



Miami-Dade County Public Schools Functional Assessment of Behavior Screening Worksheet

Name: _____ D.O.B.: _____ Student ID: _____ Date: _____

Check All Significant Problems

- Talks Out
- Verbally Aggressive to Adults
- Verbally Aggressive to Students
- Provokes Other Students
- Defiant to Adults
- Noncompliant
- Does not Complete Work
- Physically Aggressive to Students
- Physically Aggressive to Adults
- Off Task (Describe) _____
- Truant
- Other (Describe) _____

Estimated Frequency: _____

Check All Problem Settings

- Bus
- Entry to Classroom
- Reading/ Language Arts Class
- Math Class
- Science Class
- PE
- Social Studies Class
- Elective (Specify) _____
- Lunch
- Other (Specify) _____

Check All Problem Activities

- Independent Seatwork - Writing
- Independent Seatwork - Math
- Independent Seatwork - Reading
- Oral Reading
- Group Play
- Transition
- Group Work
- Other (Specify) _____

Check All Antecedents to Problems

- Provocation from Other Student/s
- Directive from Teacher
- Re-direction from Teacher
- Left Alone
- Teacher/Adult Denies Request

Check All Probable Functions

- Attention from Teacher
- Attention from Peers
- Avoids Work
- Gets Out of Class/School
- Gets to Do Preferred Activity
- Saves Face
- Other (Specify) _____