

Conducting a Functional Behavior Assessment

Toolbox includes:

1. Teacher Questionnaire (general education teacher(s))
2. Parent Questionnaire (give to parent)
3. Problem Behavior Questionnaire (general education teacher(s))
4. Teacher Interview Form (special ed. Teacher meet w/general ed. And complete)
5. Motivation Assessment scale (general education and/or Sp.Ed. Teacher)
6. Functional Assessment Observation Form (checklist- general ed. Teacher)
7. Student interview and reinforcement survey (Sp.Ed. teacher interview w/student)

8. Functional Behavior Assessment Recording form (completed FBA)
9. Behavior Intervention Plan form

Additional helpful documents include:

Classroom modification checklist

Flow chart for physical aggression

When FBA is complete, send copy of all forms to Central office.

Thank you.

TEACHER

Target Behavior Questionnaire

Student	DOB	Age	Sex:	<input type="checkbox"/> M	<input type="checkbox"/> F
School	Select School Name		Student ID #		
Teacher	Subject(s)	Date			

Describe Target Behavior of Concern:

Directions: Keeping in mind a typical episode of the target behavior, circle the frequency at which each of the following statements are true.

	Percentage of Time						
	0%	10%	25%	50%	75%	90%	100%
1. Does the target behavior occur and persist when you make a request to perform a task?	0	1	2	3	4	5	6
2. When the target behavior occurs do you redirect the student to get back to task or follow rules?	0	1	2	3	4	5	6
3. During a conflict with peers, if the student engages in the target behavior do the peers leave the student alone?	0	1	2	3	4	5	6
4. When the target behavior occurs do peers verbally respond or laugh at the student?	0	1	2	3	4	5	6
5. Is the target behavior more likely to occur following a conflict outside of the classroom? (e.g., hallway, field trip)	0	1	2	3	4	5	6
6. Does the target behavior occur to get your attention when you are working with other students?	0	1	2	3	4	5	6
7. Does the target behavior occur in the presence of specific peers?	0	1	2	3	4	5	6

TEACHER QUESTIONNAIRE 2

	Percentage of Time						
	0%	10%	25%	50%	75%	90%	100%
8. Is the target behavior more likely to occur throughout the day following an earlier episode?	0	1	2	3	4	5	6
9. Does the target behavior occur during specific activities?	0	1	2	3	4	5	6
10. Does the target behavior stop when peers stop interacting with the student?	0	1	2	3	4	5	6
11. Does the behavior occur when peers are attending to other students?	0	1	2	3	4	5	6
12. If the student engages in the target behavior do you provide 1-to-1 instruction to get the student back on task?	0	1	2	3	4	5	6
13. Will the student stop doing the target behavior if you stop making requests or end an academic activity?	0	1	2	3	4	5	6
14. If the student engages in the target behavior, do peers stop interacting with the student?	0	1	2	3	4	5	6
15. Is the target behavior more likely to occur following unscheduled events or disruptions in routines?	0	1	2	3	4	5	6

FBA Parent Interview Form

Student Name _____ Date of Birth _____ Age _____

School _____ Grade _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Does the student have any health problems? _____

If yes, please describe _____

Does the student take any medications? _____

If yes, what medication(s) and when? _____

Does the student have any behavior problems at home? _____

If yes, please describe _____

For how long have the problem behaviors been occurring? _____

How often do the problem behaviors occur? (Please circle one of the choices below)

At least once per hour

Once per day

Once per week

How intense are the problem behaviors? (Please put an X in front of one of the choices below)

_____ Mild (disruptive, but little risk to property or health)

_____ Moderate (property damage or minor injury)

_____ Severe (significant threat to health or property)

When do the problem behaviors occur? (Please circle one or more of the choices below)

When told to do something When denied something (e.g., a food, activity, privilege)

When left alone When bothered by others When sick Other

What concerns the parent/guardian most about the problem behavior(s)? _____

What is usually done when the student engages in the problem behaviors at home? _____

What has been the most effective treatment(s) at home? _____

What are things the student likes to do at home? _____

When/how often does the student engage in the things he does well or likes to do? _____

PROBLEM BEHAVIOR QUESTIONNAIRE

Respondent Information

Student _____ DOB _____ Grade _____ Sex: M F IEP: Y N
 Teacher _____ School _____
 Telephone _____ Date _____

STUDENT BEHAVIOR: Please briefly describe the problem behavior(s)

DIRECTIONS: Keeping in mind a typical episode of the problem behavior, circle the frequency at which each of the following statements are true.

	PERCENT OF THE TIME						
	Never	10%	25%	50%	75%	90%	Alwa
1. Does the problem behavior occur and persist when you make a request to perform a task?	0	1	2	3	4	5	6
2. When the problem behavior occurs do you redirect the student to get back to task or follow rules?	0	1	2	3	4	5	6
3. During a conflict with peers, if the student engages in the problem behavior do peers leave the student alone?	0	1	2	3	4	5	6
4. When the problem behavior occurs do peers verbally respond or laugh at the student?	0	1	2	3	4	5	6
5. Is the problem behavior more likely to occur following a conflict outside the classroom? (e.g., bus write up)	0	1	2	3	4	5	6
6. Does the problem behavior occur to get your attention when you are working with other students?	0	1	2	3	4	5	6
7. Does the problem behavior occur in the presence of specific peers?	0	1	2	3	4	5	6
8. Is the problem behavior more likely to continue to occur throughout the day following an earlier episode?	0	1	2	3	4	5	6
9. Does the problem behavior occur during specific academic activities?	0	1	2	3	4	5	6
10. Does the problem behavior stop when peers stop interacting with the student?	0	1	2	3	4	5	6
11. Does the behavior stop when peers are attending to other students?	0	1	2	3	4	5	6
12. If the student engages in the problem behavior do you provide one-on-one instruction to get student back on-task?	0	1	2	3	4	5	6
13. Will the student stop doing the problem behavior if you stop making requests or end an academic activity?	0	1	2	3	4	5	6
14. If the student engages in the problem behavior, do peers stop interacting with the student?	0	1	2	3	4	5	6
15. Is the problem behavior more likely to occur following unscheduled events or disruptions in classroom routines?	0	1	2	3	4	5	6

Source: Lewis, T.J., Scott, T.M., and Sugai, G. (1994). The problem behavior questionnaire: A teacher-based instrument to develop functional hypotheses of problem behavior in general education settings. *Diagnostic*, 19, 103-115. Reprinted with permission.

PROBLEM BEHAVIOR QUESTIONNAIRE PROFILE

Name _____ Grade _____
 School _____ Date _____

DIRECTIONS: Circle the score given for each question from the scale below the corresponding question number (in bold).

PEERS						ADULTS						SETTING EVENTS		
Escape			Attention			Escape			Attention					
3	10	14	4	7	11	1	9	13	2	6	12	5	8	15
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

ANALYSIS OF POSSIBLE FUNCTION(S) OF STUDENT BEHAVIOR

FBA TEACHER INTERVIEW FORM

Student: _____

Date: _____

Teacher: _____

Grade: _____

Class: _____

1. Target behavior: _____

2. When did the problem behavior(s) start within the school year? _____

3. How often does the behavior occur? (e.g. daily, weekly) _____

4. How long does it last? _____

5. How intense is the behavior? (please circle and comment)

can be handled with redirection/reprimand

requires multiple redirection/reprimand

requires removing student from environment

requires additional staff assistance

disruptive to students nearby

disruptive to entire class

6. Does there appear to be any pattern of the occurrence of the behavior? _____

7. What is happening when the behavior occurs? (e.g. in the classroom) _____

8. When/where is the behavior most/least likely to occur? _____

9. With whom is the behavior most/least likely to occur? _____

10. What conditions are most likely to set-off the behavior? _____

11. Are there any signals or cues displayed by the student that occur right before? _____

12. What usually happens after the behavior? Describe how adult(s), peers, and student respond. _____

13. Why do you think he/she behaves this way?

A) to obtain: _____

B) to avoid: _____

C) to communicate: _____

14. Does the behavior appear to be related to any of the following (please circle and comment):

- | | |
|------------------------|--|
| Skill deficit | Deprivation (e.g. lack of rest, hunger) |
| Desire for stimulation | Environmental (e.g. changes in home, neighborhood) |
| Medical complications | Form of discomfort (e.g. headaches, ear infection, allergies) |
| Attention seeking | Family Stressors (e.g. drug/alcohol, divorce, separation, death) |

15. What behavior(s) might serve the same function for the student that is appropriate with the social/environmental context? _____

16. What other information might contribute to creating an effective intervention plan (medical/social conditions)? _____

Additional Comments:

VIII. Summary of previous interventions attempted:

Target behavior #1: _____

Intervention	Date	Implementer	Outcome

Target behavior #2: _____

Intervention	Date	Implementer	Outcome

Target behavior #3: _____

Intervention	Date	Implementer	Outcome

MOTIVATION ASSESSMENT SCALE

- | | NEVER | | | | | ALWAYS | |
|--|-------|---|---|---|---|--------|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 1. Would this behavior occur continuously if the person was left alone for long periods of time (for example, one hour)? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Does this behavior occur following a command to perform a difficult task? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Does this behavior occur when you are talking to other people in the room? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Does this behavior ever occur to get an object, activity, food, or game that the person has been told he/she can't have? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Does this behavior occur repeatedly, over and over, in the same way? (For example, rocking back and forth for five minutes) | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Does this behavior occur when any request is made of the person? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Does this behavior occur whenever you stop attending to the person? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. Does this behavior occur when you take away a favorite object, activity, or food? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. Does it appear to you that the person enjoys performing this behavior, and would continue even if no one was around? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

10. Does the person seem to do this behavior to upset or annoy you when you are trying to get him or her to do what you ask? 0 1 2 3 4 5 6
11. Does the person seem to do this behavior to upset or annoy you when you are not paying attention to him or her? (For example, when you are sitting in a separate room; interacting with another client) 0 1 2 3 4 5 6
12. Does this behavior stop occurring shortly after you give the person the object, activity, or food he/she has requested? 0 1 2 3 4 5 6
13. When this behavior is occurring, does the person seem unaware of anything else going on around him or her? 0 1 2 3 4 5 6
14. Does this behavior stop occurring shortly after (1 - 5 minutes) you stop working or making demands of him or her? 0 1 2 3 4 5 6
15. Does the person seem to do this behavior to get you to spend some time with him or her? 0 1 2 3 4 5 6
16. Does this behavior seem to occur when the person has been told that he/she can't do something he or she wanted to do. 0 1 2 3 4 5 6

SCORING SHEET

Motivation Assessment Scale

Self-Stimulatory	Escape/Avoidance	Attention	Tangible
1. _____	2. _____	3. _____	4. _____
5. _____	6. _____	7. _____	8. _____
9. _____	10. _____	11. _____	12. _____
13. _____	14. _____	15. _____	16. _____
_____	_____	_____	_____

Rank: #1 _____
#2 _____
#3 _____
#4 _____

Client/Student Name: _____

Respondent: _____

Date: _____

FBA OBSERVATION FORM

INFORMAL BEHAVIOR CHECKLIST

Name _____ Grade _____ Date _____

Subject _____ Teacher _____

This checklist is to be used for one to three weeks. Please indicate specific behavior with a tally mark in appropriate time slot. Use ink and initial mistakes

1. Frustration reactions:

	Morning	Afternoon	Recess	Lunch	Bus
Crying:					
Pouting:					
Profane language:					
Destructive:					
Explosive:					

2. Poor adjustment to change in the classroom routine:

3. Response to authority

	Morning	Afternoon	Recess	Lunch	Bus
-Disobedient:					
Resentful:					
Defiant:					
-Stubborn:					
-Will not follow rules:					
-Denies or doesn't own up to behavior:					

4. Class assignments:

	Morning	Afternoon	Recess	Lunch	Bus
-Appears bored:					
-Does not finish work:					
-Doesn't bring homework materials needed for class:					
-Attention wanders:					
-Refuses to work:					

Student Functional Assessment Interview and Reinforcement Survey

Student Name: _____ Grade: _____ Birthdate: _____

Person Facilitating the Interview: _____ Date of Interview: _____

Section 1

In general, is your work too hard for you?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
In general, is your work too easy for you?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
When you ask for help appropriately, do you get it?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Do you think work periods for each subject are too long?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Do you think work periods for each subject are too short?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
When you do seatwork, do you do better when someone works with your?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Do you think people notice when you do a good job?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Do you think you get the points or reward you deserve when you do good work?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Do you think you would do better in school if you received more rewards?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
In general, do you find your work interesting?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Are there things in the classroom that distract you?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Is your work challenging enough for you?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never

Section 2

Answer for each target behavior

Target Behavior:

When do you think you have the fewest problems with this behavior?

When do you think you have the most problems with this behavior?

Why do you have problems during these times?

What changes could be made so that you have fewer problems with this behavior?

Section 3

Rate how much you like the following subjects:

Reading	<input type="checkbox"/> Not at all	<input type="checkbox"/> Fair	<input type="checkbox"/> Very Much
Math	<input type="checkbox"/> Not at all	<input type="checkbox"/> Fair	<input type="checkbox"/> Very Much
Spelling	<input type="checkbox"/> Not at all	<input type="checkbox"/> Fair	<input type="checkbox"/> Very Much
Handwriting	<input type="checkbox"/> Not at all	<input type="checkbox"/> Fair	<input type="checkbox"/> Very Much
Science	<input type="checkbox"/> Not at all	<input type="checkbox"/> Fair	<input type="checkbox"/> Very Much
Social Studies	<input type="checkbox"/> Not at all	<input type="checkbox"/> Fair	<input type="checkbox"/> Very Much
English/Language	<input type="checkbox"/> Not at all	<input type="checkbox"/> Fair	<input type="checkbox"/> Very Much
Music	<input type="checkbox"/> Not at all	<input type="checkbox"/> Fair	<input type="checkbox"/> Very Much
Physical Education	<input type="checkbox"/> Not at all	<input type="checkbox"/> Fair	<input type="checkbox"/> Very Much
Art	<input type="checkbox"/> Not at all	<input type="checkbox"/> Fair	<input type="checkbox"/> Very Much
Other	<input type="checkbox"/> Not at all	<input type="checkbox"/> Fair	<input type="checkbox"/> Very Much

Section 4
Reinforcement Survey

Part 1 Sentence Completion

Directions: Complete the following statements

1. My favorite adult at school is:

The things I like to do with this adult are:

2. My best friend at school is:

Some things I like to do with my best friend at school are:

3. Some other friends I have at school are:

Some things I like to do with them are:

4. When I do well in school, a person I'd like to know about it is:

5. When I do well in school, I wish my teacher would:

6. At school, I'd like to spend more time with :

Some things I'd like to do with this person are:

7. One thing I'd really like to do more in school is:

8. When I have free time at school I like to :

9. I feel great in school when:

10. The person who likes me best at school is:

I think this person likes me because:

FBA

11. I will do almost anything to keep from:

12. The kind of punishment at school that I hate most is:

13. I sure get mad at school when I can't:

14. The think that upsets my teacher the most is:

15. The thing that upsets me the most is:

Part II Reinforcers (check all that apply)

Favorite Edible Reinforcers

- Candy (specify) _____
- Fruit (specify) _____
- Drinks (specify) _____
- Cereal (specify) _____
- Snacks (specify) _____
- Nuts (specify) _____
- Vegetables (specify) _____
- Other (specify) _____

Academic Reinforcers

- Going to library
- Having good work displayed
- Getting good grades
- Having parents praise good school work
- Giving reports
- Making projects
- Completing creative writing projects
- Earning teacher praise
- Helping grade papers

FBA

- Getting a good note home
- Earning stickers, points, etc.
- Other (specify) _____

Activity Reinforcers

- Coloring/drawing/painting
- Making things
- Going on field trips
- Taking care of/playing with animals
- Going shopping
- Eating out in restaurant
- Going to movies
- Spending time alone
- Reading
- Having free time in class
- Having extra gym/recess time
- Working on the computer
- Other (specify) _____

Favorite Tangible Items

- Stuffed animals
- Pencils, markers, crayons
- Paper
- Trucks, tractors
- Sports equipment
- Toys
- Books
- Puzzles

Social Reinforcers

- Teaching things to other people
- Being the teacher's helper
- Spending time with my friends
- Spending time with the teacher
- Spending time with the principal
- Spending time with _____
- Having class parties
- Working with my friends in class
- Helping keep the room clean
- Being a tutor

- Being a leader in class
- Other (specify) _____

Recreation/Leisure Reinforcers

- Listening to music
- Singing
- Playing a musical instrument
- Watching TV
- Cooking
- Building models
- Woodworking/carpentry
- Sports (specify) _____
- Working with crafts
- Other (specify) _____
- Other (specify) _____

Grant County Schools
Functional Behavior Assessment

Student: _____ WVEIS # _____ DOB: _____ Grade: _____

School: _____ Teacher: _____

Parent/Guardian: _____ ph. # _____ (w) _____

Address: _____

Interview/meeting dates: _____

Number of disciplinary referrals (attach copies) _____ Absences/tardies: _____

Medical concerns: _____

Current medications: _____

Student strengths:

1. _____
2. _____
3. _____

Target behaviors: (Exact description)

- _____
- _____
- _____

What triggers the behavior? (Attach *Initial Line of Inquiry* and *Problem Behavior Checklist*.)

Data collection sheets and/or anecdotal records:

Attach data collection sheets and/or anecdotal notes. Direct observation reports must be conducted with target behavior data. For each, define *frequency* (how often behavior occurs), *duration* (how long behavior lasts when it occurs), and *intensity* (what is the magnitude of the behavior, does it cause harm to self or others?)

Describe cycle of behaviors:

What seems to be the function/purpose of the behaviors? What does the student achieve by using this behavior?

_____ power/control
_____ revenge
_____ delay

_____ protection
_____ stimulation
_____ other

_____ attention
_____ escape

What alternative skills or replacement behaviors does the student need?

1. _____
2. _____
3. _____

What does the student view as positive reinforcement? (Attach Reinforcement Survey.)

Describe behavioral interventions that have been tried in the past.

Intervention	Results
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Based on the data collected, what is this teams hypothesis as to why the behavior occurs?

Team members:

_____	_____
_____	_____
_____	_____

Behavioral Intervention Plan

Date: _____

Student Name: _____

ID: _____

DOB: _____

Case Manager: _____

Behavior Number(s)	Expected Outcome(s) Goal(s)	Intervention(s) & Frequency of Intervention	Person Responsible	Goal/Intervention Review Notes

* Review Codes: GA = Goal Achieved | C = Continue | DC = Discontinue

Expected Review Dates: _____

Signatures: _____

Student: _____ Casemanager: _____ School Year _____

Blk 1: _____ Blk 2: _____ Blk 3: _____ Blk 4: _____
Blk 5: _____ Blk 6: _____ Blk 7: _____ Blk 8: _____

CLASSROOM MODIFICATION CHECKLIST

1. Provide preferential seating
 - visually impaired
 - hearing impaired
 - increase attention to class activities
2. Provide large-print material
3. Provide graph paper for math, or two-hole notebook paper
4. State class objective orally and in writing at the beginning and end of class
5. Read directions and assignments to student
6. Have student repeat directions
7. Remind student of directions
8. List all steps in the assignment
9. List materials needed for assignments
10. Give a time line for long-term assignments
11. Provide a homework assignment sheet
12. Allow student to copy teacher notes if appropriate
13. Allow lectures to be tape-recorded
14. Use visual aids with lectures, where available
15. Provide charts to use in class
16. Allow extra time to complete class assignments
17. Give alternate assignments that don't stress weak area, if appropriate
18. Give shorter assignments where appropriate
19. Keep copying assignments to a minimum
20. Provide vocabulary lists in advance
21. Do not penalize spelling errors when spelling skills are not being taught
22. Review notes daily
23. Provide frequent review and repetition
24. Allow tutoring from more capable peers, when appropriate
25. Write homework assignments on board
26. Assist student with organization at start of term
27. Provide a guide for structuring writing
28. Provide a study guide, when appropriate
29. Allow for oral reports, when appropriate
30. Accept print or cursive handwriting
31. Allow use of typewriter or word processor
32. Use uncluttered worksheets
33. Provide guidelines for reading assignment, such as length of assignment, structure to assist in comprehension, etc.
34. Chart student's progress
35. Allow work to be checked with calculators when those skills ARE NOT being tested. (Student should verify with the teacher in advance.)
36. Use a behavior management system to:
 - structure the academic environment
 - teach appropriate behaviors
 - reinforce appropriate behaviors
37. Give advance notice of testing
38. Administer tests with Special Education staff by appointment
39. Permit special testing modifications when prearranged, appropriate, and approved by Special Education staff
40. Arrange for longer testing session to allow more time
41. Have tests read aloud
42. Allow students to dictate responses to tests
43. Use tests with less writing, if possible
44. Use oral testing, if possible
45. Mainstream teacher should notify Special Education Department of any problems
46. Mainstream teacher should notify parents of any problems
47. OTHER: _____

Physical Aggression

Planned Ignoring, Proximity control

- Document Incident
- Report home

