

Functional Behavioral Assessment / Behavioral Intervention Plan

Student's Name: _____ SSID: _____

School Name: _____ Case Manager: _____

Grade Level: _____ DOB: _____ FBA / BIP Meeting Date: _____

Data Sources:

- | | | |
|---|---|---|
| <input type="checkbox"/> Observations | <input type="checkbox"/> Student Interview | <input type="checkbox"/> Teacher Interview |
| <input type="checkbox"/> Parent Interview | <input type="checkbox"/> Rating Scales | <input type="checkbox"/> Discipline Reports |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Cumulative Records | <input type="checkbox"/> Prior IEP/FBA/BIP |
| <input type="checkbox"/> Evaluation Information from other agencies | | |

Description of Behavior -

Specific description of behavior that is impeding learning (define in measurable and observable terms):

Current intensity of the behavior

(specific consequences of problem behavior on the student, peers, staff, and instructional environment):

How often does this behavior occur (based on collected data): _____

Duration: (how long does this behavior last?): _____

Setting(s) in which the behavior occurs (activities, time of day, around whom behavior occurs, etc.):

Antecedents – Events that occur immediately before the behavior

(most common or frequently noted within the data collection):

Consequences – Events that immediately follow the behavior

(most common or frequently noted with the data collection):

Student's reaction to consequences -

Describe previous interventions (what is being implemented at this time and how effective are the interventions):

Educational Impact:

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Analysis of Function of Behavior –

After review of the data on antecedents and consequences, the targeted behavior may render one of two functions, to gain something, or to avoid something. Select the agreed upon function(s) that apply to the targeted behavior.

Gain(s) - (enter a brief description next to each that applies):

- attention from Teacher(s) _____
- attention from Peer(s) _____
- attention from Parent(s) _____
- a Tangible Item _____
- a Sensory Stimulation _____
- Other If Other, explain: _____

Avoidance / Escape - (enter a brief description next to each that applies):

- a Task and / or activity _____
- a Specific Person _____
- a Classroom or School _____
- Other If Other, explain: _____

Affective regulation/emotional reactivity (anxiety, anger, depression, frustration, etc.):

Hypothesis:

Based on the primary function identified, write a hypothesis statement describing why the student is engaging in the inappropriate behavior. Hypothesis statement (based on FBA): (Student) will (describe target behavior) when (identified antecedent) in order to (function of behavior).

Replacement Behavior:

The replacement behavior is a positive alternative that allows the student to obtain the same outcome that the problem behavior provided. What behavior do we want the student to display? This statement will correspond with the student's behavioral goal. Replacement behavior statement: (Student) will (describe replacement behavior) when (what precipitates behavior).

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Behavioral Intervention Plan –

Behavioral Goal(s):

Date of Completion / Mastery:

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Intervention(s) -

(To include positive interventions, teaching strategies, environmental changes, reinforcement procedures, and reactive strategies to use if problem behavior occurs. Include time, frequency and place for each intervention.)

1.	
2.	

Person(s) Responsible: _____

Evaluation Method(s) and Criteria:

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Behavioral Goal(s):

Date of Completion / Mastery:

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Intervention(s) -

(To include positive interventions, teaching strategies, environmental changes, reinforcement procedures, and reactive strategies to use if problem behavior occurs. Include time, frequency and place for each intervention.)

1.	
2.	

Person(s) Responsible: _____

Evaluation Method(s) and Criteria:

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Was a copy of the FBA/BIP given to parent/student (age 19) at the IEP Team meeting?

Yes No If No, explain: _____

A report on progress towards behavioral goal(s) will be provided to the parent(s):

Frequency: _____ Method: _____

Date copy of amended form provided/sent to the parent/student (age 19): _____

The following people attended and participated in the FBA/BIP meeting and subsequent reviews:

Position	Signature	Date
Parent		
Parent		
General Education Teacher		
Special Education Teacher		
LEA Representative		
Someone Who Can Interpret the Instructional Implications of the Evaluation Results		
Student		
Career/Technical Education Representative		
Other Agency Representative		