



## Functional Behavioral Assessment And Behavioral Intervention Plan

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Definition:** A Functional Behavioral Assessment is a method to identify the nature and function of a problem behavior and recommend interventions to correct it. It is required as part of a Manifestation Determination prior to the 11<sup>th</sup> cumulative day of suspension or any change of placement for any Exceptional or Section 504 student with apparent behavior problems. It may also be useful for regular education students as well.

### Functional Assessment:

I. What are the student's strengths (academic and behavioral)?

II.

A.

Problem Behavior	Concrete definition of Behavior	Frequency	Intensity	Duration

**Problem Behavior:** Identify the problem behaviors that most interfere with the student's functioning.

**Concrete Definition:** Define behavior in concrete terms that are easy to communicate, record and measure.

**Frequency:** Examples: every 10 minutes, 4 of 5 days, 4 x per hour, 1 x per day, etc....

**Intensity:** On a scale of 1 to 10 (1 being low intensity and 10 high intensity). Example: 3=touched kid gently, 10=gave kid a black eye.

**Duration:** How long does the entire episode last? Example: Fred gets upset, leaves class and runs through the halls yelling and screaming. The episode begins when Fred gets upset and ends when he is able to get control of himself. Duration=approximately 35 minutes.

B. **Circle of highlight the problem behavior**, from the concrete definition list, that the committee would like to work on changing. This will most likely be the behavior that is highest in frequency, intensity, and duration.

C. From the list below, indicate the **triggers** (antecedents), **concurrent events**, **medical/home factors**, **consequences used**, and **functions of the behavior** (does the student want to escape, gain attention or control) that seem to be supporting the problem behavior by placing a check mark in the appropriate space.

**Problem Behavior:** \_\_\_\_\_

**What triggers the behavior?**

- \_\_\_\_\_ Lack of social attention
- \_\_\_\_\_ Demand/Request
- \_\_\_\_\_ Does not understand task
- \_\_\_\_\_ Transition between task
- \_\_\_\_\_ Transition between settings
- \_\_\_\_\_ Interruption in routine
- \_\_\_\_\_ Negative social interaction with peers
- \_\_\_\_\_ Consequences imposed for negative behavior
- \_\_\_\_\_ Inability to process directions
- \_\_\_\_\_ Other (specify):

\_\_\_\_\_  
\_\_\_\_\_

**What consequences have been implemented for problem behavior?**

- \_\_\_\_\_ Behavior ignored
- \_\_\_\_\_ Reprimand/Warning
- \_\_\_\_\_ Stated expectation
- \_\_\_\_\_ Time-out
- \_\_\_\_\_ Loss of privileges
- \_\_\_\_\_ Sent to office
- \_\_\_\_\_ Communications with home
- \_\_\_\_\_ Discipline referral
- \_\_\_\_\_ In-school suspension
- \_\_\_\_\_ out-of-school suspension
- \_\_\_\_\_ Other (specify):

\_\_\_\_\_  
\_\_\_\_\_

**During what concurrent event(s) does the behavior occur?**

- \_\_\_\_\_ Independent seat work
- \_\_\_\_\_ Large group instruction
- \_\_\_\_\_ Small group instruction
- \_\_\_\_\_ Crowded setting
- \_\_\_\_\_ Unstructured activity
- \_\_\_\_\_ Structured activity
- \_\_\_\_\_ Specific time of day \_\_\_\_\_
- \_\_\_\_\_ Specific day of week \_\_\_\_\_
- \_\_\_\_\_ With a specific teacher(s) \_\_\_\_\_
- \_\_\_\_\_ A specific subject
- \_\_\_\_\_ Other (specify):

\_\_\_\_\_  
\_\_\_\_\_

**Does the student try to escape when he/she misbehaves? If so, why?**

- \_\_\_\_\_ Avoid a demand or request
- \_\_\_\_\_ Avoid an activity/task (if known)
- \_\_\_\_\_ Avoid a person
- \_\_\_\_\_ Escape the classroom/setting
- \_\_\_\_\_ Escape the school
- \_\_\_\_\_ Other (specify):

\_\_\_\_\_  
\_\_\_\_\_

**Are there any Medical/Home factors that are contributing to this behavior?**

- \_\_\_\_\_ Medication (change/not taking)
- \_\_\_\_\_ Change in home/family dynamics
- \_\_\_\_\_ Medical conditions
- \_\_\_\_\_ Other (specify):

\_\_\_\_\_  
\_\_\_\_\_

**Does the student try to gain attention or control When he/she misbehaves? If so, why?**

- \_\_\_\_\_ Get desired item/activity
- \_\_\_\_\_ Gain adult attention
- \_\_\_\_\_ Gain peer attention
- \_\_\_\_\_ Get sent to preferred adult
- \_\_\_\_\_ Gain power
- \_\_\_\_\_ Gain revenge
- \_\_\_\_\_ Other (specify):

\_\_\_\_\_  
\_\_\_\_\_

III. Develop a **hypothesis** (best guess) about the function or purpose of the student's problem behavior. This hypothesis predicts the general conditions under which the behavior is most and least likely to occur (antecedents), as well as probable consequences that serve to maintain it.

**Hypothesis Statement:**

\_\_\_\_\_  
\_\_\_\_\_

### Behavioral Intervention Plan

Develop a Behavioral Intervention Plan (BIP) using information from the functional assessment.

Replacement Behaviors	Activities/Modifications	Reinforcements	Consequences

### Parent and Student Responsibilities

Parent(s) will:

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Student will:

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How will BIP be monitored	How often	By Whom

Number of days BIP will be in effect before evaluated: \_\_\_\_\_

Date of next meeting: \_\_\_\_\_

Signatures of IEP Team members who attended this meeting on: \_\_\_\_\_

LEA Rep \_\_\_\_\_ Reg. Teacher \_\_\_\_\_

Special Ed. Teacher \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Student \_\_\_\_\_ Other \_\_\_\_\_

Other \_\_\_\_\_ Other \_\_\_\_\_

Evaluation date of BIP: \_\_\_\_\_

**IV. Evaluation of Behavioral Intervention Plan**

A. Describe student's progress toward goal:

\_\_\_\_\_  
\_\_\_\_\_

B. Were the steps in the BIP implemented as indicated (be specific):

\_\_\_\_\_  
\_\_\_\_\_

C. Describe any modifications, deletions, or revisions that the committee feels would enhance the effectiveness of the plan based on new information gained from initial BIP:

\_\_\_\_\_  
\_\_\_\_\_

**D. Revised BIP**

<b>Replacement Behavior</b>	<b>Activities/Modifications</b>	<b>Reinforcements</b>	<b>Consequences`</b>
<b>1.</b>			
<b>2.</b>			

Number of days BIP will be in effect before evaluated: \_\_\_\_\_

Date of next meeting for revised BIP: \_\_\_\_\_

Signatures of IEP Team members who attended this meeting on: \_\_\_\_\_

LEA Rep. \_\_\_\_\_ Special Ed. Teacher \_\_\_\_\_

Reg. Teacher \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Student \_\_\_\_\_ Other \_\_\_\_\_

Other \_\_\_\_\_ Other \_\_\_\_\_

\*\*At the next meeting, the IEP Team may choose to continue to use the BIP (including any revisions), revise the BIP again or start the process over (new functional assessment and BIP) based on new information.

**Caldwell County Schools**  
**FUNCTIONAL BEHAVIORAL ASSESSMENT**

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Classification:** \_\_\_\_\_

**I. DEFINITION:** A Functional Behavioral Assessment is one which seeks to identify the nature and function of a problem behavior and recommend interventions to correct it. It is required as part of a Manifestation Determination prior to the 11<sup>th</sup> cumulative day of suspension or any change of placement for any Exceptional or Section 504 student with apparent behavior problems. It may be useful for regular education students as well.

**II. DATA COLLECTION:** list below the sources of information used in this assessment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. DEFINE THE MOST CRITICAL “TARGET” BEHAVIOR:**

\*Description: \_\_\_\_\_  
\_\_\_\_\_

\*Frequency (how often): \_\_\_\_\_

\*Intensity (how severe): \_\_\_\_\_

\*Duration (how long): \_\_\_\_\_

\*Pervasiveness (which settings): \_\_\_\_\_

\*Antecedents (events leading to the behavior): \_\_\_\_\_  
\_\_\_\_\_

\*Consequences (events following the behavior): \_\_\_\_\_  
\_\_\_\_\_

\*Environmental Contributors: \_\_\_\_\_  
\_\_\_\_\_

\*Cognitive/Neurological Contributors: \_\_\_\_\_  
\_\_\_\_\_

\*Medication(s) Contributors: \_\_\_\_\_  
\_\_\_\_\_

**IV. FUNCTION OF THE BEHAVIOR:** based on the behavioral characteristics described above, this target behavior appears to serve the following function or purpose for the student (consider power, attention, revenge, inadequacy/avoidance, access to object/activity, sensory stimulation, other):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. INTERVENTIONS:**

\*Target behavior to be reduced and by how much (frequency, intensity, pervasiveness):

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\*Method (consider natural/logical consequences, restitution, loss of reinforcement, restructuring of the environment to prevent opportunities of the behavior or prevent a pay-off for the behavior, etc.):

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\*Replacement behavior to be promoted and conditions under which it should occur:

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\*Method (consider skill-building and/or performance contingencies):

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**VI. REVIEWS:** This plan should be written/reviewed along with the IEP, prior to the 11<sup>th</sup> day of suspension, or prior to any change of placement.

**VII. IEP TEAM**

LEA Rep. _____	Date _____
Parent _____	Date _____
EC Teacher _____	Date _____
Reg. Ed. Teacher _____	Date _____
Other _____	Date _____
Other _____	Date _____

**VIII. FOLLOW UP:** type of data that should be collected to document interventions and result as well as to plan additional actions if necessary:

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**Follow up date:** \_\_\_\_\_