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: ___________________________

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