

FUNCTIONAL BEHAVIOR ASSESSMENT (FBA)  
Wenatchee School District  
Special Education Department

Student: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
Disability: \_\_\_\_\_ IEP Coordinator: \_\_\_\_\_  
IEP Review Date: \_\_\_\_\_ Summary Analysis Date: \_\_\_\_\_

Describe incident in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STEP I: DESCRIPTION OF BEHAVIOR

Number of a similar behaviors previously exhibited ( )

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol ( )              | <input type="checkbox"/> Sexual Harassment ( )        |
| <input type="checkbox"/> Tobacco ( )              | <input type="checkbox"/> Harassment ( )               |
| <input type="checkbox"/> Illegal Drugs ( )        | <input type="checkbox"/> Defiance to School Staff ( ) |
| <input type="checkbox"/> Weapon (non-firearm) ( ) | <input type="checkbox"/> Defiance to School Rules ( ) |
| <input type="checkbox"/> Weapon (firearm) ( )     | <input type="checkbox"/> Disruption of Classroom ( )  |
| <input type="checkbox"/> Verbal Assault ( )       | <input type="checkbox"/> Negative Peer Influence ( )  |
| <input type="checkbox"/> Physical Assault ( )     | Other: _____  |

STEP II: EVENTS AND SITUATIONS RELATED TO THE OCCURRENCE  
AND NONOCCURRENCE OF THE TARGET BEHAVIOR(S).

Under what conditions does/do the target behavior(s) occur?

<u>Where</u>	<u>Time</u>	<u>Who</u>	<u>Instructional Environment</u>
<input type="checkbox"/> In class	<input type="checkbox"/> Arrival to school	<input type="checkbox"/> Teachers	<input type="checkbox"/> Entire Group
<input type="checkbox"/> Hallways	<input type="checkbox"/> Morning	<input type="checkbox"/> Specialists	<input type="checkbox"/> Small Group
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Lunch	<input type="checkbox"/> Support staff	<input type="checkbox"/> Individual
<input type="checkbox"/> Special classes	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Bus driver	<input type="checkbox"/> Transition
<input type="checkbox"/> Bus	<input type="checkbox"/> Recess/Break	<input type="checkbox"/> Peer(s)	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	

Comments: \_\_\_\_\_

Under what conditions are the student's behavior most appropriate?

<u>Where</u>	<u>Time</u>	<u>Who</u>	<u>Instructional Environment</u>
<input type="checkbox"/> In class	<input type="checkbox"/> Arrival to school	<input type="checkbox"/> Teachers	<input type="checkbox"/> Entire Group
<input type="checkbox"/> Hallways	<input type="checkbox"/> Morning	<input type="checkbox"/> Specialists	<input type="checkbox"/> Small Group
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Lunch	<input type="checkbox"/> Support staff	<input type="checkbox"/> Individual
<input type="checkbox"/> Special classes	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Bus driver	<input type="checkbox"/> Transition
<input type="checkbox"/> Bus	<input type="checkbox"/> Recess/Break	<input type="checkbox"/> Peer(s)	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	

Comments: \_\_\_\_\_

**HYPOTHESIS: Summary Statement** (example: Jan appears to exhibit disruptive behavior to get peer attention and to get out of difficult class work; or, Jake appears to act without thinking)

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**PERCEIVED FUNCTION OF BEHAVIOR:**

What reinforcers or consequences seem to maintain the behavior?

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Did the student achieve his/her goal? Why or why not?

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Suggest any preferred items, activities, or people that could be used as incentives in an intervention for this student (what can be used to increase positive student behaviors).

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**DETERMINATION OF ACTION NEEDED**

As a result of this assessment, the following action will be taken:

- Behavior Plan is needed.
- Behavior is adequately addressed in current IEP/BIP.
- Current Behavior Plan needs to be modified.
- The IEP needs to be changed.

Signatures:

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Special Education Teacher

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
School Psychologist

\_\_\_\_\_  
Other

\_\_\_\_\_  
Other

IDENTIFICATION OF MOTIVATORS/PATTERNS

Possible Antecedents for Behavior

Explanation

<u>    </u> Medical Issues	_____
	(diagnosis or lack of, not complying to prescription requirements, etc.)
<u>    </u> Social Relationships	_____
	(peer relationship difficulties, not responsive to social cues, etc.)
<u>    </u> Mental Health Issues	_____
	(depression, oppositional defiant, conduct disorder, anger issues, etc.)
<u>    </u> Home/Family Issues	_____
	(divorce, upheaval in home, family illness/death, other)
<u>    </u> Attendance	_____
	(truancy, sporadic attendance, lateness, skipping, misses vital instruction)
<u>    </u> Grades, Academic Progress	_____
	(discouraged, academic expectations too high, learning style not met)
	_____
	(can do but does not want to, not enough practice, needs more help, has never done work this way before, material too difficult, etc.)

Situations that Happen Before and After the Target Behaviors.

What conditions trigger the target behavior(s)?

- |  |  |
|--|--|
| <input type="checkbox"/> Low levels of adult attention     | <input type="checkbox"/> Social interaction with adult |
| <input type="checkbox"/> Low levels of peer attention      | <input type="checkbox"/> Social interaction with peers |
| <input type="checkbox"/> Unavailability of object/activity | <input type="checkbox"/> Under varied conditions       |
| <input type="checkbox"/> Presentation of activity or task  | <input type="checkbox"/> Other _____                   |

What typically follows when the student exhibits the target behavior(s)?

- |   |  |
|---|--|
| <input type="checkbox"/> Start up request | <input type="checkbox"/> Ultimatum       |
| <input type="checkbox"/> Ignore           | <input type="checkbox"/> Office referral |
| <input type="checkbox"/> Reprimand        | <input type="checkbox"/> Consequence     |
| <input type="checkbox"/> Time out         | <input type="checkbox"/> Other _____     |

Potential Function of Target Behavior(s)

What function(s) does the identified behavior(s) seem to serve for the child?

- |  |  |
|--|--|
| <u>Escape</u>  | <u>Attention/Control</u>                             |
| <input type="checkbox"/> Avoid a demand or request         | <input type="checkbox"/> Get desired item/activity   |
| <input type="checkbox"/> Avoid an activity/task (if known) | <input type="checkbox"/> Gain adult attention        |
| <input type="checkbox"/> Avoid a person                    | <input type="checkbox"/> Gain peer attention         |
| <input type="checkbox"/> Escape the classroom/setting      | <input type="checkbox"/> Get sent to preferred adult |
| <input type="checkbox"/> Escape the school                 | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Other _____                       |  |

Comments: \_\_\_\_\_