

Functional Assessment Checklist for Teachers and Staff (FACTS-Part A - Problem Identification)

Student / Grade: _____

Date: _____

Interviewer: _____

Respondent(s): _____

Student Profile: Please identify at least three strengths or contributions the student brings to school.

Problem Behavior(s): Identify & Describe Problem Behaviors Specifically:

_____ Tardy	_____ Inappropriate Language	_____ Disruptive	_____ Theft
_____ Unresponsive	_____ Fight/Physical Aggressive	_____ Insubordination	_____ Vandalism
_____ Withdrawn	_____ Verbal Harassment	_____ Work not done	_____ Other _____

Describe the problem behavior(s) specifically – What does it look like/sound like:

Identifying Routines: Where, When and With Whom Problem Behaviors are Most Likely:

Schedule (Times)	Activity	With Whom Does Problem Occur	Likelihood of Problem Behavior						Specific Problem Behavior
			Low 1	2	3	4	5	High 6	
			1	2	3	4	5	6	
			1	2	3	4	5	6	
			1	2	3	4	5	6	
			1	2	3	4	5	6	
			1	2	3	4	5	6	
			1	2	3	4	5	6	
			1	2	3	4	5	6	
			1	2	3	4	5	6	
			1	2	3	4	5	6	
			1	2	3	4	5	6	
			1	2	3	4	5	6	
			1	2	3	4	5	6	
			1	2	3	4	5	6	
			1	2	3	4	5	6	

Functional Assessment Checklist for Teachers & Staff (FACTS-Part B)

Step 1 Student / Grade: _____ Date: _____
 Interviewer: _____ Respondent(s): _____

Step 2

Routine/Activities/Context	Problem Behavior(s)

Step 3 **Provide more detail about the problem behavior(s):**

What does the problem behavior(s) look like?

How often does the problem behavior(s) occur?

How long does the problem behavior(s) last when it does occur?

What is the intensity/level of danger of the problem behavior(s)?

Step 4 **What are the events that predict when the problem behavior(s) will occur? (Predictors)**

Related Issues (setting events)	Environmental Features
<input type="checkbox"/> Illness <input type="checkbox"/> Drug Use <input type="checkbox"/> Negative Social <input type="checkbox"/> Conflict at Home <input type="checkbox"/> Academic Failure <input type="checkbox"/> Other _____	<input type="checkbox"/> Reprimand/correction <input type="checkbox"/> Structured activity <input type="checkbox"/> Physical <input type="checkbox"/> Unstructured time <input type="checkbox"/> Socially isolated <input type="checkbox"/> Tasks too boring <input type="checkbox"/> With peers <input type="checkbox"/> Activity too long <input type="checkbox"/> Other <input type="checkbox"/> Tasks too difficult _____

Step 5 **What consequences appear most likely to maintain the problem behavior(s)?**

Things that are Obtained	Things Avoided or Escaped From
<input type="checkbox"/> Adult attention Other: _____ <input type="checkbox"/> Peer attention _____ <input type="checkbox"/> Preferred activity _____ <input type="checkbox"/> Money/things _____	<input type="checkbox"/> Hard tasks Other: _____ <input type="checkbox"/> Reprimands _____ <input type="checkbox"/> Peer negatives _____ <input type="checkbox"/> Physical effort _____ <input type="checkbox"/> Adult attention _____

SUMMARY OF BEHAVIOR

Step 6 **Identify the summary that will be used to build a plan of behavior support:**

Setting Events & Predictors	Problem Behavior(s)	Maintaining Consequence(s)

Step 7 **How confident are you that the Summary of Behavior is accurate?**

Strategies for preventing problem behavior	Consequences for problem behavior
Not very confident 1 2 3	4 5 Very Confident 6

Step 8 **What current efforts have been used to control the problem behavior?**

Strategies for preventing problem behavior	Strategies for responding to problem behavior
<input type="checkbox"/> Schedule change Other: _____ <input type="checkbox"/> Seating Change _____ <input type="checkbox"/> Curriculum change _____	<input type="checkbox"/> Reprimand Other: _____ <input type="checkbox"/> Office referral _____ <input type="checkbox"/> Detention _____