Date: _____

WARE COUNTY SCHOOL SYSTEM
Response-to-Intervention & Student Support Team
Functional Behavior Screening Tool

Student		Grade	
School		Teacher	

Directions: Complete the sections below, and then answer each question by circling "Yes" or "No." If you are unsure about a response, circle "N/A."

1. How long have you known the student? _____ years, ____ months

2. How much time do you have the student in your class each day? _____ hours

3. What subjects do you teach to the student? _____

4. Describe the Target Behavior (problem behavior):
   - ☐ Verbal aggression: _____
   - ☐ Physical aggression: _____
   - ☐ Property destruction: _____
   - ☐ Disruptive behavior: _____
   - ☐ Other: _____

5. Frequency:
   - ☐ Hourly
   - ☐ Daily
   - ☐ Weekly
   - ☐ Less

6. Severity:
   - ☐ Mild (disruptive but little risk to property, health, or educational performance)
   - ☐ Moderate (property damage, minor injury, impacts educational performance)
   - ☐ Severe (significant threat to health, safety, and/or educational performance)

7. Situations in which the Target Behavior is **most likely:**
   - ☐ Days/times: _____
   - ☐ Settings/Activities: _____
   - ☐ Persons present: _____

8. Situations in which the Target Behavior is **least likely:**
   - ☐ Days/times: _____
   - ☐ Settings/Activities: _____
   - ☐ Persons present: _____

9. What is happening to the student right **before** the Target Behavior occurs? _____

10. What is happening to the student right **after** the Target Behavior occurs? _____

11. How do you handle the behavior when it occurs? _____ _____

12. Additional comments (may be attached):
    _____
    _____
    _____
    _____
    _____
    _____
    _____

1. Does the student usually engage in the Target Behavior when he/she is being ignored or when caregivers are paying attention to someone else?		
[ ] Yes	[ ] No	[ ] N/A
2. Does the student usually engage in the Target Behavior when requests for preferred activities [games, snacks] are denied or when these items are taken away?		
[ ] Yes	[ ] No	[ ] N/A
3. When the Target Behavior occurs, do you or other caregivers usually try to calm the student down or try to engage the student in preferred activities?		
[ ] Yes	[ ] No	[ ] N/A
4. Is the student usually well behaved when he/she is getting lots of attention or when preferred items or activities are freely available?		
[ ] Yes	[ ] No	[ ] N/A
5. Is the student resistant when asked to perform at task or to participate in group activities?		
[ ] Yes	[ ] No	[ ] N/A
6. Does the student usually engage in the Target Behavior when asked to perform a task or to participate in group activities?		
[ ] Yes	[ ] No	[ ] N/A
7. When the Target Behavior occurs, is the student usually given a break from tasks?		
[ ] Yes	[ ] No	[ ] N/A
8. Is the student usually well behaved when he/she is not required to do anything?		
[ ] Yes	[ ] No	[ ] N/A
9. Does the Target Behavior seem to be a "ritual" or habit, repeatedly occurring the same way?		
[ ] Yes	[ ] No	[ ] N/A
10. Does the student usually engage in the Target Behavior even when no one is around or watching?		
[ ] Yes	[ ] No	[ ] N/A
11. Does the student prefer engaging in the Target Behavior over other types of leisure activities?		
[ ] Yes	[ ] No	[ ] N/A
12. Does the Target Behavior appear to provide some sort of sensory stimulation?		
[ ] Yes	[ ] No	[ ] N/A
13. Does the student usually engage in the Target Behavior more often when he/she is ill?		
[ ] Yes	[ ] No	[ ] N/A
14. Is the Target Behavior cyclical, occurring at high rates for several days and then stopping?		
[ ] Yes	[ ] No	[ ] N/A
15. Does the student have recurrent painful conditions such as ear infections or allergies? If so, please list: _____		
[ ] Yes	[ ] No	[ ] N/A
16. If the student is experiencing physical problems, and these are treated, does the Target Behavior usually go away?		
[ ] Yes	[ ] No	[ ] N/A

Scoring Summary- Circle the number from above of each question answered "Yes."

Items circled Yes				Total	Potential Source of Reinforcement
1	2	3	4		Attention/Preferred Items [Social]
5	6	7	8		Escape [Social]
9	10	11	12		Sensory Stimulation [Automatic]
13	14	15	16		Pain attenuation [Automatic]