**Functional Behavioral Assessment (FBA) Form**

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| --- | --- | --- | --- |
| **Student’s Name:** | Click here to enter text. | **School Name:** |  |
| **Student’s DOB:** |  | **School District:** |  |
| **Student’s ID:** |  | **Date of FBA:** |  |
|  |  |  |  |
| **Data Sources (circle all that apply):** | **Direct Observations** | **Student Interview** | **Teacher Interview** | **Parent Interview** | **Rating Scales** |

**Brief Student Background:**

**Strengths:**

**Educational History:**

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| --- |
| 1. **Description of Target Behavior, Choose 1 or 2 (operationally defined, easily observable and measurable, include examples and nonexamples):**
 |
| 1. **Frequency (how often does behavior occur according to data collected):**
 |
| 1. **Duration (length of time each episode lasts according to data collected):**
 |
| 1. **Intensity (Consequences of problem behavior on student, peers, instructional environment; rate the intensity of the behavior on a three point scale – low intensity, medium intensity, high intensity):**
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| 1. **Setting Events (i.e., slow triggers; antecedent events that set the stage for a higher likelihood of target behavior):**
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| 1. **Antecedent Events (Immediate triggers) Identify what happens immediately before the target behavior occurs:**
 |
| 1. **Identify events or times and/or situations when the target behavior does not usually occur:**
 |
| 1. **Consequences (i.e., how others respond immediately after the problem behavior occurs):**
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| 1. **Hypothesis (includes antecedent events, behavior, consequence, function, and what the student is trying to communicate through the behavior):**
 |
| 1. **Function of Behavior:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Attention |  |  | Tangible |  |
|  | Escape |  |  | Sensory |   |

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| **Additional Notes (if needed):**  |