**Functional Behavior Assessment Form Sample**

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

**Problem Behavior  
Provide a description of the behavior being assessed.**

| **Behavior** | **Trigger** | **Frequency** | **Severity** |
| --- | --- | --- | --- |
|  |  | **☐ Daily ☐ Weekly ☐ Occasionally** | **☐ Mild ☐ Moderate ☐ Severe** |

**Function of Behavior  
Identify the function or reason for the behavior.**

* **Purpose of Behavior:  
  ☐ To gain attention ☐ To avoid task ☐ To gain sensory stimulation ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Environmental Factors  
Note any factors in the environment that may influence the behavior.**

* **Possible Environmental Influences:  
  ☐ Changes in schedule ☐ Peer interaction ☐ Physical environment ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Behavior Support Plan  
Describe a strategy to address the behavior.**

* **Positive Reinforcement for Replacement Behavior:  
  ☐ Verbal praise ☐ Reward ☐ Special activity ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**