

Functional Behavioral Assessment (FUBA)

(Nebo School District)

Student _____ Grade _____ Date _____

Reason for the referral. What behavior can't we live with any longer? Attach all data you have collected on this behavior.

Other information: Medications yes/no , Health concerns, Personal concerns, interventions tried, etc.

Antecedents: What precedes the behavior? What situations seem to set the problem off.

Behavior: What does the behavior look like?

Consequences: What is maintaining the behavior? difficulty of instruction, power, escape difficult situations, peer attention, adult attention, other

PLEP

_____ Team

Participants Check all that apply

Parent

Student

LEA

Sp ED Teacher

Reg. Ed Teacher

Psychologist

Other _____

