

Student Name: \_\_\_\_\_ Name of Person Completing Form: \_\_\_\_\_

Date: \_\_\_\_\_

**LEYDEN AREA SPECIAL EDUCATION COOPERATIVE  
FUNCTIONAL BEHAVIORAL ASSESSMENT**

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1) In what setting(s) do the behaviors occur? (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> a) In class     | <input type="checkbox"/> d) In bathroom                   |
| <input type="checkbox"/> b) In hallways  | <input type="checkbox"/> e) In lunchroom                  |
| <input type="checkbox"/> c) In gym class | <input type="checkbox"/> f) Other (please specify): _____ |

2) The behaviors seem to occur immediately following: (Check all that apply.)

- a) an assignment has been given
- b) student has been given a directive
- c) after being reprimanded
- d) after being confronted about his/her behavior
- e) when encountering certain peers
- f) after a whole class instruction has been given
- g) when asked to do a task he/she doesn't want to do
- h) when asked to do academic tasks he/she perceives to be difficult
- i) no known or apparent reason
- j) other (please specify): \_\_\_\_\_

3) What is/are the consequence(s) for the behaviors? (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> a) warning                  | <input type="checkbox"/> g) planned ignoring                       |
| <input type="checkbox"/> b) referral to dean         | <input type="checkbox"/> h) redirection                            |
| <input type="checkbox"/> c) parent contact           | <input type="checkbox"/> i) change of seating                      |
| <input type="checkbox"/> d) referral to counselor    | <input type="checkbox"/> j) verbal reprimand                       |
| <input type="checkbox"/> e) out-of-school suspension | <input type="checkbox"/> k) assignment to Learning Resource Center |
| <input type="checkbox"/> f) detention                | <input type="checkbox"/> l) other (please specify) _____           |

4) Who is/are the person(s) involved when the behaviors occur? (Check all that apply and provide their names.)

- |   |  |
|---|--|
| <input type="checkbox"/> a) teacher _____       | <input type="checkbox"/> d) lunchroom staff _____        |
| <input type="checkbox"/> b) peers _____         | <input type="checkbox"/> e) security personnel _____     |
| <input type="checkbox"/> c) teacher aides _____ | <input type="checkbox"/> f) other (please specify) _____ |

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5) Check the condition(s) that you feel may be contributing to the behaviors

- a) medication (please specify): \_\_\_\_\_
- b) medical condition (please specify): \_\_\_\_\_
- c) stress
- d) family problems
- e) sleep disturbance
- f) diet
- g) poor study skills
- h) other (please specify): \_\_\_\_\_

6) Check the interventions attempted to change the behaviors

- a) verbal praise
- b) social work intervention
- c) peer mediation
- d) verbal or physical cues
- e) contingency contracting
- f) other (please specify): \_\_\_\_\_
- g) extra assistance with academic work
- h) use of tangible rewards
- i) counselor intervention
- j) referral to dean
- k) parent conferences/contacts

7) Which of the above interventions have been effective (even if they have been only slightly effective)? If none, please indicate 'none'. How does the student respond to interventions?