
Play/Friends							
Homework							
Dinner							
TV							
Family Relations pm							
Clubs/Activity A							
Clubs/Activity B							
Bedtime							
Sleep							

