**Functional Behavioral Assessment (FBA) Summary Report**

**STUDENT BACKGROUND INFORMATION**

|  |  |
| --- | --- |
| **Name:** Click here to enter text. | **Date of FBA:** Click here to enter a date. |
| **DOB: 10/20/2004** | **Age:** Click here to enter text. |
| **School: Pinehurst Elementary** | **Grade:** Choose an item. |
| **504 Plan:  Yes  No**  **Special Education:** | **Disability (if applicable):** Choose an item.  **If “Other,” please specify:** Click here to enter text. |
| **Yes, currently has an IEP**  **No, does not have an IEP**  **In process, Special Education Referral initiated:** Click here to enter a date. | |

**Current Placement:  General education**

**General education plus pull out Special Education services**

**Self-contained Special Education class**

**Nonpublic**

**Reason for Assessment**

Briefly describe why an FBA has been requested:

**Relevant Student History:**

School information (e.g., attendance history, disciplinary referrals, educational assessments)

Click here to enter text.

Previous behavioral concerns:

Click here to enter text.

|  |  |
| --- | --- |
| Interventions\* previously attempted: | Impact(s) on student behavior: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

\*attach intervention protocol or description as appropriate

**Medical history:** Click here to enter text.

**Parent concerns:** Click here to enter text.

**Academic concerns:** Click here to enter text.

**Student Talents/Strengths/Interests:**

**Academic:** Click here to enter text.

**Social/Personal/Other:** Click here to enter text.

**DATA SOURCES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Educational Record Review** | | **Interviews** | |
|  | **Academic Records/Report Cards** |  | **Parent(s)/Guardian(s)** |
|  | **Educational Assessment** |  | **Student:** |
|  | **Psychological Assessment** |  | **Classroom Teacher(s):** Click here to enter text. |
|  | **Disciplinary records from previous years** |  | **Special Educator:** Click here to enter text. |
|  | **Previous FBA or Behavioral Intervention Plan** |  | **Other Service Provider:** Click here to enter text. |
|  | **IEP** |  | **Other Service Provider:** Click here to enter text. |
|  | **Other:** Click here to enter text. |  | **Other Service Provider:** Click here to enter text. |
|  | **Other:** Click here to enter text. |  | **Other:** Click here to enter text. |
| **Observational Data** | | **Structured Ratings** | |
|  | **Anecdotal Reports of Behavior Incidents** |  | **Reinforcement Assessment/Interest Inventory** |
|  | **A-B-C Data** |  | **Motivation Assessment** |
|  | **Behavior Checklist** |  | **Social Skills Assessment** |
|  | **Frequency Data** |  | **Behavior Rating Scale** |
|  | **Other:** Click here to enter text. |  | **Other:** Click here to enter text. |
|  | **Other:** Click here to enter text. |  | **Other:** Click here to enter text. |

**BEHAVIORAL DEFINITION**

**TO BE COMPLETED BY THE TEAM:** Clearly define the specific behavior(s) of concern. **Select no more than three behaviors** as the focus of this assessment. Choose behaviors that interfere with the student’s learning, social relationships, and/or participation in school. Write specific actions or examples of acts. **Define each behavior in observable and measurable terms.**

Targeted Behaviors

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.

**Behavior 1:** Click here to enter text.

**Behavioral Patterns**

***Factors that trigger or escalate the behavior:***

Click here to enter text.

***Influencing Conditions and/or setting events - When and where the behavior is MORE likely to occur (e.g., time of day, activity, change in routine, class, people present, medical condition, environmental condition, fatigue, etc.):***

Click here to enter text.

***Influencing Conditions and/or setting events - When and where the behavior is LESS likely to occur (e.g., time of day, activity, change in routine, class, people present, medical condition, environmental condition, fatigue, etc.):***

Click here to enter text.

***Most frequent response of adults following the behavior:***

Click here to enter text.

***Most frequent response of peers following the behavior:***

Click here to enter text.

**Behavior Rate:**

Data obtained from Click here to enter a date. to Click here to enter a date.

**Insert the frequency or duration of the behavior, according to the type of data collected:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Frequency** | **Per (time)** | | **Duration** |  | | **Explanation of data (if needed)** |
| Click here to enter text. |  | **hour** | Click here to enter text. |  | **minutes** | Click here to enter text. |
|  | **day** |  | **hours** |
|  | **week** |  | **days** |
|  | **month** | **Other:** Click here to enter text. | |

**POSSIBLE BEHAVIORAL FUNCTION (PURPOSE):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Obtain/Gain** | | **Avoid or Escape** | |
|  | **Adult Attention** |  | **Adult Attention** |
|  | **Peer Attention** |  | **Peer Attention** |
|  | **Access to/use an activity, object, event:**  Click here to enter text. |  | **Participating in/using an activity, object, event:**  Click here to enter text. |
|  | **Sensory input:** Click here to enter text. |  | **Sensory input:** Click here to enter text. |
|  | **Other:** Click here to enter text. |  | **Other:** Click here to enter text. |

**Summary Statement(s):**

**The student is likely to (*Behavior 1*):** Click here to enter text.

**When (*trigger events*):** Click here to enter text.

**In order to (*function/purpose*):** Click here to enter text.

**This is more likely to occur (*influencing conditions*):** Click here to enter text.

**Recommendations and Goals**

**Supports** that might help to prevent this behavior:

Click here to enter text.

**Short-Term Goal** (Alternative/Replacement Behavior that could achieve the same function/purpose):

Click here to enter text.

**Long-Term Goal** (Desired Behavior)**:**

Click here to enter text.

**Behavior 2:** Click here to enter text.

**Behavioral Patterns**

***Factors that trigger or escalate the behavior:***

Click here to enter text.

***Influencing Conditions and/or setting events - When and where the behavior is MORE likely to occur (e.g., time of day, activity, change in routine, class, people present, medical condition, environmental condition, fatigue, etc.):***

Click here to enter text.

***Influencing Conditions and/or setting events - When and where the behavior is LESS likely to occur (e.g., time of day, activity, change in routine, class, people present, medical condition, environmental condition, fatigue, etc.):***

Click here to enter text.

***Most frequent response of adults following the behavior:***

Click here to enter text.

***Most frequent response of peers following the behavior:***

Click here to enter text.

**Behavior Rate:**

Data obtained from Click here to enter a date. to Click here to enter a date.

**Insert the frequency or duration of the behavior, according to the type of data collected:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Frequency** | **Per (time)** | | **Duration** |  | | **Explanation of data (if needed)** |
| Click here to enter text. |  | **hour** | Click here to enter text. |  | **minutes** | Click here to enter text. |
|  | **day** |  | **hours** |
|  | **week** |  | **days** |
|  | **month** | **Other:** Click here to enter text. | |

**POSSIBLE BEHAVIORAL FUNCTION (PURPOSE):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Obtain/Gain** | | **Avoid or Escape** | |
|  | **Adult Attention** |  | **Adult Attention** |
|  | **Peer Attention** |  | **Peer Attention** |
|  | **Access to/use an activity, object, event:**  Click here to enter text. |  | **Participating in/using an activity, object, event:**  Click here to enter text. |
|  | **Sensory input:** Click here to enter text. |  | **Sensory input:** Click here to enter text. |
|  | **Other:** Click here to enter text. |  | **Other:** Click here to enter text. |

**Summary Statement(s):**

**The student is likely to (*Behavior 2*):** Click here to enter text.

**When (*trigger events*):** Click here to enter text.

**In order to (*function/purpose*):** Click here to enter text.

**This is more likely to occur (*influencing conditions*):** Click here to enter text.

**Recommendations and Goals**

**Supports** that might help to prevent this behavior:

Click here to enter text.

**Short-Term Goal** (Alternative/Replacement Behavior that could achieve the same function/purpose):

Click here to enter text.

**Long-Term Goal** (Desired Behavior)**:**

Click here to enter text.

**Behavior 3:** Click here to enter text.

**Behavioral Patterns**

***Factors that trigger or escalate the behavior:***

Click here to enter text.

***Influencing Conditions and/or setting events - When and where the behavior is MORE likely to occur (e.g., time of day, activity, change in routine, class, people present, medical condition, environmental condition, fatigue, etc.):***

Click here to enter text.

***Influencing Conditions and/or setting events - When and where the behavior is LESS likely to occur (e.g., time of day, activity, change in routine, class, people present, medical condition, environmental condition, fatigue, etc.):***

Click here to enter text.

***Most frequent response of adults following the behavior:***

Click here to enter text.

***Most frequent response of peers following the behavior:***

Click here to enter text.

**Behavior Rate:**

Data obtained from Click here to enter a date. to Click here to enter a date.

**Insert the frequency or duration of the behavior, according to the type of data collected:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Frequency** | **Per (time)** | | **Duration** |  | | **Explanation of data (if needed)** |
| Click here to enter text. |  | **hour** | Click here to enter text. |  | **minutes** | Click here to enter text. |
|  | **day** |  | **hours** |
|  | **week** |  | **days** |
|  | **month** | **Other:** Click here to enter text. | |

**POSSIBLE BEHAVIORAL FUNCTION (PURPOSE):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Obtain/Gain** | | **Avoid or Escape** | |
|  | **Adult Attention** |  | **Adult Attention** |
|  | **Peer Attention** |  | **Peer Attention** |
|  | **Access to/use an activity, object, event:**  Click here to enter text. |  | **Participating in/using an activity, object, event:**  Click here to enter text. |
|  | **Sensory input:** Click here to enter text. |  | **Sensory input:** Click here to enter text. |
|  | **Other:** Click here to enter text. |  | **Other:** Click here to enter text. |

**Summary Statement(s):**

**The student is likely to (*Behavior 3*):** Click here to enter text.

**When (*trigger events*):** Click here to enter text.

**In order to (*function/purpose*):** Click here to enter text.

**This is more likely to occur (*influencing conditions*):** Click here to enter text.

**Recommendations and Goals**

**Supports** that might help to prevent this behavior:

Click here to enter text.

**Short-Term Goal** (Alternative/Replacement Behavior that could achieve the same function/purpose):

Click here to enter text.

**Long-Term Goal** (Desired Behavior)**:**

Click here to enter text.

**TEAM members contributing to this Functional Behavior Assessment (FBA)**

|  |  |  |
| --- | --- | --- |
| Name | Title | Signature |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |