



FUNCTIONAL BEHAVIOR ASSESSMENT for INDIVIDUALS WITH AUTISM
Chapel Hill TEACCH Center
John Thomas and Gladys Williams

Name _____ Age _____ Sex M F

Date of Review _____ Reviewer _____


Primary Service Providers _____

BEHAVIOR ASSESSMENT

Before completing this assessment, collect observational data on the behavior and its context. (See TEACCH Functional Assessment Data form). Refer to the data and observations as you complete this behavior assessment.

SECTION 1 – IDENTIFY THE TARGET BEHAVIOR

1. Identify the behavior of concern by:
 - a) defining what the individual does
 - b) how frequently it occurs per hour, day, week, etc.
 - c) duration (how long it lasts)
 - d) intensity (how damaging or destructive): mild, moderate, severe

 Behavior	Frequency	Duration	Intensity

©Copyright, 2001 by the University of North Carolina at Chapel Hill. No part of this publication may be copied or otherwise produced in any medium without advance permission from Division TEACCH, Department of Psychiatry, Campus Box #7180, Chapel Hill, North Carolina 27599-7180.

For a list of meeting participants, see SST/IAP Attendance Log or IEP Page 1.

SECTION 2 – OBTAIN AND PRESENT DATA

A. Provide data that describes the frequency, intensity, or duration of the behavior(s). Assure that data provides information on the context prior to the behaviors occurrence.

B. LOOK FOR PATTERNS:

Based on observational data, identify activities during which the behavior **DOES** and **DOES NOT** occur, contributing environmental factors, and the times of day when the behavior does occur (e.g., 5-6 am, 10:15-10:30 and 2-2:30). Write N/A for activities that are not part of this person's schedule or the observation. **Include information from home and community contexts, as well as from the classroom.**

	Does Not Occur	Does Occur	Environmental factors: -Presence of peers -Staff present -Stimuli in setting	Times of day it occurs
Leisure/Playtime/Break time				
Snack				
Group/Social activity				
P.E./ Exercise				
Meal				
Bathroom				
Independent work (note type) _____ _____				
Work with teacher/staff (note type) _____ _____				
Change in routine (specify) _____ _____				
Transition between activities (specify) _____ _____				
Other (specify) _____ _____				

SECTION 3 – THE CLASSROOM CONTEXT

B. INSTRUCTIONAL METHODS

In this section, all questions are about the time period immediately preceding the behavior of concern.

1. **How is the physical environment structured to assure that the student focuses on relevant details of tasks? Identify areas where the physical space assists focus, attention, and performance.**
-
-

2. **What type of schedule does the individual use? Does it fit his/her thinking and development?** _____

Does the student use it completely independently? _____

If not, consider using a simpler and more individualized schedule.

Is it used at all times? Is the schedule used consistently at times leading up to the behaviors in question? _____

3. **What type of work system or to do list is used to show what tasks or activities to do during this time period?** _____

- Identify how he/she knows the answers to these questions, during this time period:

a) **How much do I do?** _____

b) **What do I do?** _____

c) **When is it finished?** _____

d) **What do I do next?** _____

Does the student use it completely independently? If not, consider using a simpler system. Is it used at all times?

Is the work system used at all times leading up to the behaviors in question?

4. **List all activities** taking place in this period that may be too difficult or too long. Identify activities that may be boring to the student or are disliked.
-
-

5. What are the student's **strengths and interests**? Identify the "enthusiasms" that engage the student's attention. Describe:

6. Do organizational difficulties interfere with the student's performance during this time period? Look at the visual structure of tasks during the period leading up to the behaviors in question. Are the **visual instructions** developmentally appropriate, used independently and at all times? Describe:

Are materials and tasks **visually organized** to assure that the student can see the steps of the task?

Are materials limited, contained, sequenced, and stabilized so that the student can perform the task with less frustration?.

Are there **visual clarity** cues that highlight and define the relevant details of the task?___

Does the student have the opportunity to make **choices** during this time period? Does he or she have the skills to make choices? Discuss:

7. Does the behavior relate to difficulties with transitions? Y/N
If yes, what aspect of the transition is difficult (e.g., not understanding what is next, difficulty shifting activities or places, not liking what is next or wanting to do something else, etc.)?

SECTION 2 – THE COMMUNICATION CONTEXT

As needed, use information from the family on these questions.

C. COMMUNICATION SKILLS

1. **Receptive communication:** Identify the individual's receptive communication skills. Does he consistently understand multiple directions, single sentences, words, gestures, pictures, or objects?

Does he do better with extended processing time?

2. Clarity of instructions: How are instructions given in the classroom? Consider verbal methods, length of instruction, number of steps.

How often do verbal instructions precede the behaviors in question. Do you need to consider using the schedule, work system and visual structure (Section B) to reduce confusion resulting from verbal demands? Describe:

3. Behavior expectations: Are there concrete and developmentally appropriate guidelines for desirable behavior in this context? How is the individual informed of these expectations? Describe:

4. Expressive communication

First, identify the individual's expressive communication skills. Second, circle the communicative functions that the targeted behaviors seem to serve.

	Note ways individual expresses each function.
Requests attention	
Requests help	
Requests preferred food/object/activity	
Requests break or removal	
Protests or rejects a situation or activity	
Indicates pain	
Indicates confusion, fear, unhappiness, anxiety	
Other functions:	

SECTION 2 – THE PHYSIOLOGICAL AND EMOTIONAL CONTEXT

As needed, use information from the family on these questions.

D. PHYSIOLOGICAL STATE/EMOTIONAL CONDITION

1. What **medical or physical** conditions does the individual experience that may affect the behavior?

2. What **medications** is the individual taking and how do you believe these may affect the behavior?

3. Describe the **sleep patterns** of the individual and the extent to which these patterns may affect the behavior:

4. Describe the eating **routines and diet** of the person and the extent to which these may affect the behavior:

5. Consistent **physical exercise** (aerobic, 3-4 times per week, at least 30 minutes) has been associated with a variety of positive behavioral effects in individuals with autism. What kind of exercise does the individual get?

6. Are there **changes** in the home or family that may be affecting the student? Are there other issues that may create **anxiety**?

7. Do any of these forms of stimulation seem to be related to the behavior of concern? Describe:

Social (number of people, specific people, effect of interaction):

Verbal (effect of verbal instruction, verbal noise in room):

Activities (do activities in other settings distract or lure attention):

Noise (speakers, equipment, phone, noises in other areas):

Visual (objects, lights, shadows, windows, machinery):

Smells (perfume, cleaning supplies, gasoline, etc.):

Internal (is he/she attending to internal thought or repeating words and actions):

SECTION 3 – THE CONTEXT OF RESULTS and CONSEQUENCES

Use information from the family on these questions.

1. Do there seem to be **intrinsic** (e.g., drawing on the wall is fun) or **internal** (e.g., stimulation) reinforcers for this behavior? Review the data. If so, describe:

2. Does it seem that the behavior often leads to escape from or avoidance of some undesired circumstance? Has the behavior been successful in the past in effecting escape? Review the data. If so, describe:

3. How do staff/parents/caretakers/peers **respond** after the behavior occurs?

4. **What else happens** after the behavior occurs?

For a list of meeting participants, see SST/IAP Attendance Log or IEP Page 1.

New Hanover County Schools Behavioral Intervention Plan (BIP)

Name _____
 ID# _____
 Date of Birth _____
 School _____
 Meeting Date _____

Days Out of School Suspension _____
 How are IEP services going to be delivered
 starting on the 11th day of suspension in a school year?

Weeks to Implement BIP _____
 Next Meeting to Review/Revise Plan:
 Date _____ Time _____
 Location _____

Replacement/ Desired Behaviors	How?	Who?	When?	How will teaching time be documented?

What rewards will be provided when the desired behaviors are demonstrated?	Who will implement the rewards?	How will the desired behavior data be collected?

For a list of meeting participants, see SST Attendance Log, IEP page I or IAP.

Attach today's BIP to Intervention Plan, IAP or IEP Page 4.

**New Hanover County Schools
Behavioral Intervention Plan (BIP)**

What?	What Consequences will be enforced?	Who?	Data
<p>Describe the target behavior from FBA.</p> <p>Mild: _____</p> <p>_____</p> <p>_____</p> <p>Moderate: _____</p> <p>_____</p> <p>_____</p> <p>Severe: _____</p> <p>_____</p> <p>_____</p>	<p>Mild: _____</p> <p>_____</p> <p>_____</p> <p>Moderate: _____</p> <p>_____</p> <p>_____</p> <p>Severe: (including components of a crisis plan)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Describe the responsibilities of each team member, including school staff, family and student.</p> <p>Mild _____</p> <p>_____</p> <p>_____</p> <p>Moderate: _____</p> <p>_____</p> <p>_____</p> <p>Severe: _____</p> <p>_____</p> <p>_____</p>	<p>Explain how and when data will be recorded. List the type of data collection tool that will be used.</p>

For a list of meeting participants, see SST Attendance Log, IEP page I or IAP.

Attach today's BIP to Intervention Plan, IAP or IEP Page 4.

