

LaSalle/Putnam County Educational Alliance for Special Education

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Indicate Referral Source:

- Conference Recommendation
- Behavioral Referral
- Manifestation Determination
- Outside Referral
- Other

Functional Behavior Assessment

Student's Name:	Date of Birth:
School:	Grade:
Case Manager:	Date:

I. Target Behavior:

Describe the target behavior of concern. (Please use language that is as specific as possible and behavioral as possible.)

Behavior: (Baseline Levels)	Frequency	Intensity	Duration

Additional description of selected target behavior:

Documentation:

II. Setting:

Provide a detailed description of settings in which the behavior occurs. (i.e., physical setting, time of day, persons involved.)

Physical Factors	Interpersonal	Programmatic