

Functional Behavioral Assessment (FA)

(Follow DDA Guidelines for Developing Functional Assessments and
Positive Behavior Support Plans:

<http://www.dshs.wa.gov/pdf/adsa/ddd/policies/policy5.14.pdf>)

CLIENT NAME	AGE	DATE OF BIRTH	REGION	REPORT DATE
NAME OF PERSON CONDUCTING ASSESSMENT		TITLE		
DESCRIPTION AND PERTINENT HISTORY				
Provide a brief description of the whole person, including present circumstances; interests and activities; strengths; positive behaviors; communication skills; medical status; disability, psychiatric conditions; history of trauma, and other information that is important in understanding the person and his or her current circumstances.				
DEFINITION OF CHALLENGING BEHAVIORS				
Describe each challenging behavior in measurable terms. Include frequency, severity/intensity and duration of behavior(s) based on available data.				
DATA ANALYSIS/ASSESSMENT PROCEDURES				
List how the data was collected for the assessment. Describe the data and how it fits with the A-B-C (Antecedent-Behavior-Consequence) model. List the setting events and predictors (immediate antecedents) identified from the collected information. Also list specific medical, psychiatric, and quality of life issues that appear to impact or influence the challenging behavior.				
SUMMARY STATEMENTS				
List the hypothesis/function why the person engages in each challenging behavior. When there are multiple behaviors that appear to serve different functions/purposes, list a summary statement for each behavior.				
SIGNATURES				
PRINT PLAN AUTHOR NAME	PLAN AUTHOR SIGNATURE		DATE	
PRINT DDA CRM/SW NAME	DDA CRM/SW SIGNATURE		DATE	
PRINT CLIENT OR LEGAL REPRESENTATIVE NAME	CLIENT OR LEGAL REPRESENTATIVE SIGNATURE		DATE	