

Vashon Island School District

FUNCTIONAL BEHAVIORAL ASSESSMENT SUMMARY

Student Name:		Birthdate:	
School:		Grade:	Teacher/Counselor
Age:	CAG:	Examiner:	Evaluation Date:

History/Background Information: (include developmental, medical/health and environmental issues, as well as pertinent academic history and interventions).

Note: Additional section on the last page

Strengths:

What does the student do well?

What is being/can be done to reinforce these strengths? Positive reinforcement through use of verbal praise and/or reward system.

Resources:

Family:

School:

Community:

Current Behavioral Concerns:

Previous Interventions and Outcomes:

The student's behavior appears to be motivated by a need for:

- Acceptance/Belonging
- Attention or recognition
- Avoidance/Escape
- Communication
- Expression of feeling
- Gratification
- Justice or revenge
- Power or control
- Not apparently goal-directed

Prioritize up to **two problem behaviors** that most interfere with the student's functioning in school. Estimate or directly observe the frequency (how often), intensity (high, medium, low), and duration of each:

Behavior (baseline levels)	Frequency	Intensity	Duration

NAME:

Behavior #1:

Settings (e.g., when/where the problem behavior is most likely to occur):

Triggers (e.g., what seems to 'set off' the problem behavior):

Reinforcers (e.g., what seems to be maintaining the problem behavior):

Specific skill deficits noted:

Behavior #2:

Settings (e.g., when/where the problem behavior is most likely to occur):

Triggers (e.g., what seems to 'set off' the problem behavior):

Reinforcers (e.g., what seems to be maintaining the problem behavior):

Specific skill deficits noted:

Signature: _____ Position:

Date:

With input from:

Functional Behavioral Assessment Summary Supplement

History and Background Continued from Page 1.