Using FBA for Diagnostic Assessment in Behavior

Handout 1: FBA and Behavior Support Plan Self-Assessment

Use this checklist to assess the presence of key features of an existing Functional Behavior Assessment (FBA) and Behavior Support Plan processes in your school or district.

Functional Assessment includes

1. An operational definition of the problem behavior that is observable and measurable.
   - □ Yes □ No □ Not sure

2. A four-part summary statement (hypothesis) that includes:
   a. Setting events (slow triggers)
   b. Antecedents (fast triggers)
   c. Problem behavior
   d. Maintaining consequences (perceived function)
   - □ Yes □ No □ Not sure

3. A team rather than an individual person to complete.
   - □ Yes □ No □ Not sure

Behavior Support Plan includes

1. An operational definition of the problem behavior that is observable and measurable.
   - □ Yes □ No □ Not sure

2. A four-part summary statement (hypothesis) that includes:
   a. Setting events (slow triggers)
   b. Antecedents (fast triggers)
   c. Problem behavior
   d. Maintaining consequences (perceived function)
   - □ Yes □ No □ Not sure
3. A statement about the results of the FBA (e.g. summary statement) and the behavior support plan (e.g. how the FBA results are linked to the BSP).

☐ Yes  ☐ No  ☐ Not sure

4. A statement about at least one antecedent strategy to prevent the problem behavior.

☐ Yes  ☐ No  ☐ Not sure

5. A statement about at least one strategy to minimize or prevent reinforcement of the problem behavior.

☐ Yes  ☐ No  ☐ Not sure

6. A statement about at least one strategy to reinforce the replacement/alternative behavior(s).

☐ Yes  ☐ No  ☐ Not sure

7. A statement about the data to be collected for progress monitoring and schedule for progress monitoring.

☐ Yes  ☐ No  ☐ Not sure

8. A formal and regular (at least twice a month) system for assessing the fidelity with which the plan of support is being implemented.

☐ Yes  ☐ No  ☐ Not sure

9. A formal and regular (at least twice a month) system for assessing the impact of the plan on student outcomes.

☐ Yes  ☐ No  ☐ Not sure

*adapted from the Individual Student System Evaluation Tool, Oregon