



# Model Functional Behavior Assessment Report

THE FOLLOWING PAGES ARE REQUIRED FOR EACH STUDENT

Student:

School:

Grade:

Date of Meeting:

DOB:

Age:

Check if applicable:

- special education services
- 504 plan

If special education services or 504 plan, list disabilities:

Provide a summary of the results from the completed Functional Behavioral Assessment (FBA) below and any relevant documents.

**Target Behavior(s) and Definition** (i.e., the behavior which is impeding learning in observable and measurable terms)

### Sources of Information

- |  |  |
|--|--|
| <input type="checkbox"/> Records review          | <input type="checkbox"/> Direct observations |
| <input type="checkbox"/> Interviews-school staff | <input type="checkbox"/> Data Collection     |
| <input type="checkbox"/> Interviews-parents      | <input type="checkbox"/> Other:              |
| <input type="checkbox"/> Interviews-student      |  |



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## Type of data collected on the behavior

- |  |  |
|--|--|
| <input type="checkbox"/> Frequency (total #) | <input type="checkbox"/> Intensity (direct behavior ratings) |
| <input type="checkbox"/> Duration            | <input type="checkbox"/> Rate (frequency/time)               |
| <input type="checkbox"/> Time sampling       | <input type="checkbox"/> ABC chart                           |

## Record Review Summary

## Interview(s)

Person Interviewed/ Role:	Completed by:	Date:
Person Interviewed/ Role:	Completed by:	Date:
Person Interviewed/ Role:	Completed by:	Date:

Summary of Interviews:



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## Indirect Observations (provide a summary of information collected and findings)

## Direct Observations

Observation 1	Date:	Duration:	Setting:	Completed by:
Observation 2	Date:	Duration:	Setting:	Completed by:
Observation 3	Date:	Duration:	Setting:	Completed by:

Summary of observations:

## Data Collection Results

Date:	Type of data collected:	Setting:	Time frame:	Summary of data:
Date:	Type of data collected:	Setting:	Time frame:	Summary of data:
Date:	Type of data collected:	Setting:	Time frame:	Summary of data:
Date:	Type of data collected:	Setting:	Time frame:	Summary of data:
Date:	Type of data collected:	Setting:	Time frame:	Summary of data:



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Average Duration	Average Intensity	Average Frequency	Other

Settings/ antecedents in which behavior is likely to occur:

Consequences of the behavior that may reinforce behavior (make it more likely to maintain):

Summary of data analysis:

## Other Information Collected (provide a summary of any other information collected and description of findings)

Blank area for providing other information collected and description of findings.



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## Hypothesized Functional of the Behavior

- Obtain/Access
- Item:
- Task/activity:
- Attention:
- Sensory/communication:
- Other (e.g., mental health, health, etc.)

- Escape/avoid
- Item:
- Task/activity:
- Attention:
- Sensory/communication:
- Other (e.g., mental health, health, etc.)

## Recommended Replacement Behavior(s)