

Iberville Parish Functional Behavioral Assessment

Student:	D.O.B.	Date of Infraction:	Date of Assessment:
School:	Exceptionality:	Infraction:	Parent:
Teacher:	Teacher:	Teacher:	Teacher:
SETTING	ANTECEDENT	BEHAVIOR	CONSEQUENCES
<p>1. Where did the behavior occur? (ex: Bus, Hallway, Math class, Playground, etc.)</p>	<p>6. What were the specific expectations for the student just prior to the behavior? (ex: work independently, take test, etc.)</p> <p>Were these expectations: <input type="checkbox"/> Typical <input type="checkbox"/> First time</p>	<p>11. What did the student do?</p>	<p>15. How did others respond to the behavior?</p> <p style="text-align: center;"><i>Teacher: (ex: redirected, ignored, etc.)</i></p>
<p>2. What time was it when the behavior occurred? (Be specific, ex: 8:35)</p>	<p>7. What was the teacher doing just prior to the behavior?</p> <p><input type="checkbox"/> Whole class instruction <input type="checkbox"/> Test <input type="checkbox"/> Small group instruction <input type="checkbox"/> Ind. Assist. Other:</p>	<p>12. How long did the behavior last?</p>	<p><i>Other Students (ex: laughed, ignored, etc.)</i></p>
<p>3. In what activity was the student engaged in at the time of the behavior?(ex: taking test, walking in hall, etc.)</p>	<p>8. What emotional factors, if any were observed in the student that day? (ex: crying, anger, etc)</p>	<p>13. How many times was the behavior observed in a given period of time? (ex: 5 x per hour, etc.)</p>	<p><i>Para-educators: (ex: remind of rules, redirected, etc.)</i></p>
<p>4. How many of the following were present?</p> <p>Students:</p> <p>Para-Educators:</p> <p>Others:</p>	<p>9. Was the observed behavior strictly an isolated incident?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If NO, describe or attach documentation of previous incidents:</p>	<p>14. If this behavior has occurred previously, what do you think the student gains as a result of the behavior:</p> <p><input type="checkbox"/> attention from peers/teachers <input type="checkbox"/> power from struggles with peers/teacher <input type="checkbox"/> avoidance of class work <input type="checkbox"/> self-stimulation <input type="checkbox"/> relief from academic frustration <input type="checkbox"/> Other</p>	<p>16. Does this student have a Behavior Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Were the rewards/consequences in the plan implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Should it be revised at this time due to this infractions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Given this student's age, disability, and service delivery model, was the setting/curriculum appropriate at the time of the behavior?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe:</p>	<p>10. Were there any unusual circumstances observed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, describe circumstances:</p>	<p>Student's strengths:</p> <p><input type="checkbox"/> Academic area(s) _____ <input type="checkbox"/> Sports <input type="checkbox"/> Good memory <input type="checkbox"/> Dance/music/art/drama <input type="checkbox"/> computer <input type="checkbox"/> Works well with hands <input type="checkbox"/> Family <input type="checkbox"/> Follows directives <input type="checkbox"/> Sense of humor</p>	<p><input type="checkbox"/> Helper <input type="checkbox"/> Kind <input type="checkbox"/> Good with animals/children <input type="checkbox"/> Other:</p>