

FBA DATA COLLECTION SUMMARY

1. What appears to cause the behavior? Source(s):	
2. When does the behavior occur? Source(s):	
3. How often does the behavior occur? Source(s):	
4. How long does the behavior last? Source(s):	
5. How intense is the behavior? (mild, moderate, severe):	
6. Approximately how long has the behavior been occurring:	
7. Are these circumstances in which this behavior usually/frequently occurs? Please describe:	
8. Does this behavior occur more often during certain times of the day?	
9. Does this behavior occur with certain people in the environment?	

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10. Does this behavior occur only during certain subjects?	
11. Could the behavior be related to any skill deficits?	
12. Could the behavior be signaling some deprivation conditions (e.g. thirst, hunger, lack of rest), any form of discomfort (e.g. headaches, hearing/vision difficulties), or caused by a medical condition?	
13. Do any other behaviors occur along with the behavior?	
14. Are there any observable events that signal that the behavior is about to occur?	
15. What happens after the behavior occurs?	
16. What is the functional intent of the behavior (i.e., what does the student gain from engaging in the behavior)?	
17. Describe replacement behavior of functional alternatives to the behavior?	
18. What are the identified reinforcers for this student?	

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19. Is this student prescribed any medications that might affect his/her behavior? Please describe:	
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Recommendations for Behavior Intervention Plan (Include how program will be reviewed and what success will look like: