

# MIAMI-DADE COUNTY PUBLIC SCHOOLS

## Functional Assessment of Behavior (FAB) for Prekindergarten Students



Student Name: \_\_\_\_\_ ID No.: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Exceptionality: \_\_\_\_\_

What events, places, or activities tend to be associated with the behavior? (Setting Events)	What appears to set off the problem behavior? (Antecedents/Triggers)	What are the problem behaviors?	What does the student gain from the behavior? (Function)
<ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of sleep</li> <li><input type="checkbox"/> Illness</li> <li><input type="checkbox"/> Physical pain</li> <li><input type="checkbox"/> Hunger</li> <li><input type="checkbox"/> Trouble at home</li> <li><input type="checkbox"/> Change in schedule/routine at home</li> <li><input type="checkbox"/> Fight/conflict with peers</li> <li><input type="checkbox"/> Noise distractions</li> <li><input type="checkbox"/> Specific activity/class</li> <li><input type="checkbox"/> Emotional state (i.e. depression, boredom, loneliness, etc.)</li> <li><input type="checkbox"/> Weather</li> <li><input type="checkbox"/> Medication</li> <li><input type="checkbox"/> Sensory events (lights, noise, temperature)</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Tasks that are: (circle) individual/independent in seat</li> <li><input type="checkbox"/> group oriented with a partner</li> <li><input type="checkbox"/> easy repetitive difficult</li> <li><input type="checkbox"/> require physical activity</li> <li><input type="checkbox"/> Verbal provocation from other students</li> <li><input type="checkbox"/> Adult direction</li> <li><input type="checkbox"/> Adult demand</li> <li><input type="checkbox"/> Adult request</li> <li><input type="checkbox"/> Adult re-direction</li> <li><input type="checkbox"/> Left alone (no individual attention)</li> <li><input type="checkbox"/> Left alone (no appropriate activity)</li> <li><input type="checkbox"/> Attention given to others</li> <li><input type="checkbox"/> Specific peer approaches</li> <li><input type="checkbox"/> Specific adult approaches</li> <li><input type="checkbox"/> Preferred object/activity removed</li> <li><input type="checkbox"/> Unpreferred object/activity</li> <li><input type="checkbox"/> Told "No"</li> <li><input type="checkbox"/> Teacher/adult denies request</li> <li><input type="checkbox"/> Interruption</li> <li><input type="checkbox"/> Transition</li> <li><input type="checkbox"/> Peer encouragement of negative behaviors</li> <li><input type="checkbox"/> Unwanted attention from adults/peers</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Non-compliant</li> <li><input type="checkbox"/> Does not complete activity</li> <li><input type="checkbox"/> Off-task</li> <li><input type="checkbox"/> Verbally aggressive to adults</li> <li><input type="checkbox"/> Verbally aggressive to peers</li> <li><input type="checkbox"/> Inappropriate vocalizations</li> <li><input type="checkbox"/> Inappropriate language</li> <li><input type="checkbox"/> Provokes other students</li> <li><input type="checkbox"/> Defiant to adults</li> <li><input type="checkbox"/> Out of seat/area</li> <li><input type="checkbox"/> Disruptive</li> <li><input type="checkbox"/> Impulsive behavior</li> <li><input type="checkbox"/> Physically aggressive to adults</li> <li><input type="checkbox"/> Specify: _____</li> <li><input type="checkbox"/> Physically aggressive to peers</li> <li><input type="checkbox"/> Specify: _____</li> <li><input type="checkbox"/> Self-injurious behaviors</li> <li><input type="checkbox"/> Self-stimulating behaviors</li> <li><input type="checkbox"/> Threat/intimidation/bullying</li> <li><input type="checkbox"/> Property damage</li> <li><input type="checkbox"/> Runs away from adults</li> <li><input type="checkbox"/> Mouthing/eating inedible objects</li> <li><input type="checkbox"/> Withdraws from others</li> <li><input type="checkbox"/> Cries/screams/bites</li> <li><input type="checkbox"/> Throws/breaks objects/materials</li> <li><input type="checkbox"/> Plays only by him/herself</li> <li><input type="checkbox"/> Moves from one object/activity to another with little engagement</li> <li><input type="checkbox"/> Initiates activity/response with prompts only</li> <li><input type="checkbox"/> Shows little or no initiation with toys, materials, peers, adults</li> <li><input type="checkbox"/> Shows little interest in toys/activities, people</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Gets attention: (circle) from peers</li> <li><input type="checkbox"/> from adults</li> <li><input type="checkbox"/> Gets activity or item: (circle) access to game</li> <li><input type="checkbox"/> access to toy</li> <li><input type="checkbox"/> access to food</li> <li><input type="checkbox"/> access to task</li> <li><input type="checkbox"/> access to other: _____</li> <li><input type="checkbox"/> Gets sensory feedback: (circle) tactile (rubbing, scratching)</li> <li><input type="checkbox"/> auditory (humming, singing)</li> <li><input type="checkbox"/> movement (tapping, fidgeting)</li> <li><input type="checkbox"/> other: _____</li> <li><input type="checkbox"/> Physical restraint</li> <li><input type="checkbox"/> Escapes/avoids task or activity</li> <li><input type="checkbox"/> Escapes/avoids: (circle) adult demands</li> <li><input type="checkbox"/> adult reprimands</li> <li><input type="checkbox"/> adult correction</li> <li><input type="checkbox"/> peer/social contact</li> <li><input type="checkbox"/> Escapes/avoids attention: (circle)</li> <li><input type="checkbox"/> from adults</li> <li><input type="checkbox"/> from peers</li> <li><input type="checkbox"/> Escapes/avoids personal states: embarrassment</li> <li><input type="checkbox"/> anger</li> <li><input type="checkbox"/> sadness</li> <li><input type="checkbox"/> confusion</li> <li><input type="checkbox"/> boredom</li> <li><input type="checkbox"/> other: _____</li> <li><input type="checkbox"/> Escapes/avoids physical sensations: (circle) temperature</li> <li><input type="checkbox"/> noise</li> <li><input type="checkbox"/> crowded space</li> <li><input type="checkbox"/> lighting</li> <li><input type="checkbox"/> movement</li> <li><input type="checkbox"/> other: _____</li> </ul>

**Complete a summary/hypothesis statement considering the above information**

Place/Activity/Event      Predictor/Antecedent      Problem Behavior      Maintaining Consequence

Student Name: \_\_\_\_\_

ID No.: \_\_\_\_\_

**Action Plan:**

DATA COLLECTION TOOL	PERSON TO COMPLETE TOOL	SETTING	NOTES

Positive Behavior Support Plan (PBSP) meeting scheduled for (Date/Time/Place): \_\_\_\_\_

**Signature of Team Members:**

_____	_____
_____	_____
_____	_____
_____	_____

**Conference Notes:**

\_\_\_\_\_

\_\_\_\_\_

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