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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Functional Behavioral Assessment (FA)**  **(Follow DDA Guidelines for Developing Functional Assessments and  Positive Behavior Support Plans:**  [**https://www.dshs.wa.gov/dda/policies-and-rules/policy-manual**](https://www.dshs.wa.gov/dda/policies-and-rules/policy-manual)**)** |

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| CLIENT NAME | AGE | DATE OF BIRTH | REGION | REPORT DATE |
| NAME OF PERSON CONDUCTING ASSESSMENT | | TITLE | | |
| **Description and Pertinent History** | | | | |
| Provide a brief description of the whole person, including present circumstances; interests and activities; strengths; positive behaviors; communication skills; medical status; disability, psychiatric conditions; history of trauma, and other information that is important in understanding the person and his or her current circumstances. | | | | |

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| **Definition of Challenging Behaviors** |
| Describe each challenging behavior in measurable terms. Include frequency, severity / intensity and duration of behavior(s) based on available data. |

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| **Data Analysis / Assessment Procedures** |
| List how the data was collected for the assessment. Describe the data and how it fits with the A-B-C (Antecedent-Behavior-Consequence) model. List the setting events and predictors (immediate antecedents) identified from the collected information. Also list specific medical, psychiatric, and quality of life issues that appear to impact or influence the challenging behavior. |

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| **Summary Statements** |
| List the hypothesis/function why the person engages in each challenging behavior. When there are multiple behaviors that appear to serve different functions/purposes, list a summary statement for each behavior. |

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| **Signatures** | | |
| PRINT PLAN AUTHOR NAME | PLAN AUTHOR SIGNATURE | DATE |
| PRINT DDA CRM / SW NAME | DDA CRM / SW SIGNATURE | DATE |
| PRINT CLIENT OR LEGAL REPRESENTATIVE NAME | CLIENT OR LEGAL REPRESENTATIVE SIGNATURE | DATE |