**FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA) SUMMARY AND**

**POSITIVE BEHAVIOR SUPPORT PLAN (BSP)**

**Identifying Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student** |  | **Parents/guardians** |  |
| **Date of Birth** |  | **Home phone** |  |
| **School** |  | **Work phone** |  |
| **Teacher(s)** |  | **Cell** |  |
|  | **Home address** |  |
|  |
|  |
|  |

**Meeting/Plan Revision or Review**

|  |  |
| --- | --- |
| *Date/Purpose* | *Name/Role* |
|  |  |
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**FBA Activities**

|  |  |
| --- | --- |
| ***Data gathering activities (check all that apply)*** | |
| *Indirect Observation Methods* | *Direct Observation Methods* |
| \_\_ Record review  \_\_ Raters/FBA checklists  \_\_ Student interview  \_\_ School staff interview(s)  \_\_ Parent interview | \_\_ basic quantitative data (behavioral  frequency duration, percentage of  intervals, etc.)  \_\_ In vivo FBA data (taken by school staff)  \_\_ Direct observation (ABC data) taken by  uninvolved observer |

**FUNCTIONAL BEHAVIORAL ASSESSMENT SUMMARY**

***Background Information***

***Behaviors of Concern (operationally define)***

***Student Strengths***

***Previous Interventions Attempted***

***Known Precursors/Behavioral Hierarchies***

***Significant Skill Deficits***

* *Communication or social cognitive skills*
* *Executive and self-regulation skills*
* *Academic/study skills*

***Settings, People or Events Associated With Positive Behavior***

***Setting Events/Slow Triggers***

***Antecedent Events/Fast Triggers***

|  |  |  |  |
| --- | --- | --- | --- |
| ***FBA Hypothesis Statements*** | | | |
| **Behavior** | *Is likely to occur (fast triggers)…* | *Results in gaining or avoiding…* |
| ***Behavior #1*** |  |  |
|  |  |
|  |  |
| ***Behavior #2*** |  |  |
|  |  |
|  |  |
| ***Behavior #3*** |  |  |
|  |  |
|  |  |

**POSITIVE BEHAVIOR SUPPORT PLAN**

***Preventative (Antecedent) Modifications***

* *Health and Safety*
* *Schedule and Routines*
* *Modifiying Instruction*
* *Responding to Precursors (Minor Behaviors that Precede the Behaviors of Concern), if applicable*

***Adaptive or Alternative Skills to Teach or Strengthen***

* *Study/academic skills*
* *Social/communication skills*
* *Executive/self-regulation skills*

***Reinforcing Cooperation and Effort***

* *Known Reinforcers (list)*
* *Reinforcement System(s)*

***Responding to Behaviors of Concern***

***Behavior #1***

***Behavior #2***

***Behavior#3***

***Safety Plan***

* *Conditions Under Which to Implement Safety Plan*
* *Steps*

***Plan Evaluation and Monitoring***

* *Describe specific data that will be taken*
* *Who will collect data?*
* *How often will data be reviewed*
* *Who should staff report to with concerns about practicality, effectiveness or safety?*
* *Next Review Date*

**Behavior Support Plan (BSP) Student: \_\_\_\_\_\_\_\_\_ Meeting of Date: \_ \_**

(Signatures below indicate agreement with behavior support plan (BSP) decision.)

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Signature** |
|  | Student |  |
|  | Parent |  |
|  | Parent |  |
|  | Educational Diagnostician |  |
|  | General Education Teacher |  |
|  | Autism Support Teacher |  |
|  | School Counselor |  |
|  | School Nurse |  |
|  | Principal |  |
|  | Assistant Principal |  |
|  | School Psychologist |  |
|  | Autism Specialist |  |
|  | Director of Special Services |  |
|  | DPBHS Representative |  |
|  | Occupational Therapist |  |
|  | Speech/Language Pathologist |  |
|  | PIC Representative |  |
|  | DE Guidance |  |
|  |  |  |
|  |  |  |

This plan does not reflect my conclusions. A separate statement reflecting my conclusions is attached:

|  |  |  |
| --- | --- | --- |
| Name | Role | Signature |
|  |  |  |
|  |  |  |