St. Clair County RESA
Functional Behavioral Assessment

Student:			Date:		Completed by:	

Sources of Date:	❑ Record Review	❑ Scatter Plot	❑ ABC Logs	❑ Other:

Interview Information Reported by:	❑ Teacher	❑ Parent	❑ Student	❑ Other:

Describe Problem Behavior(s):

Describe in specific and observable terms. Prioritize 2-3, if more than one.
What does the behavior look 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.

Consequences

What typically happens immediately after the problem behavior? Think about the last couple of times it happened (staff reactions, peer reactions, student reactions, etc).

What does the student obtain or what function do you think the behavior serves?

❑ Peer attention	❑ Adult attention	❑ Obtain items	❑ Avoid peers	❑ Power/control
❑ Avoid adults	❑ Avoid task/activity	❑ Don't know	❑ Other:	

What does the student avoid? Demand? Negative interactions?

Current Plan/Strategies

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

Student Input

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

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Other
Student's strengths:
Possible motivators/reinforcers**:**
Possible replacement behaviors we may teach:

Summary/hypothesis statement:
 	
 The available information suggests that when _____
                (**antecedent/trigger**)
 	
 in conjunction with _____the child
       (**concurrent/simultaneous condition**)
 	
 _____ in order to _____.
     (**target behavior**)   (**reason/function**)

FBA Team Member Signatures:	**Responsibility(s) or actions to be taken:**
Date for meeting to write Behavior Intervention Plan :	