

**For Teachers/Staff: Functional Assessment Checklist for Teachers and Staff (FACTS-Part A)**

Student: \_\_\_\_\_ Grade \_\_\_\_\_ Date: \_\_\_\_\_  
 Staff Interviewed: \_\_\_\_\_ Interviewer: \_\_\_\_\_

**Student Strengths:** Identify at least three strengths or contributions the student brings to school.

*Academic strengths* - \_\_\_\_\_  
*Social/Recreational* - \_\_\_\_\_  
*Other* - \_\_\_\_\_

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

| Time | Activity & Staff Involved | Likelihood of Problem Behavior |   |   |   |   |      | Specific Problem Behavior | Current Intervention for the Problem 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 problem behaviors occur in more than 2 routines, refer case to behavior specialist** |                             |                     |

**BEHAVIOR(s): Rank order the top priority problem behaviors occurring in the targeted routine above:**

|  |  |  |                                      |
|--|--|--|--------------------------------------|
| <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 prioritized problem behavior(s) in observable terms:</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>Is Behavior Immediate Danger to self/others?</b>  | <b>Y N</b><br><b>If Yes, refer case to behavior specialist</b> |

## Functional Assessment Checklist for Teachers & Staff (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 (Rank order strongest 2)  | Follow Up Questions – <u>Get as Specific as possible</u>  |
|--|---|
| <input type="checkbox"/> a. task too hard<br><input type="checkbox"/> b. task too easy<br><input type="checkbox"/> c. bored w/ task<br><input type="checkbox"/> d. task too long<br><input type="checkbox"/> e. physical demand<br><input type="checkbox"/> f. correction/reprimand<br>Other _____<br>Describe _____ | <input type="checkbox"/> g. large group instruction<br><input type="checkbox"/> h. small group work<br><input type="checkbox"/> i. independent work<br><input type="checkbox"/> j. unstructured time<br><input type="checkbox"/> k. transitions<br><input type="checkbox"/> l. with peers<br><input type="checkbox"/> m. isolated/no attention              |
|  | <p><b>If a,b,c,d or e</b> - describe task/demand in detail _____</p> <p>_____</p> <p><b>If f</b> - describe <u>purpose</u> of correction, voice tone, volume etc.</p> <p>_____</p> <p><b>If g, h, l, i or k</b> - describe setting/activity/content in detail</p> <p>_____</p> <p><b>If i</b> – what peers? _____</p> <p><b>If m</b> – describe - _____</p> |

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

| Consequences/Function  | As applicable -- Follow Up Questions – <u>Get as Specific as possible</u>   |
|--|---|
| <input type="checkbox"/> a. get adult attention<br><input type="checkbox"/> b. get peer attention<br><input type="checkbox"/> c. get preferred activity<br><input type="checkbox"/> d. get object/things/money<br><input type="checkbox"/> e. get sensation<br><input type="checkbox"/> f. get other, describe _____<br>_____<br><input type="checkbox"/> g. avoid adult attention<br><input type="checkbox"/> h. avoid peer attention<br><input type="checkbox"/> i. avoid undesired activity/task<br>_____<br><input type="checkbox"/> j. avoid sensation<br><input type="checkbox"/> k. avoid/escape other, describe _____<br>_____ | <p><b>If a or b</b> -- Whose attention is obtained?<br/><br/>How is the (positive or negative) attention provided?</p> <hr/> <p><b>If c,d, e, or f</b> -- What specific items, activities, or sensations are obtained?<br/><br/>_____</p> <hr/> <p><b>If g or h</b> – Who is avoided? _____<br/>Why avoiding this person?</p> <hr/> <p><b>If i, j, or k</b> - Describe specific task/activity/sensation avoided?<br/>Be specific, DO NOT simply list subject area, but specifically describe type of work within the subject area?<br/><br/>_____</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>SETTING EVENT(s):</b> Rank Order any events that <u>happen outside of the immediate routine</u> (at home or earlier in day) that commonly make problem behavior more likely or worse in the routine above.</p> <p><input type="checkbox"/> hunger <input type="checkbox"/> conflict at home <input type="checkbox"/> conflict at school <input type="checkbox"/> missed medication <input type="checkbox"/> illness <input type="checkbox"/> failure in previous class<br/> <input type="checkbox"/> lack of sleep <input type="checkbox"/> change in routine <input type="checkbox"/> homework not done <input type="checkbox"/> not sure <input type="checkbox"/> Other _____</p> |
|---|

### 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>  |                     |                          |
| <b>How likely is it that this Summary of Behavior accurately explains the identified behavior occurring?</b> |                     |                          |
| Not real sure<br>1   | 2                   | 3                        |
| 4  | 5                   | 100% Sure/No Doubt<br>6  |