

# Functional Behavior Assessment

## Client Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Consultation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Description of Behavior:

## Setting(s) in which the behavior occurs:

## Frequency of the behavior:

**Intensity (Consequences of problem behavior):**

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**Duration:**

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**Description of Previous Interventions:**

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**Impact:**

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