FUNCTIONAL BEHAVIOR ASSESSMENT for INDIVIDUALS WITH AUTISM
Chapel Hill TEACCH Center
John Thomas and Gladys Williams

Name _____ Age_____ Sex M F

Date of Review_____ Reviewer_____

Primary Service Providers_____

BEHAVIOR ASSESSMENT

Before completing this assessment, collect observational data on the behavior and its context. (See TEACCH Functional Assessment Data form). Refer to the data and observations as you complete this behavior assessment.

SECTION 1 – IDENTIFY THE TARGET BEHAVIOR

1. Identify the behavior of concern by:
    a) defining what the individual does
    b) how frequently it occurs per hour, day, week, etc.
    c) duration (how long it lasts)
    d) intensity (how damaging or destructive): mild, moderate, severe

Behavior	Frequency	Duration	Intensity

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SECTION 2 – OBTAIN AND PRESENT DATA

A. Provide data that describes the frequency, intensity, or duration of the behavior(s). Assure that data provides information on the context prior to the behaviors occurrence.

B. LOOK FOR PATTERNS:

Based on observational data, identify activities during which the behavior **DOES and DOES NOT** occur, contributing environmental factors, and the times of day when the behavior does occur (e.g., 5-6 am, 10:15-10:30 and 2-2:30). Write N/A for activities that are not part of this person's schedule or the observation. **Include information from home and community contexts, as well as from the classroom.**

	Does Not Occur	Does Occur	Environmental factors: -Presence of peers -Staff present -Stimuli in setting	Times of day it occurs
Leisure/Playtime/Break time …..				
Snack …..				
Group/Social activity …..				
P.E./ Exercise …..				
Meal …..				
Bathroom …..				
Independent work (note type) …. _____ _____				
Work with teacher/staff (note type) _____ _____				
Change in routine (specify) …… _____ _____				
Transition between activities (specify) _____ _____				
Other (specify) _____ _____				

SECTION 3 – THE CLASSROOM CONTEXT

B. INSTRUCTIONAL METHODS

In this section, all questions are about the time period immediately preceding the behavior of concern.

1. **How is the physical environment structured to assure that the student focuses on relevant details of tasks? Identify areas where the physical space assists focus, attention, and performance.**

_____

_____

2. **What type of schedule does the individual use? Does it fit his/her thinking and development?** _____

   Does the student use it completely independently?_____

   If not, consider using a simpler and more individualized schedule.

   Is it used at all times? Is the schedule used consistently at times leading up to the behaviors in question? _____

3. **What type of work system or to do list is used to show what tasks or activities to do during this time period?** _____

   - Identify how he/she knows the answers to these questions, during this time period:

   a) How much do I do? _____
   b) What do I do? _____
   c) When is it finished? _____
   d) What do I do next**?** _____

   Does the student use it completely independently? If not, consider using a simpler system. Is it used at all times?

_____

   Is the work system used at all times leading up to the behaviors in question?

_____

4. **List all activities** taking place in this period that may be too difficult or too long. Identify activities that may be boring to the student or are disliked.

_____

_____

5. What are the student's **strengths and interests**? Identify the "enthusiasms" that engage the student's attention. Describe:

_____

_____

6. Do organizational difficulties interfere with the student's performance during this time period? Look at the visual structure of tasks during the period leading up to the behaviors in question. Are the **visual instructions** developmentally appropriate, used independently and at all times? Describe:

_____

_____

Are materials and tasks **visually organized** to assure that the student can see the steps of the task?

_____

Are materials limited, contained, sequenced, and stabilized so that the student can perform the task with less frustration?

_____

Are there **visual clarity** cues that highlight and define the relevant details of the task?___

Does the student have the opportunity to make **choices** during this time period**?** Does he or she have the skills to make choices? Discuss:

_____

_____

7. Does the behavior relate to difficulties with transitions? Y/N
   If yes, what aspect of the transition is difficult (e.g., not understanding what is next, difficulty shifting activities or places, not liking what is next or wanting to do something else, etc.)?

_____

_____

SECTION 2 – THE COMMUNICATION CONTEXT

As needed, use information from the family on these questions.

C. COMMUNICATION SKILLS

1. **Receptive communication:** Identify the individual's receptive communication skills. Does he consistently understand multiple directions, single sentences, words, gestures, pictures, or objects?

   _____

   _____

Does he do better with extended processing time?

_____

2. Clarity of instructions: How are instructions given in the classroom? Consider verbal methods, length of instruction, and number of steps.
How often do verbal instructions precede the behaviors in question? Do you need to consider using the schedule, work system and visual structure (Section B) to reduce confusion resulting from verbal demands? Describe:

_____

_____

3. **Behavior expectations:** Are there concrete and developmentally appropriate guidelines for desirable behavior in this context? How is the individual informed of these expectations? Describe:

_____

_____

4. Expressive communication

First, identify the individual's expressive communication skills. Second, circle the communicative functions that the targeted behaviors seem to serve.

	Note ways individual expresses each function.
Requests attention	
Requests help	
Requests preferred food/object/activity	
Requests break or removal	
Protests or rejects a situation or activity	
Indicates pain	
Indicates confusion, fear, unhappiness, anxiety	
Other functions:	

SECTION 2 – THE PHYSIOLOGICAL AND EMOTIONAL CONTEXT

As needed, use information from the family on these questions.

D. PHYSIOLOGICAL STATE/EMOTIONAL CONDITION

1. What **medical or physical** conditions does the individual experience that may affect the behavior?

_____

_____

2. What **medications** is the individual taking and how do you believe these may affect the behavior?

_____

_____

3. Describe the **sleep patterns** of the individual and the extent to which these patterns may affect the behavior:

_____

_____

4. Describe the eating **routines and diet** of the person and the extent to which these may affect the behavior:

_____

_____

5. Consistent **physical exercise** (aerobic, 3-4 times per week, at least 30 minutes) has been associated with a variety of positive behavioral effects in individuals with autism. What kind of exercise does the individual get?

_____

_____

6. Are there **changes** in the home or family that may be affecting the student? Are there other issues that may create **anxiety**?

_____

_____

7. Do any of these forms of stimulation seem to be related to the behavior of concern? Describe:

   Social (number of people, specific people, effect of interaction):

   _____

   Verbal (effect of verbal instruction, verbal noise in room):

   _____

   Activities (do activities in other settings distract or lure attention):

   _____

   Noise (speakers, equipment, phone, noises in other areas):

   _____

   Visual (objects, lights, shadows, windows, machinery):

   _____

   Smells (perfume, cleaning supplies, gasoline, etc.):

   _____

   Internal (is he/she attending to internal thought or repeating words and actions):

   _____

SECTION 3 – THE CONTEXT OF RESULTS and CONSEQUENCES

Use information from the family on these questions.

1. Do there seem to be **intrinsic** (e.g., drawing on the wall is fun) or **internal** (e.g., stimulation) reinforcers for this behavior? Review the data. If so, describe:

_____

_____

2. Does it seem that the behavior often leads to escape from or avoidance of some undesired circumstance? Has the behavior been successful in the past in effecting escape? Review the data. If so, describe:

_____

_____

3. How do staff/parents/caretakers/peers **respond** after the behavior occurs?

_____

_____

4. **What else happens** after the behavior occurs?

_____

_____

Name: _____
ID #: _____

Function of Target Behavior What does the student *gain* from this behavior?	**Hypothesis** What variables appear to trigger this behavior? What does the behavior look like? What seems to reinforce this behavior?

❑ Attention from:

- ❑ Peers _____
- ❑ Staff _____
- ❑ Preferred adult _____

❑ Power:

- ❑ Control _____
- ❑ Intimidation _____
- ❑ Vengeance _____

❑ Escape / avoidance of:

- ❑ Activity or task _____
- ❑ Particular person _____
- ❑ Classroom _____

❑ Self-stimulation to reduce:

- ❑ Anxiety _____
- ❑ Fear _____

Example:

When Johnnie is in small group instruction and/or gym (SETTING) and does not get his way (ANTECEDENT / CONTEXT), he typically responds by shoving and/or using threatening language (BEHAVIOR) to gain attention (FUNCTION).

Fill in the blanks to complete your hypothesis:

When student is _____
(SETTING)
and _____
(ANTECEDENT / CONTEXT)
he/she typically responds by
_____
(BEHAVIOR)
to gain _____
(FUNCTION)

If this is a specific/one time incident that is being considered for long-term suspension, then describe the incident.

_____

_____

_____

_____

_____

New Hanover County Schools
Behavioral Intervention Plan (BIP)

Name _____
ID# _____
Date of Birth _____
School _____
Meeting Date _____

Days Out of School Suspension _____
How are IEP services going to be delivered starting on the 11th day of suspension in a school year?

Weeks to Implement BIP _____
Next Meeting to Review/Revise Plan:
Date _____ Time _____
Location _____

Replacement/ Desired Behaviors	How?	Who?	When?	How will teaching time be documented?

What rewards will be provided when the desired behaviors are demonstrated?	Who will implement the rewards?	How will the desired behavior data be collected?

For a list of meeting participants, see SST Attendance Log, IEP page I or IAP.

Attach today's BIP to Intervention Plan, IAP or IEP Page 4.

New Hanover County Schools
Behavioral Intervention Plan (BIP)

What? .	**What Consequences will be enforced?**	**Who?**	**Data**
Describe the target behavior from FBA. Mild: _____ Moderate: _____ Severe: _____	Mild: _____ Moderate: _____ Severe: (including components of a crisis plan)	Describe the responsibilities of each team member, including school staff, family and student. Mild _____ Moderate: _____ Severe: _____	Explain how and when data will be recorded. List the type of data collection tool that will be used.

For a list of meeting participants, see SST Attendance Log, IEP page I or IAP.

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