**Functional Behavioral Assessment**

(Complete prior to creating Behavior Intervention Plan on page 2)

 Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade Level: \_\_\_\_\_\_\_\_Graduation Year:\_\_\_\_\_\_\_\_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Sources: ❒ Observation | ❒ Student Interview | ❒ Teacher Interview | ❒ Parent Interview | ❒ Rating Scales | ❒ Normative Testing

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| --- |
| Description of Behavior: |
| Setting(s) in which behavior occurs: |
| Frequency: |
| Intensity (Consequences of problem behavior on student, peers, instructional environment): |
| Duration: |
| Describe Previous Interventions:  |
| Educational Impact: |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Behavior Intervention Plan** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Behavior (list if more than one) | Expected Outcome(s) or Goal(s) | Intervention(s) &Frequency of Intervention | Person Responsible | Goal/InterventionReview Notes & Code\* |
|  |  |  |  |  |

 \* Review Codes: GA = Goal Achieved | C = Continue | DC = Discontinue Expected Review Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_