

Review of Records for Functional Assessment of Behavior¹

Student: _____
Assessor: _____

Age _____ Gender: _____
Date of review: _____

Specify records reviewed: _____

History of the problem behavior:

Data Source	History

Previous interventions:

Date	Description of intervention	Successful	Unsuccessful

Critical factors to include in behavioral planning: _____

Critical factors to avoid in behavioral planning: _____

Tentative hypothesis of the functions of the problem behavior: _____

Educational handicapping condition(s) and related behavioral features: _____

_____ Source: _____

¹Adapted from *Positive Behavior Interventions for Serious Behavior Problems*, by Diana Browning Wright and Harvey B. Gurman. California Department of Education, 1998.

Medical condition(s) and related behavioral features: _____

_____ Source: _____

Current vision and hearing status

	Date of Last Exam	Results	Required Accommodations
Vision			
Hearing			

Current medications

Medication(s)/ Dosage(s)	Desired Effects	Undesired Effects	Source (e.g., PDR, school nurse, etc.)

Recent medication changes and potential effect on behavior: _____

Behavior patterns related to time(s) of medication ingestion: _____

Special dietary requirements, restrictions, or food allergies: _____

_____ Source: _____