

**For Students: Functional Assessment Checklist for Students (FACTS-Part A)**

Student: \_\_\_\_\_ Grade \_\_\_\_\_ Date: \_\_\_\_\_  
 Interviewer: \_\_\_\_\_

**Strengths:** Identify some things that you like to do, that you are interested in, or that you are good at  
In Class/at School - \_\_\_\_\_  
Out of school- \_\_\_\_\_  
Other - \_\_\_\_\_

**ROUTINES ANALYSIS: Where, When and With Whom Problem Behaviors are Most Likely.**

| Time | Activity & Staff Involved | Likelihood of Problem Behavior |   |   |   |   |      | Specific Problem Behavior | What happens when you do this behavior? |
|------|---------------------------|--------------------------------|---|---|---|---|------|---------------------------|---|
|      |                           | Low                            |   |   |   |   | High |                           |   |
|      |                           | 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    |                           |   |

**List the Routines in order of Priority for Behavior Support:** Select routines with ratings of 5 or 6. Only combine routines when there is significant (a) similarity of activities (conditions) and (b) similarity of problem behavior(s). Complete the FACTS-Part B for each of the prioritized routine(s) identified.

|   | Routines/Activities/Context | Problem Behavior(s) |
|---|-----------------------------|---------------------|
| Routine # 1   |                             |                     |
| Routine # 2   |                             |                     |
| **If more than 2 routines where problem behaviors occur, refer case to behavior specialist.** |                             |                     |

**BEHAVIOR(s):** What are some things you do in <identify routine above> that get you in trouble? Rank:

|   |  |  |                                      |
|---|--|--|--------------------------------------|
| <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"/> Self-injury                          | <input type="checkbox"/> Verbal Harassment         | <input type="checkbox"/> Work not done   | <input type="checkbox"/> Other _____ |
| <b>Describe what the problem behavior(s) look like:</b> _____ |  |  |                                      |
| _____   |  |  |                                      |
| _____   |  |  |                                      |

|  |   |
|--|---|
| <b>What is the frequency of the Problem Behavior in the targeted routine (# x's /day or hour)?</b> |   |
| <b>What is the duration of the Problem Behavior in the targeted routine (in seconds or min)?</b>   |   |
| <b>Behavior is immediate danger to self and others?</b>  | Y N <b>If Yes, refer case to behavior specialist **</b> |

## For Students: Functional Assessment Checklist for *Students* (FACTS-Part B)

**Identify the Target Routine:** Select ONE of the prioritized routines from FACTS-Part A for assessment.

| Routine/Activities/Context | Problem Behavior(s) – make description observable |
|----------------------------|---|
|                            |   |

**ANTECEDENT(s):** Rank Order the strongest triggers/predictors of problem behavior in the routine above.

Then ask corresponding follow-up question(s) to get a *detailed* understanding of triggers ranked #1 & 2.

| Environmental Features ( <i>Rank order 3 strongest</i> )  | Follow Up Questions – <i>Get as Specific as possible</i>   |
|---|--|
| <input type="checkbox"/> a. when I'm not sure what to do or there is nothing to do<br><input type="checkbox"/> b. my classmates are bugging me<br><input type="checkbox"/> c. I sit by a certain classmate<br><input type="checkbox"/> d. when I work alone<br><input type="checkbox"/> e. teacher tells me what to do or not do<br><input type="checkbox"/> f. teacher gives me work that's too hard<br><input type="checkbox"/> g. work is too boring or too long<br><input type="checkbox"/> h. when work is too easy<br><input type="checkbox"/> i. when I need to talk to teacher or need help<br><input type="checkbox"/> j. Other, describe _____<br>_____ | <p><b>If b or c</b> -- what classmates? _____<br/>           _____</p> <p><b>If d</b> – what work do you do alone that leads to problem?<br/>           _____</p> <p><b>If e</b> –what don't you like about how the teacher tells you<br/>           _____</p> <p><b>If f, g, h</b> -- describe what is too hard/easy/long/boring?<br/>           What assignments or activities?<br/>           _____</p> <p><b>If i</b> –why do you need to talk to the teacher?<br/>           _____<br/>           _____</p> |

**CONSEQUENCE(s):** Rank Order the strongest pay-off for student that appears most likely to maintain the problem behavior in the routine above. Then ask follow-up questions to detail consequences ranked #1 & 2.

| Consequences/Function  | As applicable -- Follow Up Questions – <i>Get as Specific as possible</i>  |
|--|--|
| <input type="checkbox"/> a. get adult attention/ to talk to me<br><input type="checkbox"/> b. get peer attention/get peers to look /talk/laugh at me<br><input type="checkbox"/> c. get preferred activity/ something I like to do<br><input type="checkbox"/> d. get money/things<br><input type="checkbox"/> e. get other, describe _____<br>_____<br><input type="checkbox"/> f. avoid work that's too hard<br><input type="checkbox"/> g. avoid activities I don't like<br><input type="checkbox"/> h. avoid boring or easy work<br><input type="checkbox"/> i. avoid peers I don't like<br><input type="checkbox"/> j. avoid adults I don't want to talk to<br><input type="checkbox"/> k. avoid adults telling me what to do<br><input type="checkbox"/> l. avoid other, describe _____<br>_____ | <p><b>If a or b</b> -- Whose attention is obtained? _____<br/>           _____<br/>           How is the attention provided? _____</p> <p><b>If c or d</b> -- What specific items or activities are obtained?<br/>           _____</p> <p><b>If f, g or h</b> – Describe specific task/ activity avoided? _____<br/>           _____<br/>           Be specific, DO NOT simply list subject area, but specifically describe type of work within the subject area (be precise)? _____</p> <p>_____ Can the student perform the task independently? Y N<br/>           Is academic assessment needed to ID specific skill deficits? Y N</p> <p><b>If i, j or k</b> -- Who is avoided? _____<br/>           Why avoiding this person? _____</p> |

**SETTING EVENT(s):** Rank Order any events that happen outside of the immediate routine (at home or earlier in day) that commonly make problem behavior more likely or worse in the routine above.

hunger    conflict at home    conflict at school    missed medication    illness    failure in previous class  
 lack of sleep    change in routine    homework not done    not sure    Other \_\_\_\_\_

### SUMMARY OF BEHAVIOR

Fill in boxes below using top ranked responses and follow-up responses from corresponding categories above.

| ANTECEDENT(s) / Triggers | Problem Behavior(s) | CONSEQUENCE(s)/ Function |
|--------------------------|---------------------|--------------------------|
|                          |                     |                          |
| <b>SETTING EVENTS</b>    |                     |                          |
|                          |                     |                          |