**Functional Behavior Assessment Form Free**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Grade/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Teacher/Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Behavior Overview  
Provide a general overview of the behavior that is being assessed.**

* **Type of Behavior:  
  ☐ Aggressive ☐ Disruptive ☐ Withdrawn ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Frequency of Behavior:  
  ☐ Daily ☐ Weekly ☐ Occasionally ☐ Rarely**
* **Behavior Duration:  
  ☐ Less than 5 minutes ☐ 5-10 minutes ☐ More than 10 minutes**

**Antecedent and Consequence  
Identify what triggers the behavior and the typical outcome or consequence.**

* **Antecedent (Trigger):  
  ☐ Request to complete task ☐ Conflict with peer ☐ Instruction from teacher ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Consequence of Behavior:  
  ☐ Ignored by peers ☐ Sent out of classroom ☐ Teacher responds ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Behavior Impact  
Describe how the behavior affects the student and others.**

* **Impact on Peer Learning:  
  ☐ Minimal ☐ Moderate ☐ Significant**
* **Impact on Teacher Instruction:  
  ☐ Minimal ☐ Moderate ☐ Significant**

**Intervention Strategy  
What actions will be taken to help the student replace the problematic behavior?**

* **Replacement Behavior: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Positive Reinforcement:  
  ☐ Extra recess ☐ Verbal praise ☐ Reward system ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Feedback  
Parents/guardians are encouraged to provide input or any observations.**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**