

Functional Behavior Assessment (FBA)

Comprehensive Assessment Template

Section 1: Student Information

Student Name: _____ DOB: _____
School: _____ Grade: _____
Teacher(s): _____ Assessment Date: _____
Assessor(s): _____

Section 2: Reason for Referral

Reason for FBA referral:

Section 3: Assessment Methods

Methods used to gather information:

- Direct Observation (dates: _____)
- Teacher Interview
- Parent/Guardian Interview
- Student Interview
- Record Review
- ABC Data Collection
- Behavior Rating Scales (specify: _____)
- Functional Assessment Interview (FAI)
- Motivation Assessment Scale (MAS)

Section 4: Target Behavior Definition

Target Behavior:

Operational Definition (observable, measurable): _____

Section 5: Baseline Data

Frequency: _____ Duration: _____ Intensity (1-5): _____

Observation Period: From _____ to _____

Data Summary:

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Analysis & Hypothesis

Section 6: Antecedent Analysis

When does the behavior occur most often?

- During specific subject/activity: _____
- During transitions
- During unstructured time
- When given difficult tasks
- When preferred activity is removed
- When adult attention is low
- When around specific peers
- Other: _____

Setting Events (factors that increase likelihood):

Section 7: Consequence Analysis

What typically happens after the behavior?

- Teacher provides attention/redirection
- Peer attention (laughing, commenting)
- Task/demand is removed or delayed
- Sent out of classroom/area
- Access to preferred item/activity
- Natural consequences of behavior
- Other: _____

Section 8: Hypothesized Function

Based on the data collected, the behavior appears to serve the function of:

- ESCAPE/AVOIDANCE - To get out of or avoid tasks, demands, or situations
- ATTENTION - To obtain attention from adults or peers
- ACCESS TO TANGIBLES - To obtain preferred items or activities
- SENSORY/AUTOMATIC - To obtain sensory input or internal stimulation

Hypothesis Statement:

When _____ (antecedent), the student _____ (behavior)
in order to _____ (function/consequence).

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Recommendations

Section 9: Recommendations

Recommended Replacement Behavior:

Recommended Preventive Strategies:

Recommended Teaching Strategies:

Recommended Reinforcement Strategies:

Recommended Data Collection Method:

Section 10: Assessment Completion

Assessor Signature: _____ Date: _____

Assessor Title/Role: _____

BIP Recommended: Yes No

Next Steps: