



Functional Behavioral Assessment/Behavior Intervention Plan

Webinar 2 Training Packet

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## **Webinar 2 - Data from Multiple Sources Process Question**

Please answer the following question in a group or independently. Write your answer below.

*“Who are some stakeholders in your students’ lives who could contribute valuable insight throughout the behavior support process?”*

## **Webinar 2 - Trauma-Informed Care Process Questions**

Please answer the following question in a group or independently. Write your answer below.

*“What are some examples of events and/or environmental factors in a child’s past or present life experience that could impact behavior?”*

*“How might these experiences shape our interaction with the student?”*

## **Webinar 2 – Defining Hyperactive Behavior Process Question**

Please answer the following question in a group or independently. Write your answer below.

*“What picture pops up in your head when you imagine a hyperactive child?”*

*“What challenges may arise if two parents or team members have different definitions of a behavior being targeted for change?”*

## Webinar 2 – Operational Definition Process Activity

<u>Behavior</u>	<u>Observable? Measurable?</u>
1. Joseph is often defiant and non-compliant.	
<i>If no, re-write:</i>	
2. Joseph bullies other students.	
<i>If no, re-write:</i>	

## Webinar 2 – Frequency Data Collection Process Items

Please read the operational definition below aloud in a group or independently.

“Negative Comments to Peers”- anytime Tony (boy in yellow shirt) makes a negative comment about a peer’s work, including statements like “I don’t think it’s so good”, “I hate it”, and “It’s ugly”.

*Use the space below to tally each occurrence of the targeted behavior as you watch the video.*

--

Compare your total with a colleague.

<i>Frequency of Behavior (self)</i>	<i>Frequency of Behavior (partner)</i>

*“Did your totals match, or come very close to matching?”*

*“If your totals did **not** match, talk with your partner about possible causes for the discrepancy and write your conclusion below.”*

## Webinar 2 – Duration Data Collection Process Questions

Please read the operational definition below aloud in a group or independently.

***“Hands on peer’s desk/table”***- any time Julie places her hand on another student’s desk without permission. Behavior begins the moment Julie places her hand on a peer’s desk and ends once her hand is removed from the desk. Only begin recording a new behavior after Julie’s hand has removed from the desk for more than 10 seconds.

*“As you watch the video, write down the time that the behavior begins, and then the time that the behavior ends.”*

<b>Starts</b>	<b>Ends</b>	<b>Duration (seconds)</b>

*“Compare your total with a fellow colleague”*

	<b>Starts</b>	<b>Ends</b>	<b>Total Duration</b>
<b>Me</b>			
<b>Partner</b>			

*“If your duration lengths did not match (within 1-2 seconds of each other), talk with your partner about possible causes for the discrepancy and write your conclusion below.”*

**Webinar 2 – Choosing Frequency or Duration Data Collection Process Activity**

*“What type of data collection would you use for each behavior?”  
Indicate by checking the appropriate box below.*

	<b>Frequency</b>	<b>Duration</b>
<b>Spitting</b>		
<b>Length of Time Out of Seat</b>		
<b>Number of Times Tattling</b>		
<b>Length of Time Gnawing on Pencil</b>		
<b>Number of Curse Words</b>		
<b>Pinching</b>		

## Resources

*Brief Behavior Questionnaire and Intervention Plan (BBQuIP)*  
Daniel Crimmins (2009)

GNETS Version: [https://www.research.net/r/BBQuIP\\_GNETS](https://www.research.net/r/BBQuIP_GNETS)

General Version: <https://www.research.net/r/BBQuIP>



**Functional Behavior Assessment  
Parent/Caregiver Interview Form**

<b>Student:</b>	<b>Date of Birth:</b>
<b>Grade:</b>	<b>Age:</b>
<b>Teacher:</b>	<b>School:</b>
<b>Interviewer:</b>	<b>Date of Interview:</b>

Please describe your child's behaviors away from the school environment by commenting on the following:

1. Describe your child's strengths.
  
2. What makes you happy about your child?
  
3. What types of chores/tasks/activities does he/she do at home?
  
4. Does he/she appear to like himself? How do you know?
  
5. How do others view him/her?
  
6. How does he/she handle situations when things don't go his/her way?

7. Does he/she participate in clubs/sports/extracurricular activities?
  
8. How does he/she get along with siblings?
  
9. How does he/she get along with other children in the neighborhood?
  
10. What does he/she do when alone? Is that often?
  
11. How does he/she cope with new situations or change in routine?
  
12. When does he/she display a sense of humor?
  
13. How does he/she solve conflict with others?
  
14. What is his/her typical mood?
  
15. What academic concerns do you have about your child?

16. What behavioral concerns do you have about your child?

# Functional Behavior Assessment

## Parent/Caregiver Interview Form

1. How would you describe his/her eating habits?
2. Does he/she sleep well at night?
3. Does he/she take prescription medication(s)? Specify type, dosage, and purpose?
4. Describe any physical or medical limitations.
5. Describe your child's typical schedule (A.M. and P.M.) when not at school. Note best and most difficult times of the day for him/her at home.

6:00 a.m. \_\_\_\_\_

6:30 a.m. \_\_\_\_\_

7:00 a.m. \_\_\_\_\_

4:00 p.m. \_\_\_\_\_

4:30 p.m. \_\_\_\_\_

5:00 p.m. \_\_\_\_\_

5:30 p.m. \_\_\_\_\_

6:00 p.m. \_\_\_\_\_

6:30 p.m. \_\_\_\_\_

7:00 p.m. \_\_\_\_\_

7:30 p.m. \_\_\_\_\_

8:00 p.m. \_\_\_\_\_

8:30 p.m. \_\_\_\_\_

9:00 p.m. \_\_\_\_\_

9:30 p.m. \_\_\_\_\_

10:00 p.m. \_\_\_\_\_

10:30 p.m. \_\_\_\_\_

**Functional Behavior Assessment  
Student Interview Form**

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Teacher/Grade: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

The student may be asked the following questions in a direct manner, or embedded in a general discussion about school and learning. All questions should be answered.

What are your favorite activities at school? Least favorite?

What is your favorite part of the school day? Least favorite?

Who is your favorite adult at school?

What are your hobbies or interests?

Who are your friends at school or at home? What do you like about your friends?

What are your thoughts about your behavior at school?

When do you struggle with behavior? Why?

What would help you struggle less with behavior?