
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 - Aggressive Disruptive Withdrawn Other: _____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: _____