

**FUNCTIONAL BEHAVIOR
 ASSESSMENT REPORT**

STUDENT NAME		UIC#	BIRTH DATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F		DATE
PARENT/GUARDIAN/SURROGATE		ADDRESS	CITY	ZIP	PHONE W H	
HOME CARE PROVIDER (if different than above)		ADDRESS	CITY	ZIP	PHONE W H	
DISTRICT OF PROGRAM	DISTRICT OF RESIDENCE	SCHOOL BUILDING	GRADE	CURRENT ELIGIBILITY	NATIVE LANGUAGE	ETHNIC GROUP

PARTICIPANTS INVOLVED IN COMPLETION OF THIS FORM:
 NAME & TITLE NAME & TITLE

COORDINATOR

1. CURRENT EDUCATION STATUS:

Attendance: _____

Achievement/Grades: _____

Psychological/Social: _____

School Discipline Record: _____

Behavior Plan in Place: Yes (see CA-60) No

Reviewed: Yes No

Description of Previous Interventions: _____

2. MEDICAL INFORMATION:

Complete the chart by noting any chronic medical conditions such as: seizure disorders, migraine headaches, ear infections, eating disorders, sleep disorders, encopresis, visual impairment, hearing impairment, physical impairment, allergies, ADHD, anxiety, depression, obsessive-compulsive disorder, etc.

FUNCTIONAL BEHAVIOR ASSESSMENT REPORT....continued

Medical Conditions(s)	Name of Medication (if any)	Amounts & Times of Medication	Other (e.g., surgeries, hearing aids, etc.)

3. SIGNIFICANT HOME, FAMILY AND/OR LIVING SITUATION ISSUES: _____

4. OUTSIDE AGENCY INVOLVEMENT: _____

5. DESCRIBE STRENGTH AREAS (Academic, Social, Special Talents, Coping Skills): _____

6. POSITIVE SCHOOL ACTIVITIES/SITUATIONS (ENVIRONMENT): _____

7. DESCRIBE THE STUDENT’S LEARNING STYLE:

Learning Style Descriptor	Student Benefits From...	Student Does Not Benefit From...
<i>Visual</i>		
<i>Auditory</i>		
<i>Kinesthetic</i>		
<i>Environment</i>		
<i>Instructional Feedback from Teacher</i>		

**8. WHAT WOULD BE CLASSIFIED AS POSITIVE REINFORCEMENT FOR THIS STUDENT?
WHAT ARE HIS/HER LIKES? LIST AS MANY THINGS AS YOU CAN:**

Behavior # _____

Analysis and hypothesis regarding the identified behavior's function (use one sheet for each behavior):

Identified Behavior (describe): _____

Antecedent Variables	Student's Behavior (describe and include frequency, duration and intensity)
<input type="checkbox"/> unstructured time	
<input type="checkbox"/> given verbal direction	
<input type="checkbox"/> in response to high stimulation in the room	
<input type="checkbox"/> related to skill deficit	
<input type="checkbox"/> inconsistent limits or consequences	
<input type="checkbox"/> transition (task)	
<input type="checkbox"/> academic instruction	
<input type="checkbox"/> proximity to others	
<input type="checkbox"/> fatigue	
<input type="checkbox"/> hunger	
<input type="checkbox"/> transition (setting)	
<input type="checkbox"/> medication	
<input type="checkbox"/> confrontation by staff	
<input type="checkbox"/> classroom rules	
<input type="checkbox"/> confrontation by peers	
<input type="checkbox"/> occurs in multiple situations	
<input type="checkbox"/> no pattern observed	
<input type="checkbox"/> other _____	
Consequences that follow the behavior	Function of the identified behavior (hypothesized)
<input type="checkbox"/> teacher attention	<input type="checkbox"/> escape/avoidance (specify) _____
<input type="checkbox"/> peer attention	<input type="checkbox"/> result of a skill deficit (specify) _____
<input type="checkbox"/> loss of privilege (specify) _____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> expression of fear or anxiety
<input type="checkbox"/> sent to the appropriate administrator	<input type="checkbox"/> expression of anger or frustration
<input type="checkbox"/> time out (describe) _____	<input type="checkbox"/> gain peer attention
_____	<input type="checkbox"/> gain staff attention
<input type="checkbox"/> verbal re-direction	<input type="checkbox"/> gain access to desired activity _____
<input type="checkbox"/> communication home (response) _____	_____
_____	_____
<input type="checkbox"/> removal from class	<input type="checkbox"/> distraction from task
<input type="checkbox"/> detention	<input type="checkbox"/> seeking power/control
<input type="checkbox"/> out-of-school suspension	<input type="checkbox"/> to save face
<input type="checkbox"/> in-school suspension	<input type="checkbox"/> sensory
<input type="checkbox"/> behavior ignored	<input type="checkbox"/> other _____
<input type="checkbox"/> other _____	_____

Source(s) of Data

- | | | | |
|-----------------------------------------------|-------------------------------------------------|----------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Direct Observation | <input type="checkbox"/> Review of Records | <input type="checkbox"/> Interview with Parent | <input type="checkbox"/> Other |
| <input type="checkbox"/> Interview w/ Teacher | <input type="checkbox"/> Community Agency Info. | <input type="checkbox"/> Rating Scales | |
| <input type="checkbox"/> Behavior Checklists | <input type="checkbox"/> Interview with Student | <input type="checkbox"/> Interview w/Administrator | |