FUNCTIONAL ASSESSMENT OBSERVATION FORM[1]

Name: _____

Starting Date: _____ **Ending Date**: _____

Time(s)	Behaviors					Predictors									Perceived Functions: Get/Obtain				Perceived Functions: Escape/Avoid					Actual Consequences		COMMENTS: (If nothing happened in period.) Write initials.
						Demand/Request	Difficult Task	Transitions	Interruption	Alone (no attention)					Attention	Desired Item/Activity	Self-Stimulation		Demand/Request	Activity ( )	Person		Other/Don't Know			
Total(s)																										
Event(s)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Date(s)																										

[1] Adapted by permission of Dr. Jeff Sprague, from:
O'Neill, R.E., Horner, R.H., Albin, R., Storey, K. & Sprague, J.R. (1990). Functional analysis of problem behavior: A practical assessment and intervention strategies. Baltimore, MD: Paul H. Brookes Publisher.