

Functional Behavioral Assessment

Student Name:

ID:

Date:

Person Referring:

Grade:

D.O.B.:

Title:

Age:

Type: Initial Evaluation Reevaluation

School:

I. Target Behavior (*operationally defined*)

II. Student Background (*Strengths, Skills, School History, Related Medical Factors, Review of Disciplinary actions*)

III. Interviews

Parent:

Teacher:

Student:

IV. Setting events (*slow triggers*)

V. Motivation Assessment Scale (MAS)

VI. Direct Observations
Antecedents (*fast triggers*)

Behaviors (*frequency, duration, rate*)

Consequences (*what follows the behaviors*)

VII. Recommendations

VIII. Hypothesis Statement of Function