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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA****DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**17800 HIGHWAY 18 • APPLE VALLEY, CA 92307 (760) 552-6700 • (760) 242-5363 FAX**Functional Behavioral Assessment (FBA) Summary** |
| **student information** |
| Student Name: |       | Date of Birth: |       | Grade: |       | Gender: | [ ]  Male [ ]  Female |
| School Site: |       | District of Residence: |       |
|  |
| **reason for referral** |
| [ ]  | Positive behavioral intervention support only - no manifestation meeting conducted - student has less than 10 days or no removals/suspension(s) |
| [ ]  | Positive behavioral intervention support only - removals/suspensions are not a manifestation of the disability  |
| [ ]  | Removals/suspensions are a manifestation of the disability (after 10 *consecutive* days of suspension)  |
| [ ]  | Removals/suspensions are a manifestation of the disability and constitute a pattern (after 10 *cumulative* days of suspension) |
|  |
| **fba summary** |
| **Today’s date:**  |       |
| Date signed assessment plan received by district/county: |       |
| Date(s) functional behavioral assessment (FBA) was conducted: |       |
| Name of individual conducting the FBA: |       |
| **1.** | **Records reviewed:**  |  |
|  | [ ]  Assistive Technology Report(s) | [ ]  Medical Report(s) | [ ]  Speech and Language Report(s) |
|  | [ ]  Behavioral Intervention Plans (BIPs) | [ ]  Nonpublic Agency Report(s)  | [ ]  Teacher’s Notes |
|  | [ ]  Diagnostic Center Report(s) | [ ]  Occupational Therapy Report(s)  | [ ]  Other: |       |
|  | [ ]  Discipline Report(s) | [ ]  Physical Therapy Report(s) | [ ]  Other: |       |
|  | [ ]  Health Report(s) | [ ]  Psych Report(s) | [ ]  Other:  |       |
|  | [ ]  IEP(s) | [ ]  Report Card(s) | [ ]  Other:  |       |
| **2.** | **Interviews conducted with:**  |  |
|  | [ ]  Teacher(s) | [ ]  Parent(s) | [ ]  Paraprofessional(s) |
|  | [ ]  Physician(s) | [ ]  Administrator(s) | [ ]  School Psychologist(s) |
|  | [ ]  Related Services Personnel | [ ]  Office/Campus Personnel | [ ]  Bus Driver(s) |
|  | [ ]  School Counselor(s) | [ ]  Mental Health Counselor(s) | [ ]  Other: |       |
|  | [ ]  Other: |       | [ ]  Other: |       | [ ]  Other: |       |
| **3.** | **Challenging behaviors:** *(Clearly define and include frequency, duration, and intensity of behaviors.)* |       |
|  |       |
|  |       |
| **4.** | **Data collection methods:** |       |
|  |       |
|  |       |
| **5.** | **Environmental/ecological problems affecting behavior in the classroom, on campus, and on the bus:** *(What needs to be changed?)* |
|  |       |
|  |       |
| **6.** | **Identified antecedents:** *(What happens right before the behavior occurs?)* |       |
|  |       |
|  |       |
| **7.** | **Identified consequences:** *(What happens right after the behavior occurs?)* |       |
|  |       |
|  |       |
| **8.** | **Hypothesized function:** |
|  | [ ]  Getting  ***OR*** [ ]  Avoiding/Escaping: | *[ ]  Attention* | *[ ]  Sensory* | *[ ]  Tangible* |       |
|  |  | *[ ]  Other:* |       | *[ ]  Other:* |       |
| **9.** | **Identified reinforcers:** |       |
| **10.** | **Level of additional intervention needed as support:** |
|  | [ ]  Check In/Check Out | [ ]  Contracts | [ ]  Reinforcement Systems | [ ]  Prevent/Teach/Reinforce (PTR) |
|  | [ ]  Behavioral Goal(s) | [ ]  Other: |       | [ ]  Other: |       |
|  | [ ]  Behavioral Intervention Plan (BIP) | *Projected team meeting date to create BIP:* |       |
|  |  |
| *FBA-Disciplinary Context, Summary Report, Diana Browning Wright, with input from Teri Ede, PENT CADRE member, 2006. Adapted with permission.* |