

FUNCTIONAL ASSESSMENT OBSERVATION FORM¹

Name: _____

Starting Date: _____

Ending Date: _____

Perceived Functions

<i>TIME(S)</i>	Behaviors					Predictors								Get/Obtain				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.