

Functional Behavioral Assessment

Challenging behavior: _____ Person responding: _____ Child: _____

Date Completed: _____

1. Are there times of the day when challenging behavior is most likely to occur? If yes, what are they?				
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> Before meals <input type="checkbox"/> Evening	<input type="checkbox"/> During meals <input type="checkbox"/> Naptime	<input type="checkbox"/> After meals	<input type="checkbox"/> Preparing meals
Other: _____				
2. Are there times of the day when challenging behavior is least likely to occur? If yes, what are they?				
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> Before meals <input type="checkbox"/> Evening	<input type="checkbox"/> During meals <input type="checkbox"/> Naptime	<input type="checkbox"/> After meals	<input type="checkbox"/> Preparing meals
Other: _____				
3. Are there specific activities when challenging behavior is very likely to occur? If yes, what are they?				
<input type="checkbox"/> Arrival <input type="checkbox"/> Dismissal <input type="checkbox"/> Large-group times <input type="checkbox"/> Small-group times	<input type="checkbox"/> Naptime <input type="checkbox"/> Toileting/diapering <input type="checkbox"/> Special event (specify) _____	<input type="checkbox"/> Peer interactions <input type="checkbox"/> Centers/free play <input type="checkbox"/> Meals	<input type="checkbox"/> Snack <input type="checkbox"/> Transitions (specify) _____	
Other: _____				
4. Are there specific activities when challenging behavior is least likely to occur? What are they?				
<input type="checkbox"/> Arrival <input type="checkbox"/> Dismissal <input type="checkbox"/> Large-group times <input type="checkbox"/> Small-group times	<input type="checkbox"/> Naptime <input type="checkbox"/> Toileting/diapering <input type="checkbox"/> Special event (specify) _____	<input type="checkbox"/> Peer interactions <input type="checkbox"/> Centers/free play <input type="checkbox"/> Meals	<input type="checkbox"/> Snack <input type="checkbox"/> Transitions (specify) _____	
Other: _____				
5. Are there other children or adults whose proximity is associated with a high likelihood of challenging behavior? If so, who are they?				
<input type="checkbox"/> Siblings <input type="checkbox"/> Family member(s) <input type="checkbox"/> Care provider(s) <input type="checkbox"/> Other adults	Specify: _____ Specify: _____ Specify: _____ Specify: _____	<input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Other children (specify) _____		
Other: _____				
6. Are there other children or adults whose proximity is associated with a low likelihood of challenging behavior? If so, who are they?				
<input type="checkbox"/> Siblings <input type="checkbox"/> Family member(s) <input type="checkbox"/> Care provider(s) <input type="checkbox"/> Other adults	Specify: _____ Specify: _____ Specify: _____ Specify: _____	<input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Other children: _____		
Other: _____				

7. Are there specific circumstances that are associated with a high likelihood of challenging behavior?

Asked to do something
 Given a direction
 Reprimand or correction
 Being told "no"
 Sitting near specific peer
 Change in schedule
 Getting peer/adult attention

Seated for meal
 Playing with others
 Sharing
 Taking turns
 Playing by self
 Novel/new task
 One-to-one time with adult

Transition
 End of preferred activity
 Removal of preferred item
 Beginning of non-preferred activity
 Activity becomes too long

Structured time
 Unstructured time
 Down time (no task specified)
 Teacher is attending to someone else
 During a non-preferred activity

Other: _____

8. Are there conditions in the physical environment that are associated with a high likelihood of challenging behavior (e.g., too warm, too cold, too crowded, too much noise, too chaotic, weather conditions).

Yes (specify) _____
 No

9. Are there circumstances that occur on some days (and not other days) that may make challenging behavior more likely?

Illness
 Allergies
 Physical condition
 Change in diet

No medication
 Change in medication
 Hunger
 Parties or social event

Change in caregiver
 Fatigue
 Change in routine
 Parent not home

Home conflict
 Sleep deprivation
 Stayed with noncustodial parent

Other: _____

Additional Comments