

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
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> 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:** _____