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| **ID/DD Waiver Functional Behavior Assessment** | **Name:** |  | | |
| **Assessment Date(s):** |  | | |
| **ID Number:** |  | | |
| **DOB:** |  | **Sex:** | **❑M ❑F** |

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| **Respondents(s):** |  | **Behavior Consultant/Credentials/Agency:** |

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| 1. **Description of Behavior(s)** |
| * 1. What are the behavior(s) of concern? For each, define the topography (how it is performed), frequency (how often it occurs per day, week, or month), duration (how long it lasts when it occurs), and intensity (the magnitude of the behavior - low, medium, high - and if it causes harm). |

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| **Behavior and Topography:** | **Frequency** | **Duration** | **Intensity** |
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| **Behavior and Topography:** | **Frequency** | **Duration** | **Intensity** |
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| **Behavior and Topography:** | **Frequency** | **Duration** | **Intensity** |
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| **Behavior and Topography:** | **Frequency** | **Duration** | **Intensity** |
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| * 1. Which of the behaviors described above occur together (e.g., occur at the same time; occur in a predictable chain; occur in response to the same situation)? |
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| 1. **Ecological Events That May Affect the Behavior(s)** |
| 1. What medications is the person taking (if any), and how do you believe these may affect his/her behaviors? |
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| B. What medical complications (if any) does the person experience that may affect his/her behavior (e.g., asthma, allergies, rashes, sinus infections, seizures, etc.)? |
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| C. Describe the sleep cycles of the person and the extent to which these cycles affect his/her behavior. |
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| D. Describe the eating routines and diet of the person and the extent to which these routines may affect his/her behavior. |
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| E. Briefly list below the person’s typical daily schedule of activities: |

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| --- | --- | --- | --- |
| 6:00 am |  | 3:00 pm |  |
| 7:00 am |  | 4:00 pm |  |
| 8:00 am |  | 5:00 pm |  |
| 9:00 am |  | 6:00 pm |  |
| 10:00 am |  | 7:00 pm |  |
| 11:00 am |  | 8:00 pm |  |
| 12:00 pm |  | 9:00 pm |  |
| 1:00 pm |  | 10:00 pm |  |
| 2:00 pm |  | 11:00 pm |  |

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| F. Describe the extent to which you believe the activities that occur during the day are predictable  for the person. (e.g., when to get up, eat dinner, shower, go to school/work, etc.)? |
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| G. About how often does the person get to make choices about activities, reinforcers, etc.? In what areas does the person get to make choices (e.g., food, clothing, social companions, leisure activities, etc.)? |
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| H. Describe the variety of activities performed on a typical day (exercise, community activities, etc.) |
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| I. How many other people are in the setting (work/school/home)? Do you believe that the density of people or interactions with other persons affect the targeted behaviors? |
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| J. If the person is attending a day program, what is the staffing pattern? To what extent do you believe the number of staff, training of staff, quality of social contacts with staff, etc., affect the targeted behaviors? |
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| K. If not attending a day program, describe some typical interactions of the person with others in the home or other environments. |
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| L. Are the tasks/activities presented during the day boring or unpleasant for the person, or do they lead to results that are preferred or valued? |
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| M. If the person attends a day program, what outcomes are monitored regularly by staff (frequency of behaviors, skills learned, activity patterns)? |
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| N. If the person does not attend a day program, how do people in the home or other environments monitor outcomes? |
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| **III. Events and Situations that Predict Occurrences of the Behavior(s)** |
| A. Time of Day: When is the behavior(s) most likely and least likely to occur? |

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| Most Likely Least Likely |

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| B. Setting: Where is the behavior most likely and least likely to occur? |

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| Most Likely Least Likely |

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| C. Control: With whom is the behavior most likely and least likely to occur? |

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| Most Likely Least Likely |

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| D. What activity is most likely and least likely to produce the behavior(s)? |

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| --- |
| Most Likely Least Likely |

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| E. Are there particular situations, events, etc., that are not listed previously that “set off” the behavior(s) that cause concern (particular demands, interruptions, transitions, delays, being ignored, etc.)? |
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| F. What would be the one thing you could do that would be most likely to make the undesirable behavior(s) occur? |
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| **IV. Function of the Undesirable Behavior(s)** | |
| A. Review each of the behaviors listed in Part I and define the function(s) you believe the behavior serves for the person (i.e., what does he/she get and/or avoid by doing the behavior?). | |
| Behavior: | |
| What does he/she get? | What does he/she avoid? |
|  | |
| Behavior: | |
| What does he/she get? | What does he/she avoid? |
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| Behavior: | | | | | | |
| What does he/she get? | | | What does he/she avoid? | | | |
|  | | | | | | |
| Behavior: | | | | | | |
| What does he/she get? | | | What does he/she avoid? | | | |
| B. Describe the person’s most typical response to the following situations: | | | | | | |
|  | 1. Is the above behavior(s) | more likely | | less likely | unaffected | if you present him/her |
|  | with a difficult task? | | | | | |
|  | 2. Is the above behavior(s) | more likely | | less likely | unaffected | if you interrupt a |
|  | desired event (eating ice cream, watching TV, etc.)? | | | | | |
|  | 3. Is the above behavior(s) | more likely | | less likely | unaffected | if you deliver a “stern” |
|  | request/command/reprimand? | | | | | |
|  | 4. Is the above behavior(s) | more likely | | less likely | unaffected | if you are present but |
|  | do not interact with him/her? | | | | | |
|  | 5. Is the above behavior(s) | more likely | | less likely | unaffected | if the routine is |
|  | changed? | | | | | |
|  | 6. Is the above behavior(s) | more likely | | less likely | unaffected | if something the |
|  | person wants is present but he/she cannot get to it (i.e., a desired object that is out of reach)? | | | | | |
|  | 7. Is the above behavior(s) | more likely | | less likely | unaffected | if he/she is alone? |

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| **V. Efficiency of the Undesirable Behavior(s)** |
| A. What amount of physical effort is involved in the behavior(s) (e.g., prolonged intense tantrums -vs- simple verbal outbursts, etc.)? |
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| B. Does engaging in the behavior(s) result in a “payoff” (getting attention, avoiding work) every time? Almost every time? Once in a while? |
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| C. How much of a delay is there between the time the person engages in the behavior(s) and gets the “payoff”? Is it immediate, a few seconds, or longer? |
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| **VI. Primary Method(s) Used by the Person to Communicate** | | | | | | | |
| A. What are the general expressive communication strategies used by or available to the person in the following situations? | | | | | | | |
|  | Request attention | Request Help | Request preferred food/objects/ activities | Show you something or a place | Indicate physical pain | Indicate confusion | Protest/ reject situation |
| Complex speech |  |  |  |  |  |  |  |
| Multiple words |  |  |  |  |  |  |  |
| One word utterances |  |  |  |  |  |  |  |
| Complex signing |  |  |  |  |  |  |  |
| Simple signs |  |  |  |  |  |  |  |
| Echolalia |  |  |  |  |  |  |  |
| Pointing |  |  |  |  |  |  |  |
| Leading |  |  |  |  |  |  |  |
| Grab/Reach |  |  |  |  |  |  |  |
| Increased movement |  |  |  |  |  |  |  |
| Moves away |  |  |  |  |  |  |  |
| Moves closer |  |  |  |  |  |  |  |
| Fixed gaze |  |  |  |  |  |  |  |
| Facial expressions |  |  |  |  |  |  |  |
| Aggression |  |  |  |  |  |  |  |
| Self-injury |  |  |  |  |  |  |  |
| Eye movements |  |  |  |  |  |  |  |
| Augmentative communication |  |  |  |  |  |  |  |
| B. With regard to receptive communication: | | | | | | | |
| 1. Does the person follow requests or instructions? If so approximately how many? | | | | | | | |
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| 2. Is the person able to imitate physical models for various tasks or activities? | | | | | | | |
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| 3. Does the person respond to signed or gestural requests or instructions? | | | | | | | |
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| 4. How does the person indicate yes or no? | | | | | | | |
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| **VII. Events, Actions, and Objects Perceived as Positive by the Person?** |
| A. In general, what are the things (events/activities/objects/people) that appear to be reinforcing or enjoyable for the person? |
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| **VIII. “Functional Alternative” Behaviors Known by the Person?** |
| A. What socially appropriate behaviors/skills does the person perform that may be ways of achieving the same function(s) as the behavior(s) of concern? |
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| B. What things can you do to improve the likelihood that a teaching session will occur smoothly? |
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| C. What things can you do that would interfere with or disrupt a teaching session? |
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| **IX. History of the Undesirable Behavior(s) and Programs that Have Been Attempted** |

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|  | Behavior | How long has this been a problem? | Programs | Effect |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

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| **X. Summary/ Recommendations** | | | |
| Based on the Functional Behavior Assessment, the following action(s)/behavior(s) were discovered: | | | |
| Behavior | Function | Location | |
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| The results of the assessment(s) reflect that the action(s)/behavior(s) demonstrated by the person pose a risk to the health and welfare of the person and/or others. | | Yes | No |

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| If a risk(s) exist, list them below: | | |
| Behavior | Risk to Self | Risk to Others |
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| **Recommendations:** |
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| **Behavior Support Consultant/Credentials** |  | **Date** |