

DeSoto Parish Schools
Functional Behavior Assessment

Student: _____

School: _____

Date of Birth: _____

Grade: _____

Person Completing Form: _____

1. What are the target behaviors of concern? Report 3 behaviors that occur frequently. Rank the behaviors 1-3, with 1 being most significant. When selecting behaviors, consider which behaviors would likely increase the student's classroom functioning if the behavior is changed.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Profanity | <input type="checkbox"/> Leaving class/school | <input type="checkbox"/> Fighting | <input type="checkbox"/> Disrespects authority |
| <input type="checkbox"/> Sexual behavior | <input type="checkbox"/> Refusal to comply | <input type="checkbox"/> Stealing | <input type="checkbox"/> Anger outbursts/tantrums |
| <input type="checkbox"/> Overactive | <input type="checkbox"/> Short attention span | <input type="checkbox"/> Social withdrawal | <input type="checkbox"/> Has unusual fears |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Acts without thinking | <input type="checkbox"/> Attendance | <input type="checkbox"/> Not completing assignments |
| <input type="checkbox"/> Verbally aggressive towards: <input type="checkbox"/> peers <input type="checkbox"/> adults | | <input type="checkbox"/> Sleeps in class/lethargic | |
| <input type="checkbox"/> Physically aggressive towards: <input type="checkbox"/> peers <input type="checkbox"/> adults | | <input type="checkbox"/> Makes statements threatening to harm <input type="checkbox"/> self <input type="checkbox"/> others | |
| <input type="checkbox"/> Other: _____ | | | |

2. How often do these behaviors typically occur?

- | | | |
|-----------------|---|--|
| <u>Hourly:</u> | <input type="checkbox"/> 1-2 times per class period | <input type="checkbox"/> 3+ times per class period |
| <u>Daily:</u> | <input type="checkbox"/> 1-2 times per day | <input type="checkbox"/> 3+ times per day |
| <u>Weekly:</u> | <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> 3+ times per week |
| <u>Monthly:</u> | <input type="checkbox"/> 1-2 times per month | <input type="checkbox"/> 3+ times per month |

3. How long do these behaviors typically last?

- | | | | | |
|--|---------------------------------------|---|---|--|
| <input type="checkbox"/> 1-5 minutes | <input type="checkbox"/> 5-10 minutes | <input type="checkbox"/> 10-20 minutes | <input type="checkbox"/> 20-30 minutes | <input type="checkbox"/> 30-45 minutes |
| <input type="checkbox"/> 45-60 minutes | <input type="checkbox"/> 60+ minutes | <input type="checkbox"/> Throughout class | <input type="checkbox"/> Throughout day | |

4. On a scale of 1-10 (with 1 being low and 10 being high), how intense are the behaviors? _____

5. What are the antecedents/"triggers" of the behaviors? Select all that apply.

Location/Time of Day:

- Classroom(s): _____
- Transitions Recess/Playground Cafeteria Car/Bus line Bathroom

Classroom

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Group activity | <input type="checkbox"/> Independent activity | <input type="checkbox"/> Structured activity | <input type="checkbox"/> Unstructured activity |
| <input type="checkbox"/> Task too boring | <input type="checkbox"/> Task too long | <input type="checkbox"/> Task too easy | <input type="checkbox"/> Task too difficult |
| <input type="checkbox"/> Negative consequence | <input type="checkbox"/> Reprimand/correction | <input type="checkbox"/> Teacher request/demand | <input type="checkbox"/> Delayed teacher help |
| <input type="checkbox"/> Transition to new task | <input type="checkbox"/> When called upon | <input type="checkbox"/> Low grade | <input type="checkbox"/> Interruption in routine |
| <input type="checkbox"/> Peer interaction | <input type="checkbox"/> Substitute teacher | <input type="checkbox"/> Other: _____ | |

Other Antecedents

- | | | |
|--|--|---|
| <input type="checkbox"/> Medication change | <input type="checkbox"/> Illness/Pain | <input type="checkbox"/> Medical condition: _____ |
| <input type="checkbox"/> Hungry | <input type="checkbox"/> Tired/Sleepy | <input type="checkbox"/> Overwhelmed <input type="checkbox"/> Upset/Angry |
| <input type="checkbox"/> Overstimulated | <input type="checkbox"/> Understimulated | <input type="checkbox"/> Incident at home |

6. What consequences are currently being used to attempt to reduce the problem behaviors? Select all that apply.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Ignoring the behaviors | <input type="checkbox"/> Time out/Cool down | <input type="checkbox"/> Public Reprimand/Warning | <input type="checkbox"/> Private Reprimand/Warning |
| <input type="checkbox"/> Counselor Referral | <input type="checkbox"/> Loss of Privileges | <input type="checkbox"/> Communication with Home | <input type="checkbox"/> Sent to Office |
| <input type="checkbox"/> In-School Suspension | <input type="checkbox"/> Out-of-School Suspension | <input type="checkbox"/> Other: _____ | |

7. What is the function of the behaviors (why do the behaviors seem to occur)? *Select all that apply.*

To Gain	To Escape
<input type="checkbox"/> Attention (<i>may occur when someone stops or is not paying attention to the student; can be positive or negative</i>): Whose attention is obtained? _____	(<i>occurs when you ask the student to do something they do not like or want to do; usually stops after demands stop</i>) <input type="checkbox"/> The classroom environment <input type="checkbox"/> A demand/request <input type="checkbox"/> An activity/task <input type="checkbox"/> The school setting <input type="checkbox"/> A specific adult/peer Describe the specific task, sensation, or activity avoided: _____ _____ _____
<input type="checkbox"/> Access to something (<i>may occur when something is taken away, the student wants what they cannot have; usually stops soon after the student gets what they have asked for</i>): <input type="checkbox"/> A preferred adult <input type="checkbox"/> A preferred task/activity <input type="checkbox"/> A preferred item (toy, food, etc.) <input type="checkbox"/> A sensation Describe what is obtained: _____	
<input type="checkbox"/> Power/control (<i>student is bossy, wants to show others that he/she cannot be pushed around, noncompliance/defiance</i>)	

Are there any curriculum issues?

- The student cannot perform the task (*lack of skills/ability*)
- The student believes that they cannot perform the task (*confidence*)
- The student is not prepared for the task (*lack of organization*)
- The student does not understand the expected task (*struggles with processing/understanding directions*)

Are there other things to consider?

- Recent family issues (*divorce, marriage, death, new sibling, moving, etc.*): _____
- Mental health diagnoses (*anxiety, depression, schizophrenia, etc.*): _____
- Self-Stimulation (*behavior is performed repeatedly and rhythmically, occurs when there is a lot or a little going on, student can still do other things at the same time as the behavior*): _____
- Other: _____

8. What skills or strengths does the student possess? *Select all that apply.*

- | | | |
|--|--|---|
| <input type="checkbox"/> Motivated academically – tries hard | <input type="checkbox"/> Stays in seat | <input type="checkbox"/> Attention to task |
| <input type="checkbox"/> Positive relationships with adults | <input type="checkbox"/> Honest | <input type="checkbox"/> Tolerates mild frustration |
| <input type="checkbox"/> Polite, Respectful student | <input type="checkbox"/> Has friends | <input type="checkbox"/> Feels positive about self |
| <input type="checkbox"/> Accepts teacher intervention | <input type="checkbox"/> Works well with partner | <input type="checkbox"/> Works well in small group |
| <input type="checkbox"/> Wants to please others | <input type="checkbox"/> Supportive home life | <input type="checkbox"/> Other: _____ |

9. What rewards have encouraged the student to engage in positive behaviors in the past? *Select all that apply.*

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Public Praise | <input type="checkbox"/> Private Praise | <input type="checkbox"/> Positive Referral | <input type="checkbox"/> Positive Note/Phone Call Home |
| <input type="checkbox"/> Food Reward | <input type="checkbox"/> Item Reward | <input type="checkbox"/> PBIS Cash for Rewards | <input type="checkbox"/> Computer Privileges |
| <input type="checkbox"/> Homework Pass | <input type="checkbox"/> Teacher Helper | <input type="checkbox"/> Extra Time with Adult | <input type="checkbox"/> Extra Time with Peer |
| <input type="checkbox"/> Free Dress Day | <input type="checkbox"/> Special Lunch | <input type="checkbox"/> Other: _____ | |

10. List any settings, adults, peers, or other conditions where POSITIVE behaviors and/or skills occur:

11. Additional Teacher Comments/Concerns:

Teacher Signature: _____ **Date:** _____