

Functional Behavioral Assessment (FBA) Summary Report



MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Office of Student and Family Support and Engagement
Office of Special Education
Rockville, Maryland 20850

MCPS Form 336-64
January 2018
Page 1 of 5

PART I: STUDENT BACKGROUND INFORMATION

Date ____/____/____ Student Name _____
 Date of Birth ____/____/____ Age ____ Grade ____ MCPS Student ID _____
 School _____
 Special Education Yes No Referral initiated
 Disability _____
 Current placement General Education General Education Plus Resource Room Self-contained Special Education Class
 Special Education School Residential Facility Interim Instructional Services
 Section 504 Plan Yes No Individualized Education Program (IEP) Yes No

REASON FOR ASSESSMENT *Briefly describe why an FBA has been requested:*

RELEVANT STUDENT HISTORY

School information (e.g., attendance history, disciplinary referrals, educational assessments):

Previous behavioral concerns:

Interventions* Previously tried	Impact(s) on Student Behavior

**attach intervention protocol or description as appropriate*

Medical history:

Family concerns:

Academic concerns:

STUDENT TALENTS/STRENGTHS/INTERESTS
Academic:
Social:
Personal:
Other:

PART II: BEHAVIORAL DEFINITION

Clearly define the specific behavior(s) of concern. Select no more than three behaviors as the focus of this assessment. Choose behaviors that interfere with the student’s learning, social relationships, and/or participation in school. Write specific actions or examples of acts or words; do **NOT** write adjectives or medical conditions. Define each behavior in observable and measurable terms.

1.

2.

3.

PART III: BEHAVIORAL DATA

Data Sources	
Educational Record Review	Interviews
<input type="checkbox"/> Academic Records/Report Cards	<input type="checkbox"/> Parent(s)/Guardian(s):
<input type="checkbox"/> Educational Assessment	<input type="checkbox"/> Student:
<input type="checkbox"/> Psychological Assessment	<input type="checkbox"/> Classroom Teacher(s):
<input type="checkbox"/> Disciplinary records from previous years	<input type="checkbox"/> Special Educator:
<input type="checkbox"/> Previous FBA or Behavioral Intervention Plan (BIP)	<input type="checkbox"/> Other Service Provider:
<input type="checkbox"/> IEP	<input type="checkbox"/> Other Service Provider:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other Service Provider:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Observational Data	Structured Ratings
<input type="checkbox"/> Anecdotal Reports of Behavioral Incidents	<input type="checkbox"/> Reinforcement Assessment/Interest Inventory
<input type="checkbox"/> A-B-C Data	<input type="checkbox"/> Motivation Assessment
<input type="checkbox"/> Behavioral Checklist	<input type="checkbox"/> Social Skills Assessment
<input type="checkbox"/> Scatterplot/Frequency Data	<input type="checkbox"/> Behavioral Rating Scale
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

BEHAVIORAL PATTERNS

Influencing conditions and/or setting events where the behavior is **MORE** likely to occur (e.g., time of day, activity, change in routine, class, people present, medical condition, environmental condition, fatigue, etc.):

Behavior 1:

Behavior 2:

Behavior 3:

Influencing conditions and/or setting events where the behavior is **LESS** likely to occur (e.g., time of day, activity, change in routine, class, people present, medical condition, environmental condition, fatigue, etc.):

Behavior 1:

Behavior 2:

Behavior 3:

Are there situations that **TRIGGER** or escalate the behavior?

Behavior 1:

Behavior 2:

Behavior 3:

Most frequent response of adults following the behavior?

Behavior 1:

Behavior 2:

Behavior 3:

Most frequent response of peers following the behavior?

Behavior 1:

Behavior 2:

Behavior 3:

BEHAVIORAL RATE

Behavior 1: Data obtained from ___/___/___ to ___/___/___

Behavior 2: Data obtained from ___/___/___ to ___/___/___

Behavior 3: Data obtained from ___/___/___ to ___/___/___

Insert the frequency or duration of the behavior according to the type of data collected:

Average rate	Frequency	Per (time)	Duration	Per (time)	Other Behavior Rate Obtained
Behavior 1:		<input type="checkbox"/> hour		<input type="checkbox"/> minutes	
		<input type="checkbox"/> day		<input type="checkbox"/> hours	
		<input type="checkbox"/> week		<input type="checkbox"/> days	
		<input type="checkbox"/> month		Other:	
Behavior 2:		<input type="checkbox"/> hour		<input type="checkbox"/> minutes	
		<input type="checkbox"/> day		<input type="checkbox"/> hours	
		<input type="checkbox"/> week		<input type="checkbox"/> days	
		<input type="checkbox"/> month		Other:	
Behavior 3:		<input type="checkbox"/> hour		<input type="checkbox"/> minutes	
		<input type="checkbox"/> day		<input type="checkbox"/> hours	
		<input type="checkbox"/> week		<input type="checkbox"/> days	
		<input type="checkbox"/> month		Other:	

PART IV: POSSIBLE BEHAVIORAL FUNCTION

Behavior 1:

Obtain/Gain	Avoid or Escape
<input type="checkbox"/> Adult Attention	<input type="checkbox"/> Adult Attention
<input type="checkbox"/> Peer Attention	<input type="checkbox"/> Peer Attention
<input type="checkbox"/> Access to/use an activity, object, event	<input type="checkbox"/> Participate in/using an activity, object, event
<input type="checkbox"/> Sensory input	<input type="checkbox"/> Sensory input

Behavior 2:

Obtain/Gain	Avoid or Escape
<input type="checkbox"/> Adult Attention	<input type="checkbox"/> Adult Attention
<input type="checkbox"/> Peer Attention	<input type="checkbox"/> Peer Attention
<input type="checkbox"/> Access to/use an activity, object, event	<input type="checkbox"/> Participate in/using an activity, object, event
<input type="checkbox"/> Sensory input	<input type="checkbox"/> Sensory input

Behavior 3:

Obtain/Gain	Avoid or Escape
<input type="checkbox"/> Adult Attention	<input type="checkbox"/> Adult Attention
<input type="checkbox"/> Peer Attention	<input type="checkbox"/> Peer Attention
<input type="checkbox"/> Access to/use an activity, object, event	<input type="checkbox"/> Participate in/using an activity, object, event
<input type="checkbox"/> Sensory input	<input type="checkbox"/> Sensory input

SUMMARY STATEMENT(S)

When (trigger conditions)?
 The student is likely to (Behavior 1):
 In order to (function):
 This is more likely to occur when (influencing conditions or setting events):

When (trigger conditions)?
 The student is likely to (Behavior 2):
 In order to (function):
 This is more likely to occur when (influencing conditions or setting events):

When (trigger conditions)?
 The student is likely to (Behavior 3):
 In order to (function):
 This is more likely to occur when (influencing conditions or setting events):

PART V: RECOMMENDATIONS AND GOALS

Supports that might help to prevent this behavior:

Behavior 1:

Behavior 2:

Behavior 3:

Alternative/Replacement Behavior that could achieve the same function:

Desired Behavior:

TEAM members contributing to this FBA:

<input type="checkbox"/> Parent(s)/Guardian(s):
<input type="checkbox"/> General Education Classroom Teacher:
<input type="checkbox"/> Special Educator:
<input type="checkbox"/> School Psychologist:
<input type="checkbox"/> School Social Worker:
<input type="checkbox"/> Related Services Provider:
<input type="checkbox"/> Student:
<input type="checkbox"/> School Administrator:
<input type="checkbox"/> Other:
<input type="checkbox"/> Other:
<input type="checkbox"/> Other:

This form was adapted from a document developed by the Maryland State Department of Education and the Maryland Coalition for Inclusive Education.

Distribution: Student's Confidential Folder