



Special Education Local Plan Area

Functional Behavior Assessment Worksheet

DETERMINATION OF NEED FOR FUNCTIONAL ANALYSIS

Student _____ Date(s) _____

Attendees: _____

Behavior of Concern [describe in objective terms] _____

Resulted in emergency Intervention: Yes, date of report _____
No

Setting(s) and Time(s) when behavior occurs/occurred: _____

How often has this behavior occurred? _____

Consequences which have occurred as a result of this behavior: _____

"Serious Behavior Problem" [as defined in CCR Title V.3001.(aa)]:

- No
- Significant Property Damage
- Self-Injurious
- Assaultive
- Other Pervasive and Maladaptive

DOES THIS BEHAVIOR REQUIRE A REFERRAL FOR A FUNCTIONAL ANALYSIS TO DEVELOP A SYSTEMATIC BEHAVIOR INTERVENTION PLAN:

Rationale:

- | Yes | No |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Student performing the behavior has a current IEP. |
| <input type="checkbox"/> | <input type="checkbox"/> Behavior is interfering with achievement of IEP goals. |
| <input type="checkbox"/> | <input type="checkbox"/> Behavior is a serious behavior problem as defined in CCR Title V. 3001.(aa) |
| <input type="checkbox"/> | <input type="checkbox"/> Although a serious problem, consensus is that the selected consequences or changes are likely to solve the problem and the behavior is not expected to reoccur - attach document (e.g. Goal/Objectives, BSP, modified/accommodations to classroom) |
| <input type="checkbox"/> | <input type="checkbox"/> Current Behavior Support Plan. |
| <input type="checkbox"/> | <input type="checkbox"/> Behavior Support Plan to be modified. |
| <input type="checkbox"/> | <input type="checkbox"/> If yes, would modification address the current behavior needs. |
| <input type="checkbox"/> | <input type="checkbox"/> Behavior requires a systematic behavior intervention plan following a functional analysis of the behavior. |