
(School Name / District Name)

Functional Behavioral Assessment Team Attendance Sheet

(Student Name)

The Functional Behavioral Assessment (FBA) for the above named student took place on ____/____/____. The following FBA Team Members attended the meeting and contributed to the FBA process:

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

School Staff & Outside Agency Members:

Teacher Signature: _____ Date: ____/____/____

Teacher Signature: _____ Date: ____/____/____

Special Educator Signature: _____ Date: ____/____/____

Administrator Signature: _____ Date: ____/____/____

Other Title: _____ Signature: _____ Date: ____/____/____

Other Title: _____ Signature: _____ Date: ____/____/____

Other Title: _____ Signature: _____ Date: ____/____/____

Other Title: _____ Signature: _____ Date: ____/____/____

Other Title: _____ Signature: _____ Date: ____/____/____

Other Title: _____ Signature: _____ Date: ____/____/____

(School Name)

Functional Behavior Assessment Form

Student: _____
Birth Date: _____
Grade: _____
IEP Date/Program/Eligibility (optional): _____
FBA Facilitator: _____
Date of FBA: _____

Participants in FBA process: See attached Signature Sheet
(Multiple participants are required)

Referral Date, Source and Reason

Retentions Yes No If yes, what grade levels? _____

Attendance: Is there a pattern of absences? Yes No
If yes, why? _____

Methods/Tools used for the FBA:

- | | |
|---|---|
| <input type="checkbox"/> Observation Completed | <input type="checkbox"/> Student Interview Completed |
| <input type="checkbox"/> File Review Completed | <input type="checkbox"/> Teacher Interviews Completed |
| <input type="checkbox"/> Parent Interview Completed | |

Data Included:

- | | | |
|---|--|---|
| <input type="checkbox"/> ABC Forms | <input type="checkbox"/> Time Out Logs | <input type="checkbox"/> Anecdotal Notes |
| <input type="checkbox"/> Behavior Incident Reports | | <input type="checkbox"/> Scatter Plot Forms |
| <input type="checkbox"/> Daily Behavior Report Logs | | <input type="checkbox"/> Other: _____ |

Continue with the FBA/BIP Process if One or More Apply:

- The behavior is impeding the student's learning
- The behavior is impeding the learning of others
- The behavior poses a safety concern
- The behavior has resulted in destruction of property

Describe the student, include strengths/interests:

Behavior 3	_____	_____	_____

Are there any known *consequences/strategies that have been ineffective* (possible triggers)?

Hypothesis

Describe what you think the student gets from the behavior, what is reinforcing the behavior (e.g. gain/avoid attention, increase/decrease stimulation, work avoidance)?

Behavior 1: _____

The available information suggests that when _____ (**antecedent/trigger**) the child _____ (**target behavior**) in order to _____ (**reason/function**).

Behavior 2: _____

The available information suggests that when _____ (**antecedent/trigger**) the child _____ (**target behavior**) in order to _____ (**reason/function**).

Behavior 3: _____

The available information suggests that when _____ (**antecedent/trigger**) the child _____ (**target behavior**) in order to _____ (**reason/function**).

Brainstorm ideas for supports and interventions
