

# Functional Assessment & Behavior Intervention Plan

Client Name: Click here to enter text.	Date: Click here to enter a date.
Age: Click here to enter text.    DOB: Click here to enter a date.	Service Agency Name: Click here to enter text.
UCI: Click here to enter text.	Date of Admission: Click here to enter a date.
Service Coordinator Name: Click here to enter text.	Behavior Consultant: Click here to enter text.
Is the client conserved? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Conservator Name: Click here to enter text.	Behavior Management Assistant (if applicable): Click here to enter text.

## Program Information

Type and description of service (level of care, i.e., level 6 adult residential facility) including intended outcomes  
Click here to enter text.

## Background Information

Include basic client information such as ACRC eligible diagnosis, significant medical factors including current medications that may have a behavioral impact, current services including educational, day program, psychiatric needs, trauma history etc.

Click here to enter text.

## Functional Behavior Assessment

A functional behavior assessment was completed in order to identify the primary function of the individual's challenging behavior. Below is a summary of the procedures, tools and forms used as well as the results and findings of this assessment.

### I. Records Reviewed

Click here to enter text.

### II. Indirect Assessment(s)

1. Individual Interviewed: Click here to enter text.    Date: Click here to enter a date.

Tool(s) Used: Click here to enter text.

2. Individual Interviewed: Click here to enter text.    Date: Click here to enter a date.

Tool(s) Used: Click here to enter text.

### III. Direct Assessment

BCBA/BMC Dates/Times of Direct Observation:

1. Date: Click here to enter a date.    Time: Click here to enter text.

2. Date: Click here to enter a date.    Time: Click here to enter text.

3. Date: Click here to enter a date.    Time: Click here to enter text.

### IV. Operational Definition(s) of Target Behaviors

From this information, the following behavior(s) meets/meet criteria to target for reduction:

1.

2.

### V. Baseline Data

Baseline data on the following behaviors in the form of Choose an item. was collected between Click here to enter a date. and Click here to enter a date.

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**Behavior(s):**

- 1.
- 2.

VI. Antecedents

**Behavior(s):**

- 1.
- 2.

VII. Past Consequences

**Behavior(s)**

- 1.
- 2.

VIII. Hypothesized Function(s)

Based on the above information, the following behavior(s) are hypothesized to be maintained by the identified function(s):

- Click here to enter text. is primarily maintained by Choose an item.
- Click here to enter text. is primarily maintained by Choose an item.

IX. Functionally Equivalent Alternative Behavior (☐ N/A if DRA not appropriate)

1. Behavior Click here to enter text.

**FEAB:** Click here to enter text.

2. Behavior Click here to enter text.

**FEAB:** Click here to enter text.

X. Related Skills to Teach

Click here to enter text.

**Behavior Intervention Plan for** Click here to enter text.

The following section details the procedures staff are to utilize to prevent the occurrence of the challenging behavior(s) targeted for reduction, teach replacement skills and respond when behaviors occur.

I. Preventions

Click here to enter text.

II. Differential Reinforcement of Choose an item.

Click here to enter text.

Schedule of Reinforcement: Click here to enter text.

III. Consequence Interventions

Click here to enter text.

IV. Data Collection

The above listed behavior will be tracked daily by staff using Click here to enter text.

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**Behavior Intervention Plan for** [Click here to enter text.](#)

The following section details the procedures staff are to utilize to prevent the occurrence of the challenging behavior(s) targeted for reduction, teach replacement skills and respond when behaviors occur.

V. Preventions

[Click here to enter text.](#)

VI. Differential Reinforcement of [Choose an item.](#)

[Click here to enter text.](#)

Schedule of Reinforcement: [Click here to enter text.](#)

VII. Consequence Interventions

When this behavior occurs, staff will respond by:

[Click here to enter text.](#)

VIII. Data Collection

The above listed behavior will be tracked daily by staff using [Click here to enter text.](#)

\*\*\*Any occurrences of behavior not currently outlined in this report that meets the following criteria will be tracked using [Choose an item.:](#)

- Harmful to self or others
- Interferes with demonstrating skills
- Interferes with learning skills
- Socially stigmatizing

**Client Objectives/Goals** (must include *both* a behavior reduction and skill acquisition goal for each problem behavior)

Objectives	To Be Met By (Date)	Current Status (rate of behavior, current skill level of replacement skill)
<b>1. Behavior</b> <a href="#">Click here to enter text.</a>		
1a. <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter a date.</a>	
1b. <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter a date.</a>	
<b>2. Behavior</b> <a href="#">Click here to enter text.</a>		
2a. <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter a date.</a>	
2b. <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter a date.</a>	

**Summary & Recommendations** (summary of information and recommendations for behavior consultation service hours)[Click here to enter text.](#)

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**Consultant Signature**

Click here to enter text.

**Client/Conservator Consent**

The plan as detailed above has been explained to me in understandable terms and I have been made aware of the potential risks and benefits associated with all procedures. I have had the opportunity to ask questions, and my signature below indicates my consent to this plan.

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**Client Signature**

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**Date**

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**Conservator Signature**

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**Date**