



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