Adams-Wells Special Services Cooperative | FBA
925 N. Main Street, Bluffton, IN 46714

Functional Assessment Summary Form

Student: _____ Date of Birth: _____

School: _____ Teacher(s)/Team#: _____

Current Grade: _____ Date: _____

Assessment Team Members:

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Target Behavior(s) Simply describe each target behavior in observable and measurable terms (e.g. Non-compliance = Jason fails to initiate the requested action or activity within 45 seconds following the request).

Target Behavior 1: _____
_____
_____

Target Behavior 2: _____
_____
_____

Target Behavior 3: _____
_____
_____

Behavior	Environment [List persons, setting, time of day, type of interaction which may be related to the occurrence of the behavior.]	Frequency [Based on observation, document how frequently problem behavior occurs (average and range)?]	Duration [Based upon observation how long does an occurrence of the behavior last (average and range)?]	Intensity [How intense is the problem when it occurs?]
Target Behavior 1				
Target Behavior 2				
Target Behavior 3				

_____
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Student Name: _____ Date: _____

Data Sources:
☐ Record Review ☐ Direct Observation ☐ Behavior Rating Scales ☐ Scatter Plot ☐ ABC Form
☐ Teacher Interview ☐ Parent Interview ☐ Student Interview ☐ Other

_____

_____

Antecedents /Triggers Identify settings, setting events, activities, people or actions that frequently occur that appear to initiate or trigger the specific target behavior on a regular basis (e.g., requests to engage in writing tasks, especially in the afternoons).

Trigger for Target Behavior 1: _____

_____

Trigger for Target Behavior 2: _____

_____

Trigger for Target Behavior 3: _____

_____

Health, Medical, or Environmental Factors that may Impact the Student's Behavior: [List and known health issues, medical conditions environmental or social familial issues that may be impacting the display of the target behavior(s), e.g., Darrell has been diagnosed with autism and appears highly sensitive to loud sounds and crowded environments.] [This information must be from a record in school possession.]

_____

_____

_____

Consequences Identify actions or responses that typically follow immediately or shortly after the display of each specific target behavior (e.g., staff responses and reactions, peer responses, target student responses, the acquisition of tangible objects or social recognition). For example, "Jason is sent out of the room (to the Office) if he displays defiance.'

Consequences Associated with Target Behavior 1: _____

_____

Consequences Associated with Target Behavior 2: _____

_____

Consequences Associated with Target Behavior 3: _____

_____

Current and Historical Strategies Attempted to Address Behavior(s) List current and previously attempted strategies that have been used in an attempt to address each target behavior and brief description of results (e.g., If Emma fails to complete her assigned class work it became homework – this did not prove effective as she failed to complete it at home also.).

Strategies Used to Address Target Behavior 1: _____

_____

_____

_____

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Student Name: _____ Date: _____

Strategies Used to Address Target Behavior 2: _____
_____
_____

Strategies Used to Address Target Behavior 3: _____
_____
_____

Hypothesized Function of Target Behavior(s): Based upon the information provided identify the function or functions served by each target behavior. Identify how each function identified was verified/supported (e.g., through functional analysis or triangulation of data – name the three sources used in triangulation).

Hypothesized Function of Behavior 1:
☐ Avoids or Escapes Task ☐ Gain Adult Attention ☐ Gain Peer Affiliation ☐ Gain Tangible Item
☐ Gain Power or Control ☐ Gain Sensory Stimulation ☐ Gain Justice/Revenge ☐ Other (Identify)
_____

Verified Through:
      Functional Analysis: _____
_____
   ☐   Triangulation (Identify the three sources used): _____
_____

Hypothesized Function of Behavior 2:
☐ Avoids or Escapes Task ☐ Gain Adult Attention ☐ Gain Peer Affiliation ☐ Gain Tangible Item
☐ Gain Power or Control ☐ Gain Sensory Stimulation ☐ Gain Justice/Revenge ☐ Other (Identify)
_____
_____

Verified Through:
   ☐   Functional Analysis: _____
_____
   ☐   Triangulation (Identify the three sources used): _____
_____

Hypothesized Function of Behavior 3:
☐ Avoids or Escapes Task ☐ Gain Adult Attention ☐ Gain Peer Affiliation ☐ Gain Tangible Item
☐ Gain Power or Control ☐ Gain Sensory Stimulation ☐ Gain Justice/Revenge ☐ Other (Identify)
_____
_____

Verified Through:
   ☐   Functional Analysis: _____
_____
   ☐   Triangulation (Identify the three sources used): _____
_____

_____

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Student Name: _____ Date: _____

Student Strengths: Identify student strengths that might serve to identify and/or strengthen efforts to develop a practical and effective behavior intervention plan for this student.

Academic Strengths: _____
_____
_____

Social/Emotional/Behavioral Strengths: _____
_____
_____
_____

Other Information Pertinent for Behavior Intervention Plan Development: List any additional information that may help in the development or implementation of a behavior intervention plan for this student (e.g., Jason responds best to visual cues/prompts rather than repeated verbal requests.)
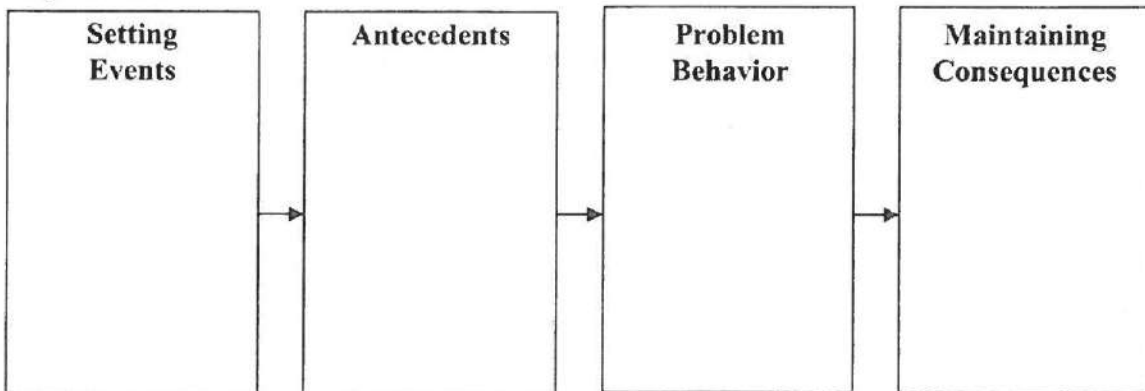
_____
_____
_____
_____

Problem Behavior Pathway: Provide a brief summary of the setting events, antecedents, target behavior, and maintaining consequences for each target behavior.

Target Behavior 1:

| Setting Events	Antecedents	Problem Behavior	Maintaining Consequences

Notes:_____
_____

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Student Name: _____ Date: _____

Target Behavior 2:

Setting Events		Antecedents		Problem Behavior		Maintaining Consequences
	→		→		→	

Notes: _____

Target Behavior 3:

Setting Events		Antecedents		Problem Behavior		Maintaining Consequences
	→		→		→	
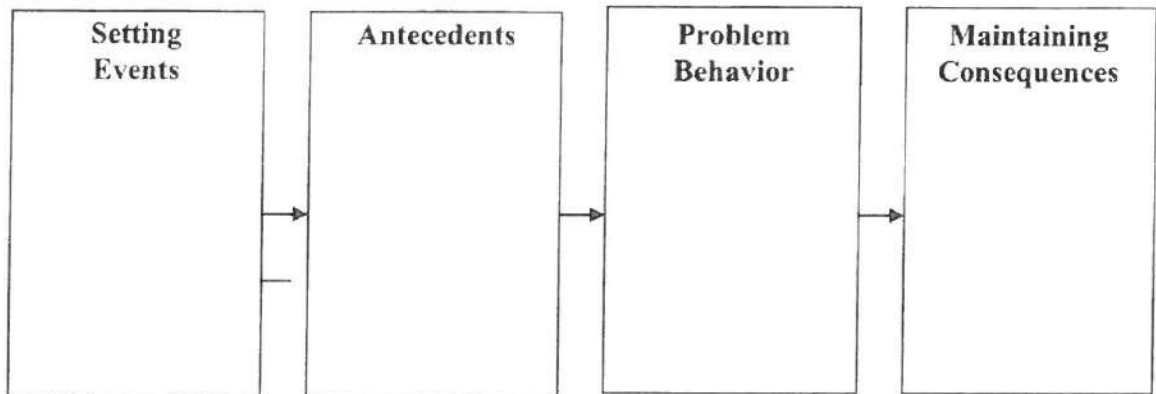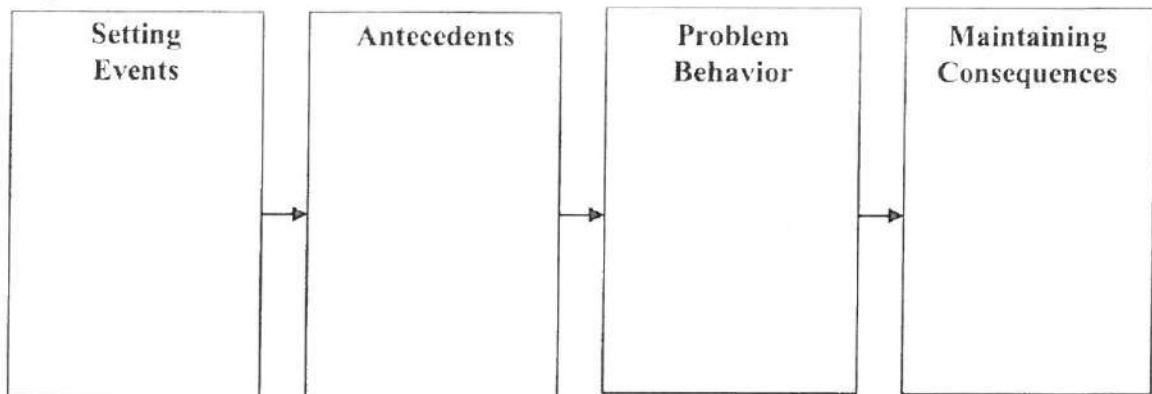
Notes: _____
_____

FBA Team Signatures:

_____   _____
_____   _____
_____   _____
_____   _____
_____   _____
_____   _____

Date for Meeting to Create the Behavior Intervention Plan: _____

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Student Name: _____ Date: _____