

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):

Duration:

Description of Previous Interventions:

Impact:
