

APPENDIX V – 102

Wayne RESA Simple Functional Behavior Assessment

Student: _____

Date: _____

Sources of Data: *(place an "x" next to appropriate response(s))*

Record Review Scatterplot ABC logs Other: _____

Interview information reported by: *(place an "x" next to appropriate response(s))*

Teacher Parent Student Other: _____

Completed by:

DESCRIBE PROBLEM BEHAVIOR(S)

Describe in specific and observable terms. Prioritize 2-3, if more than one.

What does the behavior look/sound like? Does it begin at a low intensity and escalate? Describe.

Estimated frequency:

TRIGGERS/ANTECEDENT

What typically occurs before or during behavior? Specific demands or situations?

Where is the behavior most likely to occur? What locations?

With whom? When?

Setting Events? Home difficulties, peer influence, etc.?

Describe any related medical, health, or medication issues.

CONSEQUENCE(S)

What typically actually happens immediately after problem behavior? Think about the last couple times it happened.

What does the student obtain? Attention? Something else?

What does the student avoid? Demands? Negative interactions?

CURRENT PLAN/STRATEGIES

Describe the current plan or strategies being used.

Describe parent/home involvement regarding the student's school behavior.

STUDENT INPUT

Has the student expressed concerns/difficulties that may relate to the problem behavior?

OTHER

Student's strengths:

Possible Motivators/Reinforcers:

Possible Replacement Behavior(s):

Summary/Hypothesis Statement

Behavior Intervention Plan Format

Student: _____

Date: :_____

Parents:

School:

Support Staff:

Teacher(s):

DESCRIPTION OF PROBLEM BEHAVIOR(S)

SUMMARY OF FUNCTIONAL ASSESSMENT/HYPOTHESIS STATEMENT

INTERVENTION PLAN (Describe objectives, procedures, and data to be collected.)

Prevention Techniques

Teaching Replacement Behaviors

Positive Reinforcement

Planned Consequences

Home Interventions

Schedule for Program Review

Signatures:

Date: