MARQUETTE-ALGER RESA
SERVING SUPERIOR SCHOOLS

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Functional Behavioral Assessment

Student Name: _____ Date of Birth: _____
CA: _____ School: _____
Teacher(s): _____ Grade: _____
Eligibility: _____ FBA Facilitator: _____
Date of Meeting: _____ Participants: _____

HISTORY:

STUDENT STRENGTHS/INTERESTS/RESOURCES:

BEHAVIORS OF CONCERN: (List)

PRIORITY BEHAVIORS OF CONCERN TO BE ADDRESSED, INCLUDING OPERATIONAL DEFINITION (no more than 2)

PAST INTERVENTION FOR PRIORITY BEHAVIORS OF CONCERN (and indicate level of success/duration of intervention):

ANTECEDENTS OF PRIORITY BEHAVIORS OF CONCERN:

ANTECEDENTS OF DESIRED BEHAVIORS:

ENVIRONMENTAL CONDITIONS THAT INFLUENCE BEHAVIOR:

WHAT HAPPENS AFTER PRIORITY BEHAVIORS OCCUR:

WHAT HAPPENS AFTER DESIRED BEHAVIORS OCCUR:

HYPOTHESIZED FUNCTION OF BEHAVIOR:

APPROPRIATE REPLACEMENT BEHAVIOR:

RECOMMENDATIONS:

FOLLOW-UP:

Next Meeting: Location:
Person responsible: Phone:
Participants necessary:

This assessment has been reviewed by the following:

Parent Signature_____Date_____

Administrator or Designee_____Date_____