

FBA Process-Step by Step



1. Send out Teacher, Parent, Student Interviews
2. Look at the interviews to define 1 or 2 major target behaviors.
3. Decide best type of data to collect on the target behavior. Choose your data collection form accordingly-work with school psychologist on this.
4. Complete the observations- 3 are required when completing an FBA regardless of disability category.
5. Have Student complete the Reinforcement Survey.
6. Use the information you gather from teachers, parents, student, observations, BASC, Intellectual, Academic testing or other evaluation sections that could be relevant to complete the FBA questions in Sped Forms. Connect with school psychologist and ask for his/her input
7. Complete the Behavior Plan based on the FBA.

**Student Interview: Emotional/Behavioral
Elementary**

Student : _____ School: _____
D.O.B. _____ Case Manager: _____
Grade: _____ Age: _____

Directions: Please answer the following questions:

1. How much do you like the following classes?
Please check one of the following:

	Very Much 	It's Okay •	Not at All 
Reading	•	•	•
Math	•	•	•
Spelling	•	•	•
Handwriting	•	•	•
Science	•	•	•
Social Studies	•	•	•
Music	•	•	•
Physical Education	•	•	•
Art	•	•	•

2. Do you like school?
3. What is the best part about school?

4. What is the worst part about school?
5. What are some things that you do really well at school? Outside of school?
6. Do you have any friends at school? Who?
7. What do you like to do with your friends?
8. What is fun for you to do at home?
9. Do you ever have problems at school? What kind?
10. What do you think your teacher would say that you need to do better?
11. What kinds of things do you get in trouble for?
12. Do you feel like you get into trouble more than other students?
13. Are there things in the classroom that distract you?
14. Is there an adult at school who you feel best about being around? Why do you like them?
15. Do you get angry when people try to help you with things at school?
16. If you could change one thing about school, what would it be?

17. If you could change one thing about home, what would it be?

18. Is there anything else you would like to share?

**Student Interview: Emotional/Behavioral
Middle School/High School**

Student _____ School: _____
D.O.B. _____ Case Manager: _____
Grade: _____ Age: _____

Please answer the following questions:

Do you have a best friend or a group of friends? (Who?)

How often do you do things with your friend(s)?

What activities do you like to do outside of school?

What are the 2 hardest things about school for you?

How are your grades?

Do you complete your homework?

Do you have a favorite teacher? (Why?)

What are the things you do that get you into trouble at school?

Do things that happen at home ever interfere with your day at school? (What/How?)

Sentence Completion: Finish these sentences with what you think. There are no “right” or “wrong” answers.

Things that make me have a bad day in school are (e.g., not enough sleep the night before, being worried about something, being hungry, needing exercise, problems at home, feeling sick, etc.): _____

I'd like this person (_____) to know when I do well in school.

When I do well in school, I wish the teacher would: _____

One thing I would really like to do more in school is: _____

I feel great in school
when: _____

I will do almost anything to keep
from: _____

The kind of punishment at school that I hate most is: _____

I get mad at school when I
can't: _____

Things that make me worried or anxious are: _____

Ways that my body shows that I am nervous, worried, or anxious are (e.g., sick to stomach, headache, can't talk well, sweat, chew fingernails, feel dizzy, want to run away, other things, etc.): _____

I am most afraid
of: _____

I feel very sad
about: _____

Please rate how much you LIKE the following school tasks.

Circle your answer:

Reading	Not at all	It's Okay	Very much
Writing	Not at all	It's Okay	Very much
Doing research for a project	Not at all	It's Okay	Very much
Experiments	Not at all	It's Okay	Very much
Working in Groups	Not at all	It's Okay	Very much
Working independently (by yourself)	Not at all	It's Okay	Very much
Drawing	Not at all	It's Okay	Very much
Building/Making Things	Not at all	It's Okay	Very much

Exercising or moving around in a class

Not at all

It's Okay

Very much

Observation Guidelines:

A few things to remember about observations:

- Conduct observations in the student's natural setting. For the purpose of a special education evaluation you will want to observe the student during a typical activity or task.
- Observations should be conducted across multiple settings and times of the day.
- Remember to clearly define the target behavior you are going to observe, before beginning the observation. A clear definition of the target behavior increases the reliability and validity of the observation. This also allows multiple observers to collect information and combine the data.

Summary of Observation Forms:

	Purpose	Examples
ABC Recording (Antecedent-Behavior- Consequence)	This method allows the observer to record a target behavior and what occurs immediately before and after the target behavior. <i>This observation system is good for analyzing challenging behaviors to gain a better understanding of what is maintaining the behavior.</i> <i>Two methods can be used;</i> <i>1. Record EVERY behavior the student displays in a given time period.</i> <i>2. Focus on the TARGET behavior</i>	<ul style="list-style-type: none">• Physical aggression• Tantrum or physical outburst
Duration Recording	Record how long a specific behavior occurs in a specific time period. <i>This observation can be used with frequently occurring behaviors.</i>	<ul style="list-style-type: none">• Amount of time a student is out of their seat.• Amount of time student is engaged in journal writing.
Frequency Recording	Record (count) how many times a specific behavior occurred in a specific time period. <i>This observation is best for low occurrence behaviors that have a clear beginning and end.</i>	<ul style="list-style-type: none">• How many times student blurt out comments• How many times student hits another student.
On/Off Task	Using stop watch method. Start time when on task, stop time when off task, repeat for length of observation. Calculate % of time. Be sure to define what on task looks like.	<ul style="list-style-type: none">● For same gender peer comparison-if you are having someone else do the peer comparison, be sure it is calculated the same way and note that in your observation write up.

Observation Form: ABC Recording (continuous recording)

Student Name: _____

Date of Observations: _____

Grade: _____

Observer's Name: _____

School: _____

Class: _____

Start Time: _____ End Time: _____

A – ANTECEDENT Describe activity and specific events preceding the behavior <i>(What happened directly before the behavior?)</i>	B – BEHAVIOR Describe exactly what the student did or said.	C – CONSEQUENCE Describe events that followed or results of the behavior <i>(What happened directly following the behavior?)</i>

Observation Form: Duration Recording Form

Student Name: _____

Date of Observations: _____

Grade: _____

Observer's Name: _____

School: _____

Class: _____

Start Time: _____ End Time: _____

Behavior Definition (in specific, observable, measurable terms):

Date	Enter time when the behavior began	Enter time when behavior stopped	Length of time that the behavior lasted

Directions: Duration Recording

If you are interested in measuring how long a behavior lasts you can use a duration recording method. Make sure that the behavior that you are observing has a clear beginning and a clear ending so that you can tell exactly when the behavior starts and when it finishes. You will also need a timing instrument such as a wall clock, wristwatch, or stopwatch. (If the behavior does not have a clear beginning and end, look into another form of measurement.)

Examples of behaviors that you might want to measure the length of include crying, being out of the classroom, or being in a particular location of the classroom.

Procedures:

- * Make sure that you have your timing instrument available prior to beginning your observation
- * Each time that the behavior occurs:
 - Write down the date
 - Write down the time when the behavior began
 - Write down the time when the behavior stopped
 - Calculate the length of time that the behavior lasted and write it in minutes and/or seconds (This is what you graph)

Example:

Behavior: Working individually

Behavior Definition: Sitting at desk, with an assignment on the desk, looking at assignment, not talking to peers. Once student looks up (not looking at assignment any more), the behavior has stopped. If student begins talking to peers while looking at assignment, behavior has stopped.

Date	Enter time when the behavior began	Enter time when behavior stopped	Length of time that the behavior lasted for
11/5	9:55 AM	10:06 AM	11 minutes
11/5	10:19 AM	10:28 AM	9 minutes
11/6	9:43 AM	9:51 AM	8 minutes
11/7	10:04 AM	10:19 AM	15 minutes
11/7	10:23 AM	10:33 AM	10 minutes

Tieghi-Benet, M. C., Miller, K., Reiners, J., Robinett, B. E. Freeman, R. L., Smith, C. L., Baer, D., Palmer, A. (2003). Encouraging Student Progress (ESP), Student/ team book. Lawrence, KS: University of Kansas.

Observation Form: Frequency Recording

Student Name: _____

Date of Observations: _____

Grade: _____

Observer's Name: _____

School: _____

Class: _____

Start Time: _____ End Time: _____

Behavior Definition (in specific, observable, measurable terms):

Date	Tally every time that the behavior occurs	Total number of times behavior occurred

Directions: Frequency Recording

When the behavior that you are looking at can be easily counted, measuring the frequency may be the best method to use, as it does not require too much effort and may not interfere with ongoing activities. A behavior can be easily counted when:

- The behavior has a clear beginning and end so that you can easily tell when the behavior has occurred, ended, and restarted.

AND

- It does not happen at such a high rate that it is hard to document.

There are several ways to keep track of behaviors as they occur: You can use a wrist counter, put paperclips, pennies, or buttons in one pocket and move them to a different “target” pocket as each behavior occurs, or make tally marks on a piece of paper. At the end of the observation period, look at your wrist counter, add up the number of items in the “target” pocket, or count the number of tally marks. This form uses tally marks. However, you can choose a different method to keep track of behaviors as they occur. Examples of behaviors that you can measure by counting include leaving one’s seat, raising one’s hand, yelling out an answer, hitting, asking to go to the bathroom, being late or being on time to class, etc.

Procedures:

Every time that you are observing the behavior:

- Write down the date
- Make a tally mark every time that the behavior occurs
- At the end of your observation period, total the number of tally marks for that day (if using a different method to keep track of behavior, enter the total in the Total column) (This is what you graph)

Example:

Behavior: Leaving seat during class time

Behavior Definition: Being at least one foot away from desk/seat during class, anytime after tardy bell rings. Includes times when has asked for permission to leave seat.

Date	Time Period <i>When recording period begins and ends</i>	Recording <i>Tally every time that the behavior occurs</i>	Total number of time behavior occurred
11/5		IIII II	7
11/6		IIII	4
11/7		IIII I	6
11/8		IIII	5
11/9		IIII III	8

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Student Interview: Reinforcement Survey
Elementary

Student: _____ School: _____
D.O.B. _____ Case Manager: _____
Grade: _____ Age: _____

Directions: Please respond by circling Yes or No:

These are things I LIKE, in school:

Yes	NO	Going to the Library
Yes	NO	Taking care of/playing with animals (class pets)
Yes	NO	Getting good grades
Yes	NO	When teachers tell me I did well
Yes	NO	When teachers put up my good work in the classroom
Yes	NO	Calls/reports home about good things that I've done
Yes	NO	Making posters for the classroom or hallway
Yes	NO	No Making models/experiments
Yes	NO	Fixing or building things
Yes	NO	Doing puzzles
Yes	NO	Playing with toys
Yes	NO	Being first in line
Yes	NO	Playing on the playground
Yes	NO	Picking a friend to do a special activity with me
Yes	NO	Getting pencils or pens as a reward
Yes	NO	Playing appropriate video games
Yes	NO	Getting free time to use the computer
Yes	NO	Playing board games with others
Yes	NO	Free time to write, read, draw, or color
Yes	NO	Free time to watch videos/TV
Yes	NO	Free time to play an instrument
Yes	NO	Listening to music
Yes	NO	Earning a special snack
Yes	NO	Being able to choose my own group for group work
Yes	NO	Being put into a group by the teacher for group work
Yes	NO	Helping do jobs around classroom
Yes	NO	Teaching/Helping students my own age
Yes	NO	Teaching/Helping students younger than me
Yes	NO	Helping do jobs around school
Yes	NO	Helping in the office

Other – Please list: _____

-Turn Page Over-

These are things I LIKE, out of school:

Yes	NO	Spending extra time by myself with my parent
Yes	NO	Having my parent read to me
Yes	NO	Cooking or doing a special project with one of my parents
Yes	NO	Getting to pick what we will have for dinner
Yes	NO	Playing a game with my parent
Yes	NO	Playing ball with my parent
Yes	NO	Having my parent visit me at school
Yes	NO	Going fishing
Yes	NO	Going swimming
Yes	NO	Going shopping
Yes	NO	Going to movies
Yes	NO	Going to a park
Yes	NO	Going out to eat
Yes	NO	Going to skate parks
Yes	NO	Going skiing/snowboarding/sliding

Other – Please list:

Some treats/foods I LIKE are:

Yes	NO	Candy: if yes, what kind is your favorite?
Yes	NO	Fruit: if yes, what kind is your favorite?
Yes	NO	Drinks: if yes, what kind is your favorite?
Yes	NO	Snacks: if yes, what kind is your favorite?

Other Foods you like, please list:

What are your favorite games?

Student Interview: Reinforcement Survey
Middle School / High School

Student: _____ School: _____
D.O.B. _____ Case Manager: _____
Grade: _____ Age: _____

Directions: Please respond by circling Yes or No:

These are things I LIKE, in school:

Yes	NO	Going to the Library
Yes	NO	Getting good grades
Yes	NO	When teachers tell me I did well
Yes	NO	When teachers put up my good work/grades in school for others to see
Yes	NO	Calls/reports home about good things that I've done
Yes	NO	Making posters for the classroom or hallway
Yes	NO	Making models/experiments
Yes	NO	Playing card games
Yes	NO	Playing appropriate video games
Yes	NO	Playing basketball, time in the gym, use of weight room
Yes	NO	Walking/running in gym or on the track
Yes	NO	Playing board games with others
Yes	NO	Free time to use the internet, computer, or play computer games
Yes	NO	Free time to write, read, draw, listen to music
Yes	NO	Free time to watch videos/TV
Yes	NO	Being able to choose my own group for group work
Yes	NO	Being put into a group by the teacher for group work
Yes	NO	Helping do jobs in a favorite teacher's classroom
Yes	NO	Teaching/helping students my own age or younger
Yes	NO	Grading papers in the classroom
Yes	NO	Typing for teacher in the classroom
Yes	NO	Helping to do jobs or errands around school
Yes	NO	Helping out the custodians or office staff

Other – Please list: _____

-Turn Page Over-

These are things I LIKE, out of school:

Yes	NO	Spending extra time by myself with my parent
Yes	NO	Having my parent read to me
Yes	NO	Cooking or doing a special project with one of my parents
Yes	NO	Getting to pick what we will have for dinner
Yes	NO	Playing a game with my parent
Yes	NO	Playing ball with my parent
Yes	NO	Having my parent visit me at school
Yes	NO	Going fishing
Yes	NO	Going swimming
Yes	NO	Going shopping
Yes	NO	Going to movies
Yes	NO	Going to a park
Yes	NO	Going out to eat
Yes	NO	Going to skate parks
Yes	NO	Going skiing/snowboarding/sliding

Other – Please list:

Some treats/foods I LIKE are:

Yes	NO	Candy: if yes, what kind is your favorite?
Yes	NO	Fruit: if yes, what kind is your favorite?
Yes	NO	Drinks: if yes, what kind is your favorite?
Yes	NO	Snacks: if yes, what kind is your favorite?

Other Foods you like, please list:

Parent Interview: Behavior/Emotional

Child's Name _____	Person Completing this Form _____
Birth date _____	Relationship to Child _____
School _____	Date _____
Grade _____	

Background Information:

1. Who does the child live with?

Name _____

Age _____

Relationship _____

2. Does your child have any significant medical conditions?

3. Does your child take any medications on a regular basis? If so, what medications?

4. Has your child ever had a psychological evaluation or counseling outside of school? If so, what were the results?

5. Has your child ever previously been evaluated for special education services? If so, when? Where? What were the results?

Strengths:

6. What does your child do well? What are their greatest strengths?

7. What activities does your child enjoy?

8. What responsibilities does your child have at home (i.e. chores)?

9. Does your child participate in any extracurricular activities or sports?

Recent Behavior:

Thinking about your child's behavior in the last 3-6 months, please check any of the following behaviors that your child has exhibited

- Difficulty making friends
- Difficulty relating to peers
- Doesn't get along with siblings
- Doesn't get along with parents
- Is physically aggressive (describe)_____
- Is verbally aggressive (describe)_____
- Has wide mood swings
- Breaks things (describe)_____
- Is shy
- Clings to people
- Tires easily
- Is fidgety
- Eats poorly
- Is easily distracted
- Frequently cries
- Has trouble learning
- Has low self-esteem
- Refuses to do homework
- Exhibits repetitive behaviors they can't seem to stop (describe)_____
- Has difficulty following directions
- Gives up easily
- Is overly energetic
- Engages in dangerous behavior (describe)_____
- Lies (describe)_____
- Steals (describe)_____
- Injures self (describe)_____
- Injures others (describe)_____
- Wets bed
- Worries a lot
- Has excessive fears (describe)_____
- Has frequent temper tantrum

Concerns at Home:

10. Briefly describe your child's behavioral and/or emotional problems at home.

11. When were these problems first noticed?

12. Are there any warning signs that your child shows, that help you predict that the difficult behavior(s) might occur? (e.g. becomes restless, agitated, withdrawn, begins to speak loudly, changes in mood, etc.)
13. Does your child have good days and bad days? If so, does there seem to be a pattern?
14. What tends to “set-off” the problem behavior(s)? What is typically happening around the child when the behavior(s) occur?
15. What consequences have you tried at home to change the behavior(s)? Which ones are effective?

Concerns at School:

16. Briefly describe your child’s current difficulties at school.
17. How long have the school problems been a concern?
18. What do you think school staff could do differently to help your child with the concerns?
19. Finally, when considering your child’s behaviors, what seems to be the motivation behind those behaviors?
- To gain attention from peers
 - To gain attention from adults
 - To avoid something he/she doesn’t want to do
 - To gain some control over the situation
 - To fit in
 - Communicating his/her needs
 - Revenge
 - Reaction to being embarrassed
 - Other _____
20. Is there anything else you would like us to know about your child?

Thank you!

Teacher Interview: Behavior/Emotional

Student's Name:	_____	Rater's Name	_____
Grade:	_____	Class:	_____
School:	_____	Date:	_____

1. What are the student's strengths?
2. What is reinforcing for the student? Or what does the student seem to enjoy?
3. Thinking about this student's behavior, what are your greatest concerns?
4. What intervention(s) have you tried in an effort to decrease or change the student's problem behaviors? Please list the intervention(s) and the results.

Intervention	Results
1.	
2.	
3.	

5. Please complete the following chart based on the student's current problem behavior(s).

Problem Behavior 1 *Please be specific*

Describe behavior in observable terms (looks like/ sounds like)	Estimate the frequency & intensity of this behavior (How many times you see the behavior per hour / week? How long does the behavior last?)	What is the perceived function of the behavior (why do you think the student is behaving the way they are?) See list on the next page.

Problem Behavior 2 *Please be specific*

Describe behavior in observable terms (looks like/ sounds like)	Estimate the frequency & intensity of this behavior (How many times you see the behavior per hour / week? How long does the behavior last?)	What is the perceived function of the behavior (why do you think the student is behaving the way they are?) See list on the next page.

6. Are there good days and bad days for this student? If so, does there seem to be a pattern?
7. What are the settings that negatively affect the problem behaviors? (e.g., large, open room vs. small room, structured vs. unstructured activities, adult-directed vs. child-directed activities, large group vs. small group, etc.)
8. How does the student respond after the problem behavior has occurred?
9. Are there any effective strategies or interventions that seem to prevent or diffuse the behaviors? (e.g., give choices, check-ins, contracts, taking a break, home communication, rewards, etc)
10. If we could work on improving only one thing for this student, what is his/her greatest need at school?
11. Is attendance or tardiness a concern?
12. Is there anything else you want to comment on regarding the behavior of this student?

Functions of Behavior (Possible reasons for behaviors to occur)

(+) Attention

The student's behavior is maintained by attention from peers and/or adults. This may include but is not limited to: praise, conversation, eye contact, changing facial expressions, scolding, yelling, touch, etc.

(-) Escape/Avoidance

By engaging in the target behavior(s) the student avoids or escapes something. This may include but is not limited to: academic demands, everyday/basic demands (e.g., sit down, come here, put _____ here), noise, certain people, certain settings, etc.

(+) Access to preferred tangibles, activities, and/or items

By engaging in the target behavior(s), the student accesses something. This may include but is not limited to: toys, fidgets, food, play areas, games, electronics, etc.

(+ or -) Automatic Reinforcement in the form of (choose one) sensory stimulation (or) pain attenuation.

The student's behavior may take place for automatic, "internal" reasons. Meaning he/she accesses sensory stimulation OR pain alleviation.

If the function of the behavior is "automatic reinforcement in the form of sensory stimulation," the student is engaging in the behavior to access something stimulating (i.e., it "feels good").

If the function of behavior is "automatic reinforcement in the form of pain attenuation," the student is engaging in the behavior because the behavior alleviates some pain. In this case, some medical condition likely needs to be addressed.

In some circumstances, a student's behavior(s) are multiply maintained. This means there is more than one function to the behavior(s). In an FBA, you may describe multiple functions of a behavior. When/if you do this, explain 1) which behaviors are maintained by which functions, 2) which is the primary function (i.e., the main function).