

FUNCTIONAL BEHAVIORAL ASSESSMENT SCREENING FORM (FBASF)

Name _____ Date of Birth _____ Grade _____
School Program _____ Date form completed _____
Person(s) completing the form _____

Behavioural Strengths: Identify and briefly describe adaptive behaviours, skills, and characteristics that are functional and appropriate.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Interfering Behaviours: Identify and describe priority problem behaviours.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Survey of Reinforcers: Describe events, activities, objects, people, foods, situations, or stimuli that appear to be preferred by this person.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Communication Skills: Describe the primary methods the person uses to communicate (e.g., speech, science, gestures, symbols, electronic devices).
