



FUNCTIONAL BEHAVIORAL ASSESSMENT

Client Name:	Client MR#:	Medicaid#:
Referring Agency:	Caregiver:	Date of Birth:
Date of Assessment:		Age:
Date of Report:	Person Completing Form:	

Functional Behavioral Assessment

The functional behavioral assessment (FBA) is for the purpose of helping to understand the function of a client's behavior and the behavior intervention plan (BIP) is to provide strategies and interventions when (1) behavior problems interfere with the function's during activities of daily living (ADL's), (2) behavior problems interfere with others, or (3) when the client has to be removed to another placement.

DATA SOURCES:

<input type="checkbox"/> Documentation of previous behavioral problems	<input type="checkbox"/> Discipline records (frequency and conduct – while in school, etc.)
<input type="checkbox"/> Written documentation of previous assessments produced by counselors, caregivers and/or administrators	<input type="checkbox"/> Behavior checklist
<input type="checkbox"/> Observations observations by: _____ _____	<input type="checkbox"/> Observations provided by other services provider(s)
<input type="checkbox"/> Evaluations provided by the school district or Metrocare	<input type="checkbox"/> Additional information from outside agencies
<input type="checkbox"/> Behavior Intervention Plan developed on: _____	<input type="checkbox"/> Information from client
<input type="checkbox"/> Caregiver/Parent information	<input type="checkbox"/> Attendance
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Formal Observation: _____

BEHAVIORS REPORTED: _____

Place a check mark in the C column for parent observed behaviors. Place a check mark in the A column for agency observed behaviors. There may be a checkmark in both columns for same behavior. (Limit to three primary concerns)

Caregiver Observed Behavior	Agency Observed Behavior	Behaviors Observed
<input type="checkbox"/>	<input type="checkbox"/>	Disruptions. Where? _____
<input type="checkbox"/>	<input type="checkbox"/>	Verbal aggression
<input type="checkbox"/>	<input type="checkbox"/>	Physical aggression
<input type="checkbox"/>	<input type="checkbox"/>	Tardiness/late for activities
<input type="checkbox"/>	<input type="checkbox"/>	Task refusal
<input type="checkbox"/>	<input type="checkbox"/>	Refusal to follow directions
<input type="checkbox"/>	<input type="checkbox"/>	Drug/weapon related
<input type="checkbox"/>	<input type="checkbox"/>	Alleged felony offense
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Behavior Problem: _____

WHAT TYPICALLY HAPPENS BEFORE THE PROBLEM BEHAVIOR OCCURS (Antecedents):

Caregiver Observed Behavior	Agency Observed Behavior	Behaviors Observed
<input type="checkbox"/>	<input type="checkbox"/>	Request/directive from caregiver
<input type="checkbox"/>	<input type="checkbox"/>	Redirected from inappropriate activity
<input type="checkbox"/>	<input type="checkbox"/>	Engaged in academic activity
<input type="checkbox"/>	<input type="checkbox"/>	Client was in less structured setting (i.e. hallways, cafeteria)
<input type="checkbox"/>	<input type="checkbox"/>	Noncompliance
<input type="checkbox"/>	<input type="checkbox"/>	Provocation by peers
<input type="checkbox"/>	<input type="checkbox"/>	Off task behaviors: _____
<input type="checkbox"/>	<input type="checkbox"/>	Sensory overload
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	After praise in front of others
<input type="checkbox"/>	<input type="checkbox"/>	After earning a reinforcer
<input type="checkbox"/>	<input type="checkbox"/>	When peer is reinforced
<input type="checkbox"/>	<input type="checkbox"/>	Large group activity
<input type="checkbox"/>	<input type="checkbox"/>	Whole group activity
<input type="checkbox"/>	<input type="checkbox"/>	Small group activity
<input type="checkbox"/>	<input type="checkbox"/>	Emotionally upset or anxious
<input type="checkbox"/>	<input type="checkbox"/>	With unfamiliar people (i.e. new caregiver)
<input type="checkbox"/>	<input type="checkbox"/>	When peer is corrected
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Additional Information: _____

WHAT TYPICALLY HAPPENS AFTER THE PROBLEM BEHAVIOR OCCURS:

Caregiver Observed Behavior	Agency Observed Behavior	Behaviors Observed
<input type="checkbox"/>	<input type="checkbox"/>	Positive social reinforcement from others: _____
<input type="checkbox"/>	<input type="checkbox"/>	Removal/discontinuation of the undesirable activity/object
<input type="checkbox"/>	<input type="checkbox"/>	Obtains desired item or activity
<input type="checkbox"/>	<input type="checkbox"/>	Withdraw requirement for compliance
<input type="checkbox"/>	<input type="checkbox"/>	Corrective feedback
<input type="checkbox"/>	<input type="checkbox"/>	Removal from the current situation/area
<input type="checkbox"/>	<input type="checkbox"/>	Sent to the caregiver
<input type="checkbox"/>	<input type="checkbox"/>	Detention/removal / Partial removal
<input type="checkbox"/>	<input type="checkbox"/>	Suspension from the program/agency
<input type="checkbox"/>	<input type="checkbox"/>	Suspension/emergency removal
<input type="checkbox"/>	<input type="checkbox"/>	Verbal reprimand
<input type="checkbox"/>	<input type="checkbox"/>	Removal of privileges/activity
<input type="checkbox"/>	<input type="checkbox"/>	Time out
<input type="checkbox"/>	<input type="checkbox"/>	Restraint: _____
<input type="checkbox"/>	<input type="checkbox"/>	Ignored
<input type="checkbox"/>	<input type="checkbox"/>	Called caregiver
<input type="checkbox"/>	<input type="checkbox"/>	Police called
<input type="checkbox"/>	<input type="checkbox"/>	Directed to task
<input type="checkbox"/>	<input type="checkbox"/>	Sent to cool-off

<input type="checkbox"/>	<input type="checkbox"/>	Area cleared of other people
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Additional Information: _____

REINFORCERS USED IN THE PAST YEAR AND EFFECTIVENESS:

Use the chart to enter the effectiveness rating

- (1) seems to work effectively (2) worked initially but not now (3) works inconsistently
 (4) made the behavior increase (5) made no difference

Effectiveness		Effectiveness		Effectiveness	
	Tangible items		Point/token system		Earned activities/ Privileges
	Sensory-based		Behavior chart		Public social attention
	Job responsibility		Verbal praise		Private social attention
	Reward system		Other: _____		Other: _____
	Other: _____		Other: _____		Other: _____

Additional Information: _____

CONSEQUENCES USED IN THE PAST YEAR AND EFFECTIVENESS:

Use the chart to enter the effectiveness rating

- (1) seems to work effectively (2) worked initially but not now (3) works inconsistently
 (4) made the behavior increase (5) made no difference

Effectiveness		Effectiveness		Effectiveness	
	Ignored behavior		Redirected		Verbal correction
	Time-out		Private correction only		Removed from group
	Failed to earn Reinforcers		Detention		Restitution
	Physical intervention		Suspension		Called police
	Emergency removal		Visually based System		Removed a reinforcer that was already earned

Additional Information: _____

FUNCTION OF BEHAVIOR:	CN	ES	RV	AT	SS
Disruption of room/area:					
Verbal aggression					
Physical aggression					
Tardiness/Late to activities					
Absences from program/day habilitation					
Task refusal					
Refusal to follow directions					
Drug/weapon related					
Alleged felony offense					
Other:					
Other:					
Other:					
Other:					
Other:					
Other:					

Legend: CN=Control ES=Escape RV=Revenge AT=Attention seeking SS=Sensory stimulation

CLIENT INFORMATION/INPUT: Summarize information provided by the student

BEHAVIORAL STRENGTHS: _____

LIST OF CURRENT MEDICATIONS TAKEN AND WHAT THEY ARE TREATING (use an additional sheet of paper if needed):

	NAME OF MEDICATION/(DOSAGE)	REASON FOR MEDICATION (DIAGNOSIS, IF POSSIBLE)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

LIST OF CURRENT DIAGNOSES (please check all that apply):

<input type="checkbox"/> Alcohol/Substance Abuse	<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Attention Deficit / Hyperactivity Disorder (ADD/ADHD)
<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Depression	<input type="checkbox"/> Eating Disorders
<input type="checkbox"/> Obsessive-Compulsive Disorder	<input type="checkbox"/> Posttraumatic Stress Disorder	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Social Anxiety Phobia	<input type="checkbox"/> Insomnia Disorder	<input type="checkbox"/> Narcolepsy
<input type="checkbox"/> Adjustment Disorder	<input type="checkbox"/> Delusional Disorder	<input type="checkbox"/> Dysthymic Disorder
<input type="checkbox"/> Hoarding Disorder	<input type="checkbox"/> Kleptomania	<input type="checkbox"/> Major Neurocognitive Disorder
<input type="checkbox"/> Minor Neurocognitive Disorder	<input type="checkbox"/> Panic Attack	<input type="checkbox"/> Parkinson's Disease
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Unspecified Psychotic Disorder
<input type="checkbox"/> Pyromania	<input type="checkbox"/> Reactive Attachment Disorder	<input type="checkbox"/> Somatic Symptom Disorder
<input type="checkbox"/> Narcissistic Personality Disorder	<input type="checkbox"/> Borderline Personality Disorder	<input type="checkbox"/> Antisocial Personality Disorder
<input type="checkbox"/> Avoidant Personality Disorder	<input type="checkbox"/> Dependent Personality Disorder	<input type="checkbox"/> Stuttering
<input type="checkbox"/> Tourette's Disorder	<input type="checkbox"/> Transient Tic Disorder	<input type="checkbox"/> Social (pragmatic) Communication Disorder
<input type="checkbox"/> Selective Mutism	<input type="checkbox"/> Autism	<input type="checkbox"/> Conduct Disorder
<input type="checkbox"/> Attachment Disorder	<input type="checkbox"/> Autism Spectrum Disorders (formerly Asperger's & Rhett's)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

RESULTS AND INTERPRETATIONS OF EXISTING DATA AND FUNCTIONAL BEHAVIORAL ASSESSMENT (Do not complete the section below):

Based on the existing data and information

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Further assessment information is needed before completing the Functional Behavioral Assessment or developing a Behavior Intervention Plan. The following data are requested: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The client's behavior interferes with social interaction, ability to interact with others, and/or affects his ability to be independent. If YES, a Behavior Intervention Plan should be developed/reviewed/revise.

Names of personnel contributing to the Functional Behavioral Assessment.

_____ Name

_____ Position

Name

Position

Name

Position

Name

Position

Name

Position

Name

Position