



Functional Behavior Assessment Structured Interview

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| Student: | Date: |
| DOB: | Interviewer: |
| School: | Respondent: |

Behaviors of Concern

1. What are the primary behaviors of concern?

Intensity rating:

Mild- behavior related only to observed student (i.e., crossing arms, head down on table)

Medium- behavior disruptive to others (i.e., throwing objects, yelling, leaving the classroom)

High- behavior may cause physical harm to themselves or others, severe property damage

| <u>Behavior</u> | <u>How often?</u> (i.e., per day/ week/ month) | <u>How long?</u> (i.e., seconds, minutes, hours) | <u>Intensity?</u> (mild, medium, high) |
|-----------------|--|--|---|
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2. Do any of the problem behaviors occur together, in a predictable “chain” or in similar situations (i.e., student always begins screaming before eloping from the room)

Precipitating Factors/Setting Events

1. What medication is the student currently taking? Are there any concerns for how this may affect his/her behavior?
2. Are there any known medical concerns (i.e., allergies, seizures)? Are there any concerns for how this may affect his/her behavior?
3. Are there any daily routine difficulties that may be affecting his/her behavior (i.e., difficulty sleeping, difficulty eating)?



- 4. Are there any other known environmental factors that may be affecting his/her behavior? Home or social difficulties?
- 5. Daily Schedule: briefly describe the student's schedule by outlining the time, activity, level of typical structure of that activity, the likelihood of the problem behavior occurring and the specific problem behavior that occurs.

| Time | Activity | Structured or Unstructured | Likelihood of Problem Behavior (low, med, high) | Specific Problem Behavior |
|------|----------|----------------------------|--|---------------------------|
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Where are problem behaviors most and least likely to occur?

Most:

Least:

When are problem behaviors most and least likely to occur?

Most:

Least:

With whom are problem behaviors most and least likely to occur?

Most:

Least:

What activities/events are problem behaviors most and least likely to occur?

Most:

Least:



Identifying Function of Problem Behavior

Define: From the Daily Schedule above, choose 1 activity in which problem behaviors most likely occur and list the specific problem behaviors that take place:

| Activity/Event | Problem Behaviors |
|----------------|-------------------|
| | |

Antecedent(s): what takes place directly BEFORE the problem behavior?

| Check typical antecedents | Describe specific antecedents |
|---|-------------------------------|
| <input type="checkbox"/> a.) difficult task/demand <input type="checkbox"/> b.) independent work <input type="checkbox"/> c.) small group work <input type="checkbox"/> d.) large group instruction <input type="checkbox"/> e.) transitions <input type="checkbox"/> f.) unstructured time <input type="checkbox"/> g.) interaction with peers <input type="checkbox"/> h.) alone/no attention <input type="checkbox"/> i.) correction from staff <input type="checkbox"/> j.) denied access to items _____ <input type="checkbox"/> k.) denied access to activities _____ <input type="checkbox"/> l.) other _____ | |

Consequences: what typically occurs AFTER the behavior? What does he/she avoid or gain from engaging in the behavior?

| Check typical consequences | Describe specific consequences |
|---|--------------------------------|
| <input type="checkbox"/> a.) avoids task/demand <input type="checkbox"/> b.) avoids adult interaction <input type="checkbox"/> c.) avoids peer interaction <input type="checkbox"/> d.) avoids transitions <input type="checkbox"/> e.) avoids _____ | |
| <input type="checkbox"/> a.) gains adult attention <input type="checkbox"/> b.) gains peer attention <input type="checkbox"/> c.) gains preferred item _____ <input type="checkbox"/> d.) gains preferred activities _____ <input type="checkbox"/> e.) gains sensory _____ <input type="checkbox"/> f.) gains _____ | |

Skills Assessment



1. What is the student's primary form of communication?

2. What are the student's academic strengths?

3. What are the student's social strengths?

4. What are identified lagging skills?

5. Does the student have difficulty in expressing basic functional communication skills such as:

| | |
|--|--|
| <input type="checkbox"/> Requesting help when needed | <input type="checkbox"/> Appropriately declining something |
| <input type="checkbox"/> Making choices | <input type="checkbox"/> Gaining attention from others |
| <input type="checkbox"/> Requesting things from others | <input type="checkbox"/> Dealing with a difficult task |

Positive Supports

1. What are the strengths of the student?

2. What types of activities does the student like to engage in?

3. How does the student show interest or choose activities?

4. What are some known, current reinforcers/motivators?

5. What types of choices does the student get to make?

6. What are some effective replacement behaviors the student exhibits currently?

Complete after Interview Summary Statements and Goals



Behavior 1:

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| Hypothesized Function: |
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| Functionally Equivalent Replacement Behavior (FERB): |
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| Annual IEP Goal: |
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Behavior 2:

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|--|
| Hypothesized Function: |
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| Functionally Equivalent Replacement Behavior (FERB): |
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| Annual IEP Goal: |
| |

Behavior 3:

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|------------------------|
| Hypothesized Function: |
| |



Functionally Equivalent Replacement Behavior (FERB):

Annual IEP Goal: