FUNCTIONAL ASSESSMENT OBSERVATION FORM

Name: _____

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

	Behaviors					Predictors (Antecedents)								Perceived Functions: Get/Obtain				Perceived Functions: Escape/Avoid				Perceived Functions: ?	Actual Consequence		
Time(s)	Hitting				Running	Direction/Instruction	Difficult Task	Transitions	Interruption	Alone (no attention)	Person ____	Person ____			Attention	Desired Item/Activity	Sensory-Stimulation		Direction/Instruction	Activity ( )	Person					COMMENTS: (If nothing happened in period, write initials.)
	2 1				2		1	2			1				1	2			12							
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	26
Date(s)																										

Adapted by permission 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: Brookes.