

Date of Report _____

MONTGOMERY INDEPENDENT SCHOOL DISTRICT
Section 504
Functional Behavioral Assessment

Student _____ Grade _____ Birth date _____
School _____ Disability _____

Sources of Data Used to Examine Behavior: (Check those that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Teacher Information | <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Observation | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Student Interview | <input type="checkbox"/> Administrator Interview | <input type="checkbox"/> Parent Interview | <input type="checkbox"/> Academic Grades |
| <input type="checkbox"/> Conduct Grades | <input type="checkbox"/> School History | <input type="checkbox"/> Other _____ | |

Directions: Address one behavior using this chart. (One behavior at a time will be addressed.)
Additional behaviors will be addressed by completing copies of this page.

Behavior:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> self injury | <input type="checkbox"/> tardiness | <input type="checkbox"/> arguing with staff/peers |
| <input type="checkbox"/> destruction of property | <input type="checkbox"/> task refusal | <input type="checkbox"/> self-stimulatory behavior |
| <input type="checkbox"/> weapons/drugs | <input type="checkbox"/> truancy | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> teasing/bullying | <input type="checkbox"/> fighting | _____ |

Baseline: (Define specifically in behavior terms.)
Frequency - How often does the behavior occur?

The behavior occurs _____ .

How long does the behavior last?

The behavior lasts _____ .

Antecedents: What is happening before the behavior occurs?

- | | | |
|---|---|--|
| <input type="checkbox"/> Request directive is given | <input type="checkbox"/> Increase in motor activity | <input type="checkbox"/> Consequence is assigned |
| <input type="checkbox"/> Given an assignment | <input type="checkbox"/> Working in unstructured | <input type="checkbox"/> Other _____ |

What time(s) does the behavior occur?

- Before School Morning Afternoon After school Other _____

In what setting(s) does the behavior occur?

- Classroom Hallway Cafeteria Restroom Recess Other _____

The hypothesized function of the behavior: (Check the function that maintains the inappropriate behavior.)

- | | | | |
|------------|--|------------|--|
| To obtain: | <input type="checkbox"/> sensory stimulation | To escape: | <input type="checkbox"/> work |
| | <input type="checkbox"/> peer attention | | <input type="checkbox"/> classroom |
| | <input type="checkbox"/> tangible object | | <input type="checkbox"/> staff/peer(s) |
| | <input type="checkbox"/> other _____ | | <input type="checkbox"/> other _____ |