

Engaging diverse communities through leading and learning for social justice.

Preliminary Education Specialist Clinical Practice Assessment Functional Behavior Assessment and Positive Behavior Intervention Plan

Intern: _____ **Date:** _____
School Site: _____ **Setting:** _____
Cooperating Teacher: _____ **Supervisor:** _____

Does the FBA/PBIP have these features?

PART I - GENERAL STUDENT AND TEAM INFORMATION

1. ___ Student Information Identified
2. ___ Behavior of Concern (Briefly Stated)
3. ___ Reasons for Developing Behavior Support Plan Identified
4. ___ "Global" Contextual Background Information is Complete
5. ___ Assessment Techniques and Methods Use to Examine and Analyze Behavior are Determined

PART II - FUNCTIONAL BEHAVIORAL ASSESSMENT

6. ___ Setting Events/Antecedents are Identified
7. ___ Specific Behavior (Operationally Defined) and Baseline Data Identified
8. ___ Consequences Identified
9. ___ Hypothesized Purpose of Behavior Identified
10. ___ Rationale for Hypothesized Function of Behavior is Identified

PART III - POSITIVE BEHAVIOR INTERVENTION PLAN DEVELOPMENT

11. Intervention/Prevention Strategies (make problem behavior irrelevant)
 - ___ Setting Event Strategies
 - ___ Setting Event Strategies Address Hypothesized Function
 - ___ Antecedent Strategies
 - ___ Antecedent Strategies Address Hypothesized Function
12. Intervention/Prevention Strategies (make problem behavior inefficient and replacement behavior effective)
 - ___ Teaching and Reinforcement of Replacement Behavior/Skills Identified
 - ___ Teaching and Reinforcement of Replacement Behavior/Skills Address Hypothesized Function
 - ___ Strategies to Alter Consequences Identified
 - ___ Strategies to Alter Consequences Address Hypothesized Function
13. Intervention/Foundational Issues to Improve Quality of Life
 - ___ Strategies to Improve Quality of Life Identified
 - ___ Strategies to Improve Quality of Life Address Hypothesized Function
14. ___ Evaluation and Monitoring System Identified
15. ___ People Involved and Responsibilities Identified
16. ___ Follow-Up Timeline Determined

Intern Involvement in PBIP Design and Delivery:

Supervisor Observations and Remarks:

Intern Signature: _____ **Date:** _____
University Supervisor
Signature: _____ **Date:** _____
Date/Time of Next
Observation/Visitation: _____

