

FUNCTIONAL BEHAVIORAL ASSESSMENT AND INTERVENTION PLAN

Student Name: _____ School: _____ Case Manager _____

Data Sources (must be attached):

- Teacher Interview Student Interview Parent Interview School Discipline record
 10 days of data collected (required) 2 Behavior questionnaires (required)

Committee Determined Target Behaviors

1. _____
2. _____
3. _____

Assessment and Intervention Plan Worksheet
(Sequence Analysis)

Antecedent	Behavior of Concern	Consequence
<input type="checkbox"/> Transition <input type="checkbox"/> Denied Access <input type="checkbox"/> New Task <input type="checkbox"/> Told "NO" <input type="checkbox"/> Waiting <input type="checkbox"/> Attention seeking <input type="checkbox"/> Attempting to communicate <input type="checkbox"/> Instruction/Directive <input type="checkbox"/> Teacher attention to others		<input type="checkbox"/> Choice Given <input type="checkbox"/> Redirection <input type="checkbox"/> Personal Space <input type="checkbox"/> Peer Attn. <input type="checkbox"/> Changed Activity <input type="checkbox"/> Ignored <input type="checkbox"/> Physical Prompt <input type="checkbox"/> Time out <input type="checkbox"/> Natural Consequence <input type="checkbox"/> Discussion of behavior
<input type="checkbox"/> Transition <input type="checkbox"/> Denied Access <input type="checkbox"/> New Task <input type="checkbox"/> Told "NO" <input type="checkbox"/> Waiting <input type="checkbox"/> Attention seeking <input type="checkbox"/> Attempting to communicate <input type="checkbox"/> Instruction/Directive <input type="checkbox"/> Teacher attention to others		<input type="checkbox"/> Choice Given <input type="checkbox"/> Redirection <input type="checkbox"/> Personal Space <input type="checkbox"/> Peer Attn. <input type="checkbox"/> Changed Activity <input type="checkbox"/> Ignored <input type="checkbox"/> Physical Prompt <input type="checkbox"/> Time out <input type="checkbox"/> Natural Consequence <input type="checkbox"/> Discussion of behavior
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A report will be provided to the parent:

Frequency:

- Daily
 Weekly

Method:

- Planner Email
 Teacher Note Phone Call
 Homework Sheet Other: _____

The following persons attended and participated in the FBA and Intervention Plan meeting:

Name	Position	Date
	Parent	
	Parent	
	LEA Representative	
	Special Ed Teacher	
	General Ed Teacher	
	Behavior Interventionist	
	Student	

The student will follow the Code of Good Student Behavior with modifications, which are provided by the Functional Behavioral Assessment and Intervention Plan.

Date Copy Provided to Parent: ___ / ___ / ___ Case Manager's Initials: _____

Student Name: _____

Target Behavior I: _____