



Lawrence Public Schools
Lawrence, Massachusetts

Permission for Functional Behavior Assessment

Based on recommendations from teachers, counselors and/or administrators, we believe that your child, _____, may benefit from a functional behavior assessment.

A functional behavior assessment is a process used to gather information about a student and his/her behavior by conducting informal and discrete observations at school. Information may be collected from the parent/guardian, the teacher, and the student regarding his/her behavior.

This information will be helpful in planning strategies to help your child be more successful at school.

Please check one of the following boxes, sign and date the form.

- I give permission for the functional behavior assessment on behalf of my child.***
- I do not give permission for the functional behavior assessment on behalf of my child.***

Signature of Parent/Guardian

Date

Please return this form to:

Summarize **Antecedent** (and Setting Events)

What situations seem to set off the problem behavior?(difficult tasks, transitions, structured activities, small group settings, teacher’s request, particular individuals, etc.)

When is the problem behavior most likely to occur?(times of the day and days of the week)

When in the problem behavior least likely to occur?(times of the day and days of the week)

Setting Events: Are there specific conditions, events, or activities that make the problem behavior worse?(missed medication, history of academic failure, conflict at home, missed meals, lack of sleep, history or problems with peers, etc.)

Description of **Consequence**

What usually happens after the behavior(s) occur? (teacher feedback/attention, peer attention, power struggle, gets desired object/activity, escapes demand, escapes particular people, etc.)

End of Teacher/Staff Interview

STEP 2: Propose a Testable Explanation

Setting Event	Antecedent	Behavior	Consequence
		1.	
		2.	
		3.	

Function of the Behavior:

For each of the ABC sequence listed above, why do you think the behavior is occurring? (to get teacher attention, to get peer attention, gets desired object/activity, escapes undesirable activity, escapes demand, escapes particular people, etc.)

1. _____
2. _____

Summarize Antecedent

What kinds of things make it more likely that you will have this problem? (difficult tasks, transitions, structured activities, small group settings, teacher's request, particular individuals, etc.)

When and where is the problem behavior most likely to occur? (days of the week, specific classes, hallways)

When is the problem behavior least likely to occur? (days of the week, specific classes, hallways)

Setting Events: Is there anything that happens before or after school or in-between classes that make it more likely that you will have a problem? (missed medication, history of academic failure, conflict at home, missed meals, lack of sleep, history of problems with peers, etc.)

Description of Consequence

What usually happens after the behavior has occurs? (teacher feedback/attention, peer attention, power struggle, gets desired object/activity, escapes undesirable activity, escapes demand, escapes particular people, etc.)

End of Student Interview

STEP 2: Propose a Testable Explanation

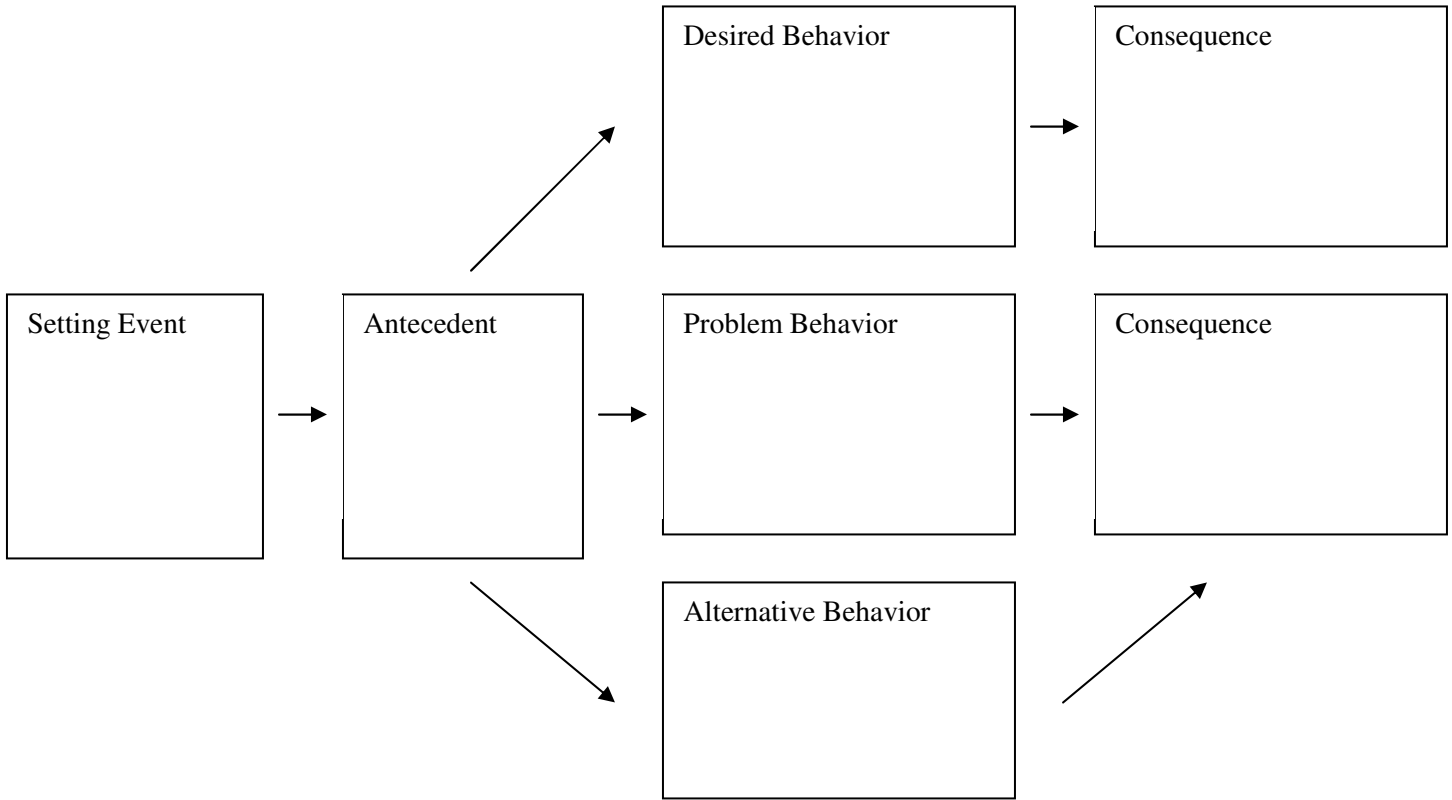
Setting Event	Antecedent	Behavior	Consequence
		1.	
		2.	
		3.	

Function of the Behavior

For each of the ABC sequence listed above, why do you think the behavior is occurring? (to get teacher attention, to get peer attention, gets desired object/activity, escapes undesirable activity, escapes demand, escapes particular people, etc.)

1. _____
2. _____

STEP 6: Build a Behavior Support Plan



Setting Event Strategies	Antecedent Strategies	Behavior Teaching Strategies	Consequence Strategies

STEP 7: Select Initial Intervention Strategies

Review Date	√	Tasks	By when	Individual Responsible	Evaluation Decision <ul style="list-style-type: none">• Monitor• Modify• Discontinue

- If emergency behavior management procedures are necessary, attach crisis plan as a separate sheet.

STEP 8: Evaluate Plan

Behavioral Goal (Use specific, observable, measurable descriptions of goal)

What is the short-term behavioral goal?

_____ *Expected date*

What is the long-term behavioral goal?

_____ *Expected date*

Evaluation Procedures

Data to be collected	Procedures for data collection	Person Responsible	Timeline

Plan review date: _____

We agree to the conditions of this plan:

Student (date)

Parent or Guardian (date)

Teacher (date)

Teacher (date)

Solutions Team member (date)

Solutions Team member (date)

**Functional Behavioral Assessment
Observation Form**

Observation Date: _____ Time: _____

Student: _____ Classroom/Subject: _____

Observer: _____

Setting Description:

Problem Behavior:

Time	Antecedents	Behaviors	Consequences