

Functional Assessments Checklist for Teachers and Staff (FACTS-Part A)

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

Step 2 **Student Profile:** Please identify at least three strengths or contributions the student brings to the school

Problem Behavior(s): Identify problem behaviors

- Step 3
- | | | | |
|---------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Tardy | <input type="checkbox"/> Fight /physical aggression | <input type="checkbox"/> Disruptive | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Unresponsive | <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Verbally Inappropriate | <input type="checkbox"/> Work not done | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Self-injury | |

Describe problem behavior:

Step 4 **Identifying Routines: Where, When and Whom Problem Behaviors are Most Likely.**

Schedule (times)	Activity	Likelihood of Problem Behavior	Specific Problem Behavior
		Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	
		Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	
		Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	
		Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	
		Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	
		Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	
		Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	
		Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	
		Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	
		Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 High	

Step 5

Select 1-3 Routines for further assessment: Select routines based on (a) similarity of activities (conditions) with ratings of 4,5 or 6 and (b) similarity of problem behavior(s). Complete the FACTS- Part B for each routine identified.

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

Step 1 Student/Grade: _____ Date: _____
 Interviewer: _____ Respondent(s): _____
 Routine/Activities/Context: Which routine (only one) from FACTS- Part A is assessed?

Routine/Activities/Context	Problem Behavior(s)

Step 3 **Provide more details 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 other: _____ <input type="checkbox"/> drug use <input type="checkbox"/> negative social <input type="checkbox"/> conflict at home <input type="checkbox"/> academic failure	<input type="checkbox"/> reprimand/correction <input type="checkbox"/> structured activity <input type="checkbox"/> physical demands <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

Step 6 **Summary of Behavior**
 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?**

Not very confident					Very Confident
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

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

Strategies for preventing problem behavior	Strategies for responding to problem behavior
<input type="checkbox"/> schedule change <input type="checkbox"/> other: <input type="checkbox"/> seating change <input type="checkbox"/> curriculum change	<input type="checkbox"/> reprimand <input type="checkbox"/> other: <input type="checkbox"/> office referral <input type="checkbox"/> detention