



**FUNCTIONAL BEHAVIOR ASSESSMENT
and
BEHAVIOR INTERVENTION PLAN
GUIDELINES**

Revised August 2022

FUNCTIONAL BEHAVIOR ASSESSMENT

FBA Purpose

Functional Behavior Assessment (FBA) is a process of assessment used to determine if there is a relationship between behavior and the environment - and if so, the extent of that relationship. FBA utilizes observations within the environment to determine what environmental conditions tend to occur predictably before the target behavior (antecedents) and what changes are apparent in the environment following the behavior (consequences). The goal of an FBA is to develop an effective intervention plan to change the behavior.

FBA Core Beliefs

1. **Function Matters:** Function is the purpose of a behavior (a reason why a student engages in given behavior or what is in it for him/her). Function describes an observable change in the environment following a behavior (something accessed or avoided as result of behavior). Behavior can function to access or to escape/avoid environmental factors.
2. **FBA Requires Repeated Observations of Behavior:** FBA is a complex analysis of when, where and under what conditions a behavior occurs and its purpose. The goal is to identify patterns of behavior, not to react to a single intense behavior instance. Repeated observations are necessary to ensure a comprehensive picture of behavior and its relationship to the environment.
3. **The Only Purpose of an FBA is to Develop an Effective Intervention Plan:** FBA is an assessment that results in changing the instructional behavior of the staff. Information gained from a FBA results in the development of an intervention plan that includes a focus on teaching a behavior or skill while creating an instructional environment in which success is highly likely.

When should a district conduct FBA

Best Practice: FBAs are necessary when a student presents with a pattern of behavior that disrupts the learning environment - a minimum of 3 examples of the behavior have been observed. Factors to consider when looking for a pattern of behavior include:

- Student does not respond to tier 1 classroom management strategies
- Increase in disruptive behaviors such as verbal outbursts, physical aggression, etc.
- Change in work habits, such as decrease in work output, increase in time off task, etc.

Legal Requirement (IDEA34 CFR §300.530)

Determination that behavior was a manifestation of the child's disability. If the school district, the parent, and relevant members of the IEP Team determine that the conduct was a manifestation of the child's disability, the IEP Team must either: 1. Conduct a FBA, unless the school district had conducted a FBA before the behavior that resulted in the change of placement occurred, and implement a behavioral intervention plan (BIP) for the child; or 2. If a BIP already has been

developed, review the BIP, and modify it, as necessary, to address the behavior.

FBA Participants

FBA team will include:

- FBA coordinator
- Special education teacher
- General education teacher
- Administrator
- School social worker
- Other FBA team members as applicable

FBA Process Steps

A FBA will include the following components:

- Teacher / Staff interview(s)
- Parent interview(s)
- Student interview
- Observations
- ABC data collection & analysis

FBA Forms

- Appendix A: FBA Coordinator Duties / Process - step by step guide for FBA coordinators
- Appendix B: FBA Responsibilities Assignment List - organizational tool for FBA coordinators
- Appendix C: ABC Data Collection Form - tool for FBA team members to use when collecting data
- Appendix D: Cover Sheet for ABC Data Collection - to support data collection
- Appendix E: FBA Team Data Form - working document for FBA team members to consolidate data collected
- Appendix F: FBA Team Report Template - formal report from FBA team

BEHAVIOR INTERVENTION PLAN

BIP Purpose

The purpose of a Behavior Improvement Plan (BIP) is to identify supports and skills that will allow students to access and participate fully in the general education curriculum. A BIP will identify proactive strategies for preventing undesired behavior rather than reacting to it, identify instructional approaches to teach lagging skills, and identify modifications that can be made to the learning environment in order to prevent behavioral errors and promote socially responsible behavior.

BIP Core Beliefs

1. **Function is critical:** Functional Behavior Assessment (FBA) is an assessment that results in changing the instructional behavior of the staff. Information gained from a FBA results in the development of an intervention plan that includes a focus on teaching a behavior or skill while creating an instructional environment in which success is highly likely.
2. **Behavior is malleable:** Environments can be created to change behavior. Changing environments requires change in adult behavior in a consistent and systematic manner. Systems of support are necessary for both students and adults.

3. Students with behavior difficulties have lagging skills: Some students do not know what, how, or when to use or not use a particular behavior. Some students cannot perform a particular behavior correctly, the way you want them to, or for as long as needed. Lagging behavior skills must be explicitly taught.
4. Instruction is the most powerful behavior change tool: Instruction for lagging skills is the most effective and longest lasting method for changing student behavior. Consequences and punishment do not result in lasting behavior change.

Before a BIP - Ensure Tier 1 Supports

1. Established classroom expectations are foundational to managing student behavior: Within each classroom, teachers should have 3 to 5 positively stated expectations that are posted, taught explicitly, and reinforced consistently. Expectations should be retaught until all students achieve mastery, and retaught throughout the year to maintain mastery.
2. Established classroom procedures are foundational to managing student behavior: Procedures (methods) within the classroom provide structure for how students should interact during the day. Procedures are developed for all regularly occurring classroom activities including entering and leaving the classroom, using the restroom, making up missing assignments, what to do in an emergency, etc. Procedure steps should be posted, utilized consistently, taught and re-taught regularly.

When should a district complete a BIP?

Best Practice: BIPs are necessary when a student presents with a pattern of behavior of a moderate to severe nature that disrupts the learning environment - a minimum of 3 examples of the behavior have been observed. Factors to consider when looking for a pattern of behavior include:

- Student does not respond to tier 1 classroom management strategies when implemented with fidelity
- Increase in disruptive behaviors such as verbal outbursts, physical aggression, etc.
- Change in work habits such as decrease in work output, increase in time off task, etc.

NOTE A Functional Behavior Assessment must be completed prior to a BIP to ensure appropriate instruction is outlined in the BIP.

Legal Requirement (MARSE 34 CFR §300.530)

Determination that behavior was a manifestation of the child's disability. If the school district, the parent, and relevant members of the IEP Team determine that the conduct was a manifestation of the child's disability, the IEP Team must either: 1. Conduct a FBA, unless the school district had conducted a FBA before the behavior that resulted in the change of placement occurred, and implement a behavioral intervention plan (BIP) for the child; or 2. If a BIP already has been developed, review the BIP, and modify it, as necessary, to address the behavior.

BIP Participants

BIP team will include:

- Parent
- Special education teacher
- General education teacher
- Administrator
- Other IEP team members as applicable

BIP Process Steps

A BIP will include the following components:

- Student Strengths

- Background/Medical Information
- Competing Behavior Pathway
- Intervention Strategies
- Implementation Plan

BIP Forms

- Appendix G: Behavior Intervention Plan Form - plan for teaching lagging skills and establishing establishing a supportive environment
- Appendix H: Successive Approximations Worksheet - optional tool to help teams identify the interim steps between the replacement behavior and desired behavior
- Appendix I: Daily Point Card Template - optional tool to support students who would benefit from daily self-monitoring / skill tracking
- Appendix J: Behavior Intervention Plan Table Top Reference - supportive reference document that can be used at team meetings to help guide team members in proactive problem solving

REFERENCES

Greene, R. 2010. The Explosive Child. Harper, New York.

Maroney, S.A. (2018). Persistent and Inconvenient Behavior: What can you do? *Rethinking Behavior*, 1(2).

Michigan Department of Education, Office of Special Education. (2018). Michigan's Integrated Behavior and Learning Support Initiative. Retrieved from <http://miblsi.org>

Scott, T. M., & Cooper, J. T. (2017). Functional Behavior Assessment and Function-Based Intervention Planning: Considering the Simple Logic of the Process. *Beyond Behavior*, 26(3), 101-104. doi:10.1177/1074295617716113

University of Portland. (2016). Basic FBA to BIP. <https://basicfba.com/>

APPENDIX A

FBA Coordinator Duties / Process

Once a REED for an FBA has been signed, an individual from the FBA team needs to be designated as the coordinator. This person will organize the team to ensure the timely completion of all required FBA components. Communication throughout the entire FBA evaluation process is critical to the development of a quality FBA that will guide appropriate intervention and instruction for the student.

Step 1: identify the individuals who will comprise the FBA team

Step 2: within 1 day of REED signature, notify FBA team members that an evaluation is needed

Step 3: within 2 days of REED signature, complete the FBA Responsibilities Assignment List

Step 4: within 2 days of REED signature, share FBA Assignment list with FBA team members

Step 5: share FBA report template with all FBA team members with expectation that each team member will write their information into the report template as it is collected. For example, if a special education teacher completes a classroom observation, that teacher should write his/her own observation summary directly into the FBA report.

NOTE When using Google docs for a shared report, remember to make a copy of the template, rename it, and move it out of the existing folder and into your own private folder.

Step 6: set a FBA team meeting date: At this meeting the team will review all of the collected information and finalize the report. This date should be a week prior to the date of the IEP team meeting to ensure there is time to collect additional data if necessary.

Step 7: set IEP meeting date within the 30 evaluation day time frame

Step 8: designate specific day/time each week on your schedule to check in regarding FBA progress. Review what has been added into the FBA report template. Check with individual FBA team members regarding their progress on assigned tasks. If there is a FBA team member who is not on track to complete the assigned tasks, identify other individuals who can assist.

Step 9: the day before the FBA team meeting date, review and make formatting, grammar, spelling, etc. edits to the document to ensure the FBA meeting time is used for productive discussion rather than word processing tasks.

Step 10: facilitate the FBA team meeting

- Guide the FBA team through the report; allowing each FBA team member to highlight
- key points from his/her section
- As a group, come to consensus on the testable explanations at the end of each section (antecedent, behavior, consequence, and function).
- At the end of the report, come to consensus to confirm/modify the testable explanation
- and develop recommendations for the student.
- Print FBA Report and obtain signatures of all FBA team members.
- Designate someone to upload signed FBA report into Illuminate (REED - Eval Logs)
- Decide who will facilitate the FBA Report discussion at the IEP team meeting.

Step 11: at the IEP team meeting - bring copies of the FBA report for the IEP team members, support the FBA Report discussion (or facilitate if you have been designated by the team as the facilitator), support applicable IEP changes and behavior plan development.

*Note: FBA data should be utilized in the Strength/Needs statement and connected to associated skill based annual goals, supplemental aids/services, and/or programs/services.

APPENDIX B

FBA Responsibilities Assignment List

| | | | |
|---|------------------|------------------------------|---------------------|
| Student: | District: | Date REED was signed: | Due date is: |
| IEP Meeting will be _____ (date) at _____ (time), _____ (location). | | | |
| _____ (person) will complete and send invitation. | | | |

Communication Notes: In this section, the [FBA Coordinator](#) will detail communication that has occurred with the FBA team. Items could include documentation for when this Assignment List is shared with the team, documentation of when FBA Report Template is shared with the team, documentation of contacts regarding establishing a meeting date, etc. NOTE: Additional rows can be added as needed.

| Date | Person | Method | Notes |
|------|--------|--------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Responsibility Assignments: In this section, the FBA Coordinator will indicate which FBA team member is responsible for each section of the FBA.

| FBA Component | Notes | Person Responsible | Due Date | Scheduled Check In (date) |
|---------------|--|---|--|--|
| | FBA coordinator can use this section to provide any details regarding the component as applicable - for example if the behavior is most common in the afternoon it would be appropriate to note in the observation section that an | FBA coordinator lists person(s) who will be completing each section of the FBA. | FBA coordinator works backwards from the meeting date to establish deadlines for each section. | FBA coordinator establishes a check in date for each section; 3 -5 days prior to the due date. |

| | | | | |
|--|--|--|---|--|
| | <i>afternoon observation will be needed.</i> | | <i>FBA Coordinator and Team members are encouraged to add due dates and reminders to their Google Calendar.</i> | |
| Data collection for teachers <i>What system will staff use to collect ABC Data?</i> <i>Recommended ABC Form</i> | | | | |
| Teacher/Staff Interview <i>These are to be actual interviews, NOT used as forms completed by an individual.</i> | | | | |
| Parent Interview <i>This is to be an actual interview, NOT used as a form completed by an individual.</i> | | | | |
| Student Interview <i>This is to be an actual interview, NOT used as a form completed by an individual.</i> | | | | |
| Observations <i>Best practices is at least two observations completed by different observers.</i> | | | | |
| Review of Data <i>Current ABC data that has been collected by the staff is collected, analyzed to identify function, and</i> | | | | |

| | | | | |
|--|--|--|--|--|
| <p><i>entered into the FBA Report.</i></p> | | | | |
| <p>Compilation of Report <i>FBA Coordinator reviews the report 1 day prior to the team meeting to ensure all pieces are complete, check grammar / spelling, etc.</i></p> | | | | |
| <p>Team Meeting - Establish Recommendations <i>FBA Team meets (in person or via electronic means) to review the entire report, come to consents on the testable explanations and establish recommendations. Final report must be signed and uploaded to Illuminate.</i></p> | | | | |
| <p>NOTE: Throughout the entire process, the FBA team should be thinking about what skill(s) the student needs to develop. FBA data should be utilized in Strength / Needs statement and connected to associated skill based annual goals, supplemental aids & services, and / or programs / services. FBA teams should be prepared to support this IEP work and the development of a Behavior Improvement Plan.</p> | | | | |
| <p>Other - In this section, the FBA Coordinator can capture any additional assessments that are being completed as part of the REED. For example, if the district will also be evaluating for occupational therapy services, the FBA coordinator would capture the OT Evaluation and name of evaluator. This information is often important as data results across different evaluations can drive recommendations for a student.</p> | | | | |
| | | | | |
| | | | | |
| | | | | |

Appendix C

Student: _____

ABC Data Collection

Teacher: _____

| | Antecedent: <i>What happens just before the behavior?</i> | Behavior Type: <i>What does behavior look like— in measurable terms?</i> | Behavior Intensity: <i>To what extent is the behavior disruptive to the learning?</i> | Consequence: <i>What happens immediately after the behavior? What is maintaining the behavior?</i> | Student Reaction |
|-----------------|--|--|--|--|---|
| Date | <input type="checkbox"/> Ignored by staff/staff walked away <input type="checkbox"/> Material or food removed/denied <input type="checkbox"/> Other request denied <input type="checkbox"/> Told “no or “not to” <input type="checkbox"/> None (individual alone) <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Physically aggressive (hitting, kicking, biting, etc) <input type="checkbox"/> Physically inappropriate movement (on tables, etc) <input type="checkbox"/> Refuses to follow adult directions <input type="checkbox"/> Disruptive/loud/interruptive <input type="checkbox"/> Destroying/Damaging property <input type="checkbox"/> Swearing <input type="checkbox"/> Passive refusal (ignoring, etc) <input type="checkbox"/> Other: _____ | <input type="checkbox"/> <u>Mild</u> due to noises (words or sounds) or attention required by adults (no physical) <input type="checkbox"/> <u>Moderate</u> due to physical threat to self or others including throwing objects things towards others, spitting towards others, leaving classroom or running away <input type="checkbox"/> <u>High</u> due to causing physical harm to others or self, including hitting, biting, kicking <input type="checkbox"/> <u>Severe</u> due to repeatedly physically harming others or self, including hitting repeatedly, kicking repeatedly, etc. – during this incident | <input type="checkbox"/> Told to stop <input type="checkbox"/> verbal response <input type="checkbox"/> Redirected to another area/activity <input type="checkbox"/> Leisure material/food given <input type="checkbox"/> Staff walked away <input type="checkbox"/> Sent out of the room <input type="checkbox"/> Staff did nothing/student ignored <input type="checkbox"/> Other _____ | <input type="checkbox"/> Escalated behavior <input type="checkbox"/> Stopped behavior <input type="checkbox"/> Student cried <input type="checkbox"/> Returned to task <input type="checkbox"/> Walked away <input type="checkbox"/> Left the area <input type="checkbox"/> Other_____ |
| Time | | | | | |
| Activity | | | | | |
| Date | <input type="checkbox"/> Ignored by staff/staff walked away <input type="checkbox"/> Material or food removed/denied <input type="checkbox"/> Other request denied <input type="checkbox"/> Told “no or “not to” <input type="checkbox"/> None (individual alone) <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Physically aggressive (hitting, kicking, biting, etc) <input type="checkbox"/> Physically inappropriate movement (on tables, etc) <input type="checkbox"/> Refuses to follow adult directions <input type="checkbox"/> Disruptive/loud/interruptive <input type="checkbox"/> Destroying/Damaging property <input type="checkbox"/> Swearing <input type="checkbox"/> Passive refusal (ignoring, etc) <input type="checkbox"/> Other: _____ | <input type="checkbox"/> <u>Mild</u> due to noises (words or sounds) or attention required by adults (no physical) <input type="checkbox"/> <u>Moderate</u> due to physical threat to self or others including throwing objects things towards others, spitting towards others, leaving classroom or running away <input type="checkbox"/> <u>High</u> due to causing physical harm to others or self, including hitting, biting, kicking <input type="checkbox"/> <u>Severe</u> due to repeatedly physically harming others or self, including hitting repeatedly, kicking repeatedly, etc. – during this incident | <input type="checkbox"/> Told to stop <input type="checkbox"/> verbal response <input type="checkbox"/> Redirected to another area/activity <input type="checkbox"/> Leisure material/food given <input type="checkbox"/> Staff walked away <input type="checkbox"/> Sent out of the room <input type="checkbox"/> Staff did nothing/student ignored <input type="checkbox"/> Other _____ | <input type="checkbox"/> Escalated behavior <input type="checkbox"/> Stopped behavior <input type="checkbox"/> Student cried <input type="checkbox"/> Returned to task <input type="checkbox"/> Walked away <input type="checkbox"/> Left the area <input type="checkbox"/> Other_____ |
| Time | | | | | |
| Activity | | | | | |
| Date | <input type="checkbox"/> Ignored by staff/staff walked away <input type="checkbox"/> Material or food removed/denied <input type="checkbox"/> Other request denied <input type="checkbox"/> Told “no or “not to” <input type="checkbox"/> None (individual alone) <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Physically aggressive (hitting, kicking, biting, etc) <input type="checkbox"/> Physically inappropriate movement (on tables, etc) <input type="checkbox"/> Refuses to follow adult directions <input type="checkbox"/> Disruptive/loud/interruptive <input type="checkbox"/> Destroying/Damaging property <input type="checkbox"/> Swearing <input type="checkbox"/> Passive refusal (ignoring, etc) <input type="checkbox"/> Other: _____ | <input type="checkbox"/> <u>Mild</u> due to noises (words or sounds) or attention required by adults (no physical) <input type="checkbox"/> <u>Moderate</u> due to physical threat to self or others including throwing objects things towards others, spitting towards others, leaving classroom or running away <input type="checkbox"/> <u>High</u> due to causing physical harm to others or self, including hitting, biting, kicking <input type="checkbox"/> <u>Severe</u> due to repeatedly physically harming others or self, including hitting repeatedly, kicking repeatedly, etc. – during this incident | <input type="checkbox"/> Told to stop <input type="checkbox"/> verbal response <input type="checkbox"/> Redirected to another area/activity <input type="checkbox"/> Leisure material/food given <input type="checkbox"/> Staff walked away <input type="checkbox"/> Sent out of the room <input type="checkbox"/> Staff did nothing/student ignored <input type="checkbox"/> Other _____ | <input type="checkbox"/> Escalated behavior <input type="checkbox"/> Stopped behavior <input type="checkbox"/> Student cried <input type="checkbox"/> Returned to task <input type="checkbox"/> Walked away <input type="checkbox"/> Left the area <input type="checkbox"/> Other_____ |
| Time | | | | | |
| Activity | | | | | |

Appendix D

ABC Data Collection Cover Sheet

| | | |
|-------------------------------|--|--------------------------|
| Student: | Return forms to _____ (person) by _____ (date). | Teacher: |
| Data Collection Dates: | | IEP Meeting Date: |

Attached is a data collection sheet to be utilized by all staff during the FBA data collection dates. There may be multiple incidents on the same day. Use a separate line in the data collection form for each incident. For each incident of behavior, indicate on the ABC data collection form the following information:

| SAMPLE | Antecedent: <i>What happens just before the behavior?</i> | Behavior Type: <i>What does behavior look like—in measurable terms?</i> | Behavior Intensity: <i>To what extent is the behavior disruptive to the learning?</i> | Consequence: <i>What happens immediately after the behavior?</i> <i>What is maintaining the behavior?</i> | Student Reaction |
|--|---|--|---|--|---|
| Date 10/1/22 Time 9:05am Activity Morning calendar /carpet | <input type="checkbox"/> Ignored by staff/staff walked away <input type="checkbox"/> Material or food removed/denied <input type="checkbox"/> Other request denied <input checked="" type="checkbox"/> Told “no or “not to” <input type="checkbox"/> None (individual alone) <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Physically aggressive (hitting, kicking, biting, etc) <input type="checkbox"/> Passive refusal (ignoring, etc) | <input type="checkbox"/> <u>Mild</u> due to noises (words or sounds) or attention required by adults (no physical) <input type="checkbox"/> <u>Moderate</u> due to physical threat to self or others including throwing objects things towards others, spitting towards others, leaving classroom or running away <input checked="" type="checkbox"/> High due to causing physical harm to others or self, including hitting, biting, kicking <input type="checkbox"/> <u>Severe</u> due to repeatedly physically harming others or self, including hitting repeatedly, kicking repeatedly, etc. – during this incident | <input checked="" type="checkbox"/> Told to stop <input type="checkbox"/> verbal response <input type="checkbox"/> Redirected to another area/activity <input type="checkbox"/> Leisure material/food given <input type="checkbox"/> Staff walked away <input type="checkbox"/> Sent out of the room <input type="checkbox"/> Staff did nothing/student ignored <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Escalated behavior <input type="checkbox"/> Stopped behavior <input type="checkbox"/> Student cried <input type="checkbox"/> Returned to task <input type="checkbox"/> Walked away <input type="checkbox"/> Left the area <input type="checkbox"/> Other _____ |

Record the number of incidents for each day of the data collection period.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| Week 1 | | | | | |
| Week 2 | | | | | |
| Week 3 | | | | | |

SIGNATURE

DATE

Appendix E
EUPISD: Functional Behavioral Assessment
Team Working Document

| | | | | | | | |
|-----------------------------|--|--------------------|--|----------------------|--|------------------------------|--|
| <u>Student Name:</u> | | <u>Age:</u> | | <u>Grade:</u> | | <u>Date of Report</u> | |
| <u>FBA Team</u> | | | | | | | |

| <u>Teacher/Staff Interview</u> | |
|---------------------------------------|--|
| Person(s) interviewed: | |
| Interviewer: | |

NOTE: Interviewer will obtain a copy of student's daily routine or schedule - to be used in routines analysis.

| |
|---|
| Student Profile: What is the student good at / what are the student's strengths? |
| |

| |
|--|
| Description of Behavior: What does the problem behavior(s) look like? |
| |

| | | |
|--|-------------------------------|--------------------------|
| How often does the problem behavior(s) occur? | | |
| • | 1 time/week | Additional Notes: |
| • | 1-2 times/week | |
| • | 3-5 times/week | |
| • | Daily | |
| • | Multiple times during the day | |

How disruptive is the problem behavior? Scale 1 - 5 with 1 = not disruptive and 5 = very disruptive

How dangerous is the problem behavior? Scale 1 - 5 with 1 = not dangerous and 5 = very dangerous

Antecedent: What situations seem to set off the problem behavior?

When is the problem behavior most likely to occur?

When is the problem behavior least likely to occur?

Are there specific conditions, events, or activities that make the problem behavior worse?

What usually happens after the behavior occurs?

What interventions have been tried? Have they been successful

----- *End of Teacher/Staff Interview* -----

Parent / Guardian Interview

Person(s) interviewed:

Interviewer:

Student Profile: What is the student good at / what are the student's strengths?

Description of Behavior: What does the problem behavior(s) look like?

How often does the problem behavior(s) occur?

•

1 time/week

•

1-2 times per week

•

3-5 times per week

•

Daily

•

Multiple times per day

Additional Notes:

How disruptive is the problem behavior? Scale 1 - 5 with 1 = not disruptive and 5 = very disruptive

How dangerous is the problem behavior? Scale 1 - 5 with 1 = not dangerous and 5 = very dangerous

Antecedent: What situations seem to set off the problem behavior?

When is the problem behavior most likely to occur?

When is the problem behavior least likely to occur?

Are there specific conditions, events, or activities that make the problem behavior worse?

What usually happens after the behavior occurs?

What interventions have been tried? Have they been successful

----- End of Parent Interview -----

Functional Behavioral Assessment Interview – Student

| | | | | | | | |
|-----------------------------|--|--------------------|--|----------------------|--|------------------------------|--|
| <u>Student Name:</u> | | <u>Age:</u> | | <u>Grade:</u> | | <u>Date of Report</u> | |
| <u>FBA Team</u> | | | | | | | |

Student Profile: What are things that you like to do, or do well, while at school? (E.g., activities, classes, helping others, etc.)

What are things that you like to do? Or things that you do well?

What are some things you do that get you in trouble or are a problem at school?

| | |
|---|--|
| In general, is your work too hard for you? | <ul style="list-style-type: none"> ● Always ● Sometimes ● Never |
| In general, is your work too easy for you? | <ul style="list-style-type: none"> ● Always ● Sometimes ● Never |
| When you ask for help appropriately, do you get it? | <ul style="list-style-type: none"> ● Always ● Sometimes |

| | |
|---|--|
| | <ul style="list-style-type: none"> ● Never |
| Do you think work periods for each subject are too long? | <ul style="list-style-type: none"> ● Always ● Sometimes ● Never |
| Do you think work periods for each subject are too short? | <ul style="list-style-type: none"> ● Always ● Sometimes ● Never |
| When you do seatwork, do you do better when someone works with you? | <ul style="list-style-type: none"> ● Always ● Sometimes ● Never |
| Do you think people notice when you do a good job? | <ul style="list-style-type: none"> ● Always ● Sometimes ● Never |
| Do you think you get the points or rewards you deserve when you do good work? | <ul style="list-style-type: none"> ● Always ● Sometimes ● Never |
| Do you think you would do better in school if you received more rewards? | <ul style="list-style-type: none"> ● Always ● Sometimes ● Never |
| In general do you find your work interesting? | <ul style="list-style-type: none"> ● Always ● Sometimes ● Never |
| Are there things in the classroom that distract you? | <ul style="list-style-type: none"> ● Always ● Sometimes ● Never |
| Is your work challenging enough for you? | <ul style="list-style-type: none"> ● Always ● Sometimes ● Never |
| <u>Additional Notes:</u> | |

When do you think you have the fewest problems with _(target behavior)_ in school?

Why do you not have problems during this / these times?

| |
|---|
| |
| When do you think you have the most problems with <u>_(target behavior)_</u> in school? |
| |
| Why do you have problems during this / these times? |
| |
| What changes could be made so you would have fewer problems with <u>_(target behavior)_</u>? |
| |
| Do other students get distracted? |
| |
| What kind of rewards would you like to earn for good behavior or good school work? |
| |
| What are your favorite activities at school? |
| |
| What are your hobbies or interests? |
| |
| If you had the chance, what activities would you like to do that you don't have the opportunity to do now? |
| |
| <i>----- End of Student Interview -----</i> |

| | |
|-------------------------------|--|
| Data Summary | |
| Data Collection Dates: | |

| BEHAVIOR TYPE <i>[Behaviors tracked - for example: physical aggression, passive refusal, etc.]</i> | # of incidents |
|--|-----------------------|
| | |
| | |

| BEHAVIOR INTENSITY | # of incidents |
|--|-----------------------|
| Mild due to noises (words or sounds) or attention required by adult (no physical) | |
| Moderate due to physical threat to self or others including throwing objects, spitting towards others, leaving classroom or running away | |
| High due to causing physical harm to others or self, including hitting, biting, kicking | |
| Severe due to repeatedly harming others or self, including hitting repeatedly, kicking repeatedly, etc - during a single incident | |

| Antecedent What happened just prior to the event? | # of incidents |
|---|-----------------------|
| Ignored by staff / staff walked away | |
| Material or food removed / denied | |
| Other request denied | |
| Given instruction / prompted to work | |
| Told "no" or "not to" | |
| Given a warning | |
| A transition | |
| Provoked by a peer | |
| None (individual alone) | |

| | |
|--------|--|
| Other: | |
|--------|--|

| Consequence What happened just after the event? | # of incidents |
|---|-----------------------|
| Told to stop / verbal response | |
| Redirect to another area / activity | |
| Leisure material / food given | |
| Work requirement terminated | |
| Staff walked away | |
| Sent out of the room | |
| Staff did nothing / student ignored | |
| Other: | |

| Student Reaction | # of incidents |
|-------------------------|-----------------------|
| Escalated behavior | |
| Stopped behavior | |
| Student cried | |
| Returned to task | |
| Walked away | |
| Left the area | |
| Other: | |

| Routines Analysis | | | | | |
|-------------------|----------------------------|-------|-------------------|--------------------------------|----------------------|
| Schedule (Times) | Routine, Subject, Activity | Staff | Specific Behavior | Likelihood of Problem Behavior | Current Intervention |
| | | | | 1 2 3 4 5 6 | |
| | | | | 1 2 3 4 5 6 | |
| | | | | 1 2 3 4 5 6 | |
| | | | | 1 2 3 4 5 6 | |
| | | | | 1 2 3 4 5 6 | |
| | | | | 1 2 3 4 5 6 | |
| | | | | 1 2 3 4 5 6 | |
| | | | | 1 2 3 4 5 6 | |
| | | | | 1 2 3 4 5 6 | |
| | | | | 1 2 3 4 5 6 | |
| | | | | 1 2 3 4 5 6 | |
| | | | | 1 2 3 4 5 6 | |
| | | | | 1 2 3 4 5 6 | |
| | | | | 1 2 3 4 5 6 | |

Insert any applicable data charts here:

----- End of Data Summary -----

OBSERVATIONS

Observation #1

completed on DATE by NAME(s)/TITLE(s)

Narrative:

Time on Task:

A-B-C Incidents:

| Time | Antecedent | Setting Event | Behavior Type | Behavior Intensity | Consequence |
|------|------------|---------------|---------------|--------------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Interventions Noted:

-

Observation #2

completed on DATE by NAME, TITLE

| Time on Task: | | | | | | |
|----------------------------------|------------|---------------|---------------|--------------------|-------------|------------------|
| Narrative: | | | | | | |
| A-B-C Incidents: | | | | | | |
| Time | Antecedent | Setting Event | Behavior Type | Behavior Intensity | Consequence | |
| | | | | | | |
| | | | | | | |
| Interventions Noted: | | | | | | |
| • | | | | | | |
| <u>Observation #3</u> | | | | | | |
| completed on DATE by NAME, TITLE | | | | | | |
| Time on Task: | | | | | | |
| Narrative: | | | | | | |
| A-B-C Incidents: | | | | | | |
| Time | Antecedent | Activity | Behavior Type | Behavior Intensity | Consequence | Student Reaction |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Interventions Noted: | | | | | | |
| • | | | | | | |

Potential Recommendations

| |
|--|
| |
| |
| |
| |
| |
| |
| |

Appendix F
****confidential****

Functional Behavior Assessment (FBA) Team Report

Name:
DOB:
Age:
School:

Dates of evaluation:
Date of Report:
Grade:
Parent:

FBA Team Members:

Reason for Referral

STUDENT was referred for a functional behavior assessment due to school concerns related to behavior impacting education. This evaluation is being completed to help determine appropriate interventions / supports to guide in the development or refinement of an individualized behavior intervention plan.

Evaluation Methods

Teacher Interview
Parent Interview
Student Interview
Data Collection
Observation
ADD OTHERS

August 2022

Interviews

| | Teacher / Staff | Parent / Guardian | Student |
|-----------------------|-----------------|-------------------|---------|
| Strengths | | | |
| Problem Behavior | | | |
| Frequency of behavior | | | |
| Disruption Level | | | |
| Dangerous Level | | | |
| Antecedent | | | |
| Most Likely to Occur | | | |
| Least Likely to Occur | | | |
| Setting Events | | | |
| Consequences | | | |
| Interventions | | | |
| Other | | | |

Summary of Interviews:

Data

| | Teacher / Staff Data Collection | Observations |
|-----------------------|---------------------------------|--------------|
| Problem Behavior | | |
| Frequency of behavior | | |
| Intensity of behavior | | |
| Antecedent | | |
| Most Likely to Occur | | |
| Least Likely to Occur | | |
| Setting Events | | |

| | | |
|---------------|--|--|
| Consequences | | |
| Interventions | | |
| Other | | |

Summary of Data:

Hypothesis

| | | | |
|----------------|-------------|-----------------------|------------------------|
| Routine: | | Desired Behavior: | Consequence / Outcome: |
| Setting Event: | Antecedent: | Problem Behavior: | Function: |
| | | Replacement Behavior: | |

Summary

Based on the functional behavior assessment, which included structured interviews, data collection, and observation with [teacher / staff, parent, student] we learned that during [routine] when [antecedent], [student] will often [problem behavior] and as a result [consequence]. The student does this in order to get / avoid [function]. This is likely to be worse if [setting events].

When [antecedent] we'd like for the student to [desired behavior]. Since the student is currently [problem behavior] the desired behavior is a longer term goal. In the meantime we recommend teaching [student] to [replacement behavior] as a way to [function] without [problem behavior].

August 2022

Recommendations

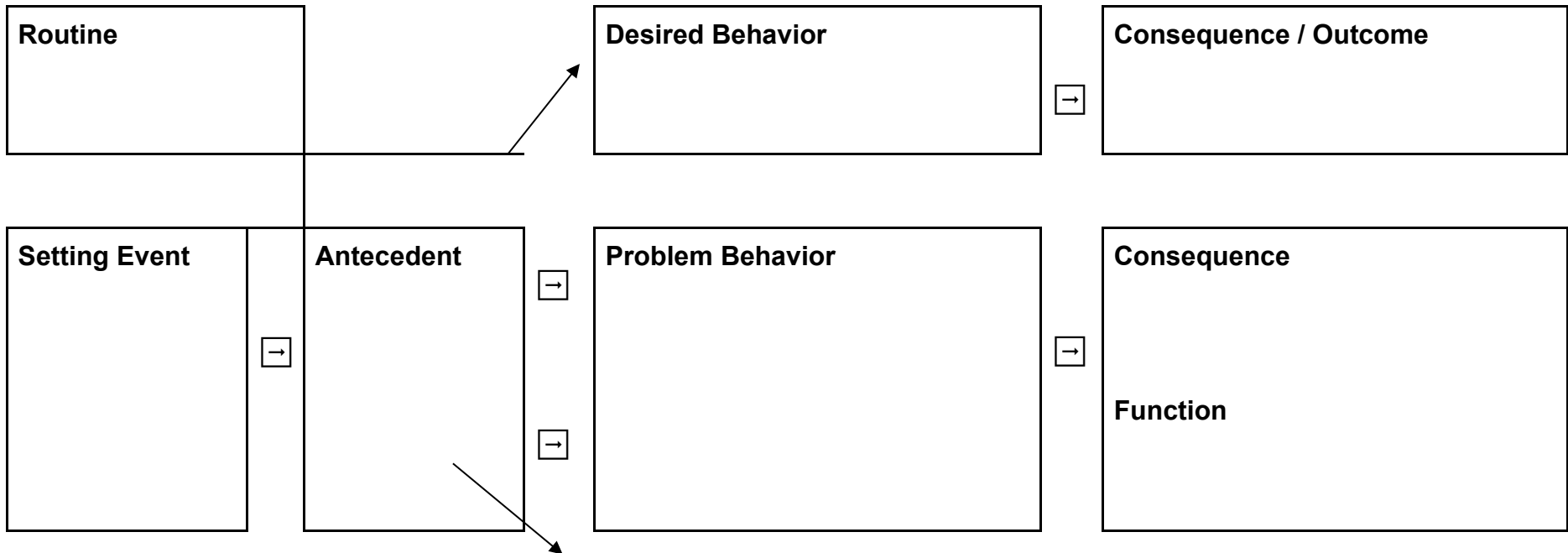
- 1.

Appendix G

Behavior Intervention Plan

Developed from a Functional Behavioral Assessment completed on _____

| | | | | | |
|-----------------------------|--|--------------|---------------------|-------------|--|
| Student | | Grade | | Date | |
| School | | | Case Manager | | |
| Strengths | | | | | |
| Background / Medical | | | | | |



Replacement Behavior



| <u>Behavior Intervention Plan - Implementation and Follow Up</u> | | | | | | |
|---|--|---|--|---|--|-------------------------------------|
| Area of Support | Describe | Person Responsible | Where | When | Review Date: | |
| | | | | | Implementation Rating | Evaluation Decision |
| consider what support is needed for each of the areas | what exactly will be done in this area | who will oversee implementation of this piece | in what settings will this support be provided | implementation date and ongoing frequency of this support | 2 = yes 90% + 1 = partially 50-90% 0 = no <50% | -Monitor -Modify -Discontinue |
| Prevent & Prompt make the problem behavior irrelevant (antecedent intervention, environmental supports) | | | | | 2 1 0 | |
| Teaching teach replacement behavior & skills to engage in desired behavior | | | | | 2 1 0 | |
| Reinforcement make replacement behavior more rewarding than problem behavior | | | | | 2 1 0 | |
| Redirect to Replacement Behavior prompt replacement behavior at earliest signs of problem | <i>describe triggers:</i> <i>describe supports:</i> | | | | 2 1 0 | |

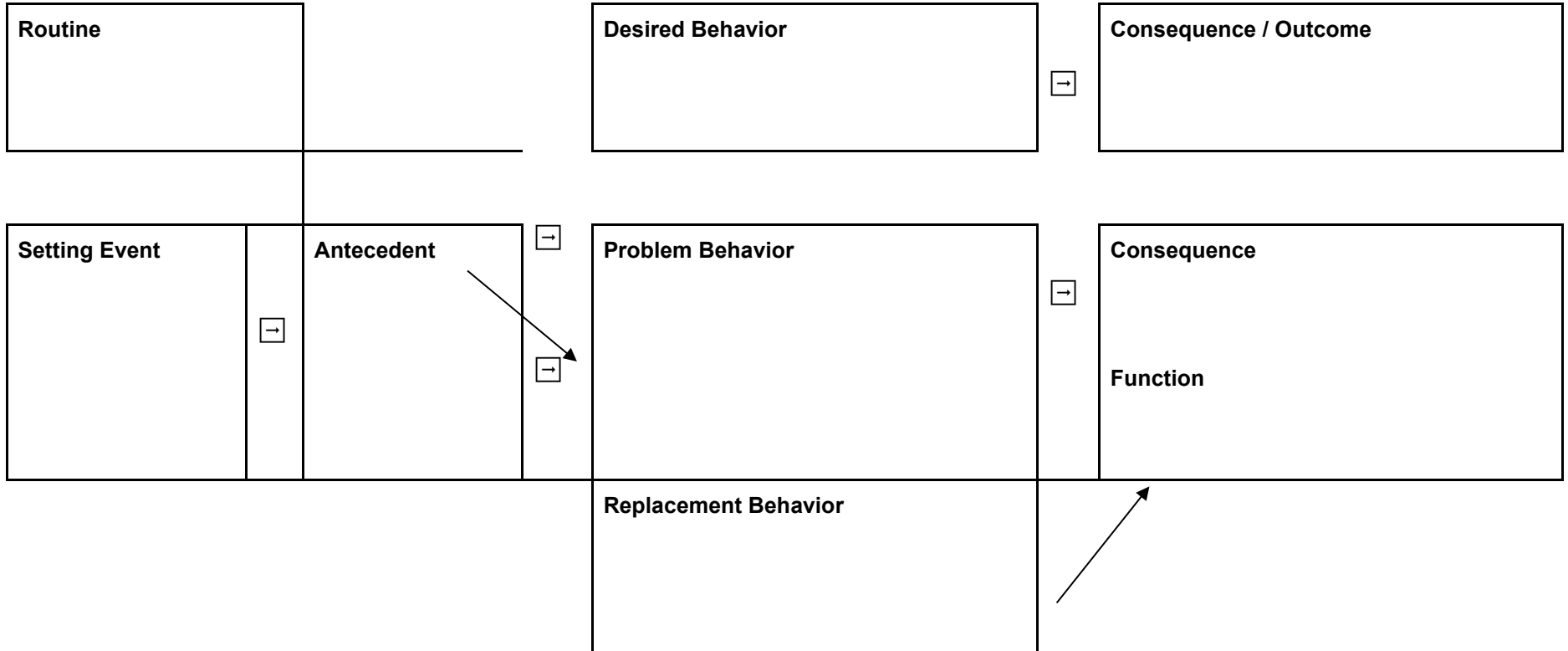
| | | | | | | |
|--|--|--|--|--|-----------------|--|
| Minimize Reinforcement of Problem Behavior make problem behavior ineffective | | | | | 2 1 0 | |
|--|--|--|--|--|-----------------|--|

Appendix H

Successive Approximations Worksheet

Use this tool to map out the checkpoints between the student's replacement behavior and the desired behavior.

| | | | | | |
|---------|--|-------|--|------|--|
| Student | | Grade | | Date | |
|---------|--|-------|--|------|--|



| | |
|-----------------------------|--|
| Replacement Behavior | |
| Approximation #1 | |
| Approximation #2 | |
| Approximation #2 | |
| Desired Behavior | |

Appendix I
Daily Point Card

| | | | | | |
|----------------------------|--|--------------|---------------------------------------|-------------|--|
| Student | | Grade | | Date | |
| Targeted Routine | | | Time (from X to Y) | | |
| Number of Intervals | | | Interval Length (# of minutes) | | |

| Expectations specifically list the behaviors that will lead to a reduction in problem behavior and increase in desired behavior | Scoring Intervals | | | | | | Totals |
|---|--------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|---------------|
| | 1 <time> | 2 <time> | 3 <time> | 4 <time> | 5 <time> | 6 <time> | |
| | | | | | | | /12 |
| | | | | | | | /12 |
| | | | | | | | /12 |
| Totals | /6 | /6 | /6 | /6 | /6 | /6 | /36 |

2 = Great! No Problem.

1 = Needed a reminder

0 = didn't meet expectation with reminder

Goal = 80% = 29/36

Total points = ___ out of 36 = _____%

Appendix J

Behavior Intervention Plan Meeting

| Questions to ask about each potential intervention being discussed: | Questions to ask the implementers before committing to the BIP Implementation Plan: |
|---|---|
| <ol style="list-style-type: none"> 1. Does the intervention address the function of the behavior? Will it make the behavior better and not worse? 2. Does the intervention match the ABC assessment information collected? | <ol style="list-style-type: none"> 1. Is this intervention feasible for you to implement? 2. Do you believe this intervention will be effective for the student? 3. Is this intervention consistent with your values as an educator? 4. Do you have the skills needed to implement this intervention? Are the necessary resources (time, space, staff, administrative support) available? |
| <p>If the answer to any of these questions is “no” or “maybe”:</p> <ul style="list-style-type: none"> • Can we modify the intervention / strategy to make it a better fit? • Are there supports we could provide to make it a better fit? | |