

Functional Behavioral Assessment (Referring Teacher(s) Input)

School District/Building _____ Today's Date _____

Student Name _____ Birthdate _____ Grade _____

Teacher(s) _____

What does this student do that you would like to see continue? _____

What is this student good at? _____

What do you think this student likes to do in his/her free time? _____

Who helps this student most when they have a problem? _____

What helps this student most when they have a problem? _____

Of all the people in this student's life, who does s/he respect the most? _____

What special interests, talents, or hobbies does this student have? _____

Please check the correct boxes:

Area	How would you rate the student's academic achievement?				Does the student misbehave in class?			What percentage of work does the student turn in?				
	Very Poor	Below Average	Average	Above Average	Often	Some	Never	<20	20 to 50	50 to 70	70 to 90	>90
Reading												
Math												
Spelling												
Writing												
Science												
Social Studies												
Art												
Music												
Computers												
OTHER												

Describe any other current academic concerns. _____

Is student receiving special education / other support services?

NO YES (describe) _____