

Functional Behavioral Assessment (FBA) Summary Report

Part 1: STUDENT BACKGROUND INFORMATION

Date: _____ LEA number: _____
Residence School: _____ Grade: _____
Service County: _____
Service School: _____
Student Name: _____ Local Student ID: _____
DOB: _____ SASID: _____

Special Education: Yes No Referral initiated

Disability: _____

Current Placement: _____

504 Plan: Yes No

Reason for Assessment:

Briefly describe why an FBA has been requested:

Relevant Student History:

School information (e.g., attendance history, disciplinary referrals, educational assessments)

Previous behavioral concerns:

Interventions* previously tried:	Impact(s) on student behavior:

**attach intervention protocol or description as appropriate*

Medical history:

Family concerns:

Academic concerns:

Student Talents/Strengths/Interests:

Academic:

Social:

Personal:

Other:

Part 2: BEHAVIORAL DEFINITION

Clearly define the specific behavior(s) of concern. Select no more than three behaviors as the focus of this assessment. Choose behaviors that interfere with the student's learning, social relationships, and/or participation in school. Write specific actions or examples of acts or words; do NOT write adjectives or medical conditions. Define each behavior in observable and measurable terms.

- 1.
- 2.
- 3.

Part 3: BEHAVIORAL DATA

Data Sources

Educational Record Review		Interviews	
<input type="checkbox"/>	Academic Records/Report Cards	<input type="checkbox"/>	Parent(s)/Guardian(s)
<input type="checkbox"/>	Educational Assessment	<input type="checkbox"/>	Student
<input type="checkbox"/>	Psychological Assessment	<input type="checkbox"/>	Classroom Teacher(s)
<input type="checkbox"/>	Disciplinary records from previous years	<input type="checkbox"/>	Special Educator
<input type="checkbox"/>	Previous FBA or Behavioral Intervention Plan	<input type="checkbox"/>	Other
<input type="checkbox"/>	IEP	<input type="checkbox"/>	Other

<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
Observational Data		Structured Ratings	
<input type="checkbox"/>	Anecdotal Reports of Behavior Incidents	<input type="checkbox"/>	Reinforcement Assessment/Interest Inventory
<input type="checkbox"/>	A-B-C Data	<input type="checkbox"/>	Motivation Assessment
<input type="checkbox"/>	Behavior Checklist	<input type="checkbox"/>	Social Skills Assessment
<input type="checkbox"/>	Scatterplot/Frequency Data	<input type="checkbox"/>	Behavior Rating Scale
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

Behavioral Patterns

*Influencing Conditions and/or setting events where the behavior is **MORE** likely to occur (e.g., time of day, activity, change in routine, class, people present, medical condition, environmental condition, fatigue, etc.):*

Behavior 1:

Behavior 2:

Behavior 3:

*Influencing Conditions and/or setting events where the behavior is **LESS** likely to occur (e.g., time of day, activity, change in routine, class, people present, medical condition, environmental condition, fatigue, etc.):*

Behavior 1:

Behavior 2:

Behavior 3:

*Are there situations that **trigger** or escalate the behavior?*

Behavior 1:

Behavior 2:

Behavior 3:

Most frequent response of adults following the behavior:

Behavior 1:

Behavior 2:

Behavior 3:

Most frequent response of peers following the behavior:

Behavior 1:

Behavior 2:

Behavior 3:

Behavior Rate:

Behavior 1: Data obtained from _____ to _____

Behavior 2: Data obtained from _____ to _____

Behavior 3: Data obtained from _____ to _____

Insert the frequency or duration of the behavior, according to the type of data collected:

Average rate	Frequency	Per (time)	Duration		Other Behavior Rate Obtained:
Behavior 1:		<input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month		<input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> other	
Behavior 2:		<input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month		<input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> other	
Behavior 3:		<input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month		<input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> other	

Part 4: POSSIBLE BEHAVIORAL FUNCTION

Behavior 1:

Obtain/Gain		Avoid or Escape	
<input type="checkbox"/>	Adult Attention	<input type="checkbox"/>	Adult Attention
<input type="checkbox"/>	Peer Attention	<input type="checkbox"/>	Peer Attention
<input type="checkbox"/>	Access to/use an activity, object, event	<input type="checkbox"/>	Participating in/using an activity, object, event
<input type="checkbox"/>	Sensory input	<input type="checkbox"/>	Sensory input

Behavior 2:

Obtain/Gain		Avoid or Escape	
<input type="checkbox"/>	Adult Attention	<input type="checkbox"/>	Adult Attention
<input type="checkbox"/>	Peer Attention	<input type="checkbox"/>	Peer Attention
<input type="checkbox"/>	Access to/use an activity, object, event	<input type="checkbox"/>	Participating in/using an activity, object, event
<input type="checkbox"/>	Sensory input	<input type="checkbox"/>	Sensory input

Behavior 3:

Obtain/Gain		Avoid or Escape	
<input type="checkbox"/>	Adult Attention	<input type="checkbox"/>	Adult Attention
<input type="checkbox"/>	Peer Attention	<input type="checkbox"/>	Peer Attention
<input type="checkbox"/>	Access to/use an activity, object, event	<input type="checkbox"/>	Participating in/using an activity, object, event
<input type="checkbox"/>	Sensory input	<input type="checkbox"/>	Sensory input

Summary Statement(s):

When (trigger conditions):

The student is likely to (Behavior 1):

In order to (function):

This is more likely to occur when (influencing conditions or setting events):

When (trigger conditions):

The student is likely to (Behavior 2):

In order to (function):

This is more likely to occur when (influencing conditions or setting events):

When (trigger conditions):

The student is likely to (Behavior 3):

In order to (function):

This is more likely to occur when (influencing conditions or setting events):

Part 5: RECOMMENDATIONS AND GOALS

Supports that might help to prevent this behavior:

Behavior 1:

Behavior 2:

Behavior 3:

Alternative/Replacement Behavior that could achieve the same function:

Desired Behavior:

TEAM members contributing to this Functional Behavior Assessment (FBA)

Name	Title

This document was developed collaboratively by the MSDE, DSE/EIS and the MCIE.