

FUNCTIONAL BEHAVIOR ASSESSMENT REPORT/SUMMARY

Sevier County Schools

Student _____ Date of Birth _____ Grade _____

Date form completed _____ Person completing form _____

Special Education student: Yes No If yes, certification _____

Current service: Consultation Pull-out Resource Inclusion Self-contained class

Alternative School setting Current hours: ____/day or ____/week

Relevant medical information:

Relevant social history:

List student's strengths and weaknesses:

Describe the problem behavior:

Frequency and duration:

When and where does the problem behavior(s) occur?

In response to direct request or instruction In response to reprimand When left alone

When ignored When denied certain activity/privilege When routine is changed unexpectedly

With a certain person? If so, who? _____

Certain area of the school? Specify _____

Certain activity (e.g. whole vs. small group, independent work, worksheets, structured vs. unstructured, transition)

Specify _____

Other:

Describe the consequences of the behavior:

As a result of the problem behavior, the student:

Got: Attention Activity/Tangible Sensory Stimulation

Avoided: Difficult Task Teacher/adult demand Certain activity/person

Members of Assessment Team:

