

Monongalia County Schools Functional Behavior Assessment (FBA) Worksheet

Adapted from Association of Positive Behavior Support (APBS)

Student: _____ Date: _____
 School: _____ Birthdate: _____
 Team Members: _____ Homeroom/Grade: _____

Student Strengths and Limitations: *Identify at least 1 strength per domain*

Academic Skills

Strengths:	Limitations:
1.	1.
2.	2.
3.	3.

Social/Adaptive Skills

Strengths:	Limitations:
1.	1.
2.	2.
3.	3.

Communication Skills

Strengths:	Limitations:
1.	1.
2.	2.
3.	3.

Challenging Behavior/s: *Identify up to 3 behaviors to target for assessment*

1. **Enter Challenging Behavior 1 Here** Definition: Enter Text Here
2. **Enter Challenging Behavior 2 Here** Definition: Enter Text Here
3. **Enter Challenging Behavior 3 Here** Definition: Enter Text Here

General Examples of Challenging Behavior: Truant/tardy, talking out, aggression, disruption, theft, inappropriate language, noncompliance, vandalism, threatening statements, off task/task completion, self-injury, elopement/out of area, property destruction

Identifying Location/Intensity: Where, When and With Whom Problem Behaviors are most likely

Use the table below to identify the likelihood of challenging behavior during specific scheduled time blocks throughout the student's school day. 1 represents no likelihood of challenging behavior and 6 represents high likelihood of challenging behavior within the specified time block.

Time	Location/Activity	Likelihood of Problem Behavior	Specify Problem Behavior <i>See behaviors defined above</i>
		Choose an item.	
		Choose an item.	
		Choose an item.	

		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

Previous Positive Behavior Interventions attempted (*attach supporting documentation and explain below*)

Home/school communication log:

[Click here to enter text.](#)

Increased positive verbal praise/PBS tokens:

[Click here to enter text.](#)

Individual daily conversations/Teaching appropriate behavior:

[Click here to enter text.](#)

Planned breaks/Time out:

[Click here to enter text.](#)

Behavior contracts (per timeframe, daily, weekly):

[Click here to enter text.](#)

Token economy system:

[Click here to enter text.](#)

Counseling:

[Click here to enter text.](#)

Check-in/Check-out:

[Click here to enter text.](#)

Other:

[Click here to enter text.](#)

Other background information relevant to current behavioral status: *Parent information, Medical/Psychological Problems, Absences, Sleep Patterns, Eating Routines, Recent Family/Personal Stressors*

[Click here to enter text.](#)

Initial Line of Inquiry: *Please see attached*

Antecedent and Consequence Analysis Charts:

Multiple Antecedents can trigger the same behavior and multiple consequences can directly follow the same behavior. This chart outlines the relationships.

Target Behavior: Click here to enter text.		
Antecedent	Specific Observable Behavior	Consequence
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.		Click here to enter text.
Click here to enter text.		Click here to enter text.

Target Behavior: Click here to enter text.		
Antecedent	Specific Observable Behavior	Consequence
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.		Click here to enter text.
Click here to enter text.		Click here to enter text.

Target Behavior: Click here to enter text.		
Antecedent	Specific Observable Behavior	Consequence
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.		Click here to enter text.
Click here to enter text.		Click here to enter text.

Make Hypothesizing Statements: *The antecedents and consequences are analyzed to see which function(s) the behavior fulfills. Problem behavior can also serve more than one function. Multiple pieces of information, combined with direct observation of the behavior are used in determining the function of the behavior.*

Make the hypothesizing statement in the following format: **IF . . . THEN . . . BECAUSE . . .** For example, **IF** Antecedent X occurs, **THEN** Problem Behavior Y occurs, **BECAUSE** of the maintaining consequence Z and the Function/Need the challenging behavior serves.

1. Click here to enter text.

2. [Click here to enter text.](#)
3. [Click here to enter text.](#)
4. [Click here to enter text.](#)
5. [Click here to enter text.](#)

**What consequences appear most likely to maintain the problem behavior(s)?
(Function)**

<u>Things that are Obtained:</u>	<u>Things Avoided or Escaped From:</u>
<input type="checkbox"/> Adult attention <input type="checkbox"/> Peer attention <input type="checkbox"/> Preferred activity <input type="checkbox"/> Money/things <input type="checkbox"/> Need to make comment or declaration <input type="checkbox"/> Gain a sensory stimulation <input type="checkbox"/> External stimulation (excitement) <input type="checkbox"/> Affective regulation/emotional reactivity <input type="checkbox"/> Power and control <input type="checkbox"/> Need for justice <input type="checkbox"/> Dominance <input type="checkbox"/> Vengeance/retaliation <input type="checkbox"/> Other: Click here to enter text.	<input type="checkbox"/> Hard tasks <input type="checkbox"/> Reprimands <input type="checkbox"/> Undesirable activity <input type="checkbox"/> Negative peer interactions <input type="checkbox"/> Physical effort <input type="checkbox"/> Adult attention <input type="checkbox"/> Tension <input type="checkbox"/> Social discomfort <input type="checkbox"/> Relationship failure <input type="checkbox"/> Sensory overload <input type="checkbox"/> Other: Click here to enter text.

Level of Confidence that the FBA is accurate, according to the data collected

Choose an item.

Behavior Plan Recommendations:

1. [Click here to enter text.](#)
2. [Click here to enter text.](#)
3. [Click here to enter text.](#)
4. [Click here to enter text.](#)
5. [Click here to enter text.](#)

FBA Team Member's Signatures:
