



San Mateo
County
SELPA

Special Education Local Plan Area

San Mateo County Office of Education • 101 Twin Dolphin Drive • Redwood City, CA 94065-1064 • (650) 802-5464 • Fax (650) 802-5474

Functional Analysis Assessment Worksheet STUDENT DATA and ASSESSMENT CHECKLIST

Student Name _____ Birth Date _____ Date _____

Teacher Name _____ Class Phone _____ Grade _____

Parent Name _____ Home Phone _____ Work Phone _____

Special Education Eligibility _____ School _____

Behavior Intervention Case Manager _____ Phone _____

Was this a Behavior Emergency? _____ If yes, a written Behavior Emergency Plan must be developed within 3 days of the Behavior Emergency.

List of persons and agencies that may be involved in the Functional Assessment or Behavior Intervention Plan:

<u>Person/Agency</u>	<u>Phone</u>	<u>Person/Agency</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSESSMENT CHECKLIST:

DATE PERMISSION TO ASSESS sent to parent

DATE PERMISSION TO ASSESS signed and received

DATE IEP 50 Day timeline

DATE IEP Date Scheduled

DATE FUNCTIONAL ANALYSIS Data

___ Environmental Analysis Assigned to _____

___ Educational Review Assigned to _____

___ Medical & Psychological Assigned to _____

___ Problem Behavior Data Assigned to _____

FUNCTIONAL ANALYSIS Report Completed [page 1 of Behavior Intervention Plan form]

OTHER:

Return to BICM by _____
DATE