

Functional Assessment Checklist for Teachers & Staff (FACTS)

Student _____ Date _____ Team Members _____

Student Strength's (academic interests, social skills, hobbies, sports, etc.) _____

Problem Behavior(s): Behavior(s) of concern that has been occurring. Define the problem behavior and identify why it is important to change. What does the behavior look like?
CONSIDERATIONS: What behavior typically occurs first and how does it escalate?

Antecedent(s) & Setting Events: Person(s), place, or time where behavior of concern is most likely to occur.

<u>Location</u>	<u>Person(s)</u>	<u>Time</u>	<u>Academic Concerns</u>	<u>Setting Event</u>
<input type="checkbox"/> In Class	<input type="checkbox"/> Peer(s)	<input type="checkbox"/> Before School	<input type="checkbox"/> All Classes	<input type="checkbox"/> Lack of medication
<input type="checkbox"/> Hall	<input type="checkbox"/> Teacher(s)	<input type="checkbox"/> Morning	<input type="checkbox"/> Reading	<input type="checkbox"/> Physical health
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Staff	<input type="checkbox"/> Lunch	<input type="checkbox"/> Math	<input type="checkbox"/> Conflict at home
<input type="checkbox"/> Bus		<input type="checkbox"/> Homeroom	<input type="checkbox"/> Spec. Ed. Eligible	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____		<input type="checkbox"/> Afternoon	<input type="checkbox"/> Other _____	

CONSIDERATIONS: A specific activity that is difficult for student? Does behavior occur alone or with peer group?

Function(s): What typically happens after behavior of concern occurs?

<u>Obtain Attention</u>	<u>Escape/Avoid demand or situation</u>	<u>Current Strategies</u>
<input type="checkbox"/> Peer attention	<input type="checkbox"/> Escape difficult activity	<input type="checkbox"/> Change Seating
<input type="checkbox"/> Adult attention	<input type="checkbox"/> Ignore/Decrease adult attention	<input type="checkbox"/> Contact parent
<input type="checkbox"/> Activity	<input type="checkbox"/> Negative peer attention	<input type="checkbox"/> Send to Office
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

CONSIDERATIONS: What strategies have been effective? After an incident what does the student obtain (e.g. attention) or avoid (e.g. difficult task)?

Summary of Behavior Statement: Use the items selected above and information you've written in the CONSIDERATIONS to complete section below. (Example: When Billy does not get enough sleep(**setting event**) and is confronted with a difficult activity, especially involving writing, (**antecedent**) Billy lays his head down on his desk (**Behavior**) in order to avoid doing the activity (**Function**). This occurs approximately two times per month and seem to occur more frequently on days following night when he stays up and plays his game boy.(**setting event**)

Setting Event	Antecedent	Behavior(s) of Concern	Function	Setting Event
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