

# FBA and BIP Refresher

Designed for EC Staff and Gen Ed Staff

# Today's Schedule

1. Behaviors Oh My!... When do we need need more information.
2. Permission for FBA
3. Data Collection process
4. Functional Behavior Assessment 101 (Gen Ed and EC)
5. Behavior Intervention Plan 101 (Gen Ed and EC)
6. Implementing BIP
7. Reviewing the BIP

Can you spot any behaviors?



# Behaviors Oh My!

What are some inappropriate behaviors that you have seen in a school setting?



What are behaviors that students get suspended for?

# When do we need an Intervention or more data?

- Significant behaviors impeding the learning of student and others
- Student Suspensions ISS and OSS
- Multiple Educator Handbook Referrals
- Behavior is NOT clear
- Interventions used but NO longer working

# Looking at Educator Handbook Data

| Students           |  | <a href="#">CSV</a> <a href="#">X</a> |                                                                                          |             |                                                                                        |
|--------------------|--|---------------------------------------|------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------|
| Student            |  | Gender                                | Cost/Incident                                                                            | Cost (days) | ↓ Incidents                                                                            |
| [REDACTED]         |  | M                                     |  0.99 | 33.61       |  34 |
| [REDACTED] IEP 504 |  | M                                     |  1.19 | 38.13       |  32 |
| [REDACTED] IEP     |  | M                                     |  2.18 | 67.71       |  31 |
| [REDACTED]         |  | M                                     |  1.09 | 27.19       |  25 |
| [REDACTED]         |  | F                                     |  2.14 | 49.30       |  23 |
| [REDACTED] IEP     |  | F                                     |  1.29 | 29.64       |  23 |
| [REDACTED]         |  | M                                     |  0.64 | 14.13       |  22 |
| [REDACTED]         |  | M                                     |  1.63 | 35.81       |  22 |
| [REDACTED]         |  | M                                     |  1.41 | 28.18       |  20 |
| [REDACTED] 504     |  | M                                     |  1.72 | 34.33       |  20 |

# What is our data saying?

| Students       |  | <a href="#">Download CSV</a> <a href="#">Close</a> |                                                                                          |             |                                                                                        |
|----------------|--|----------------------------------------------------|------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------|
| Student        |  | Gender                                             | Cost/Incident                                                                            | Cost (days) | ↓ Incidents                                                                            |
| [REDACTED] IEP |  | M                                                  |  0.70 | 23.93       |  34 |
| [REDACTED]     |  | M                                                  |  1.06 | 26.54       |  25 |
| [REDACTED] IEP |  | M                                                  |  1.28 | 23.04       |  18 |
| [REDACTED] IEP |  | M                                                  |  0.47 | 7.99        |  17 |
| [REDACTED]     |  | M                                                  |  1.21 | 14.56       |  12 |
| [REDACTED]     |  | M                                                  |  0.48 | 5.75        |  12 |
| [REDACTED]     |  | M                                                  |  0.68 | 7.49        |  11 |
| [REDACTED]     |  | M                                                  |  0.33 | 3.64        |  11 |
| [REDACTED]     |  | M                                                  |  0.79 | 7.93        |  10 |
| [REDACTED]     |  | M                                                  |  0.58 | 5.18        |  9  |

# What happens if a student is suspended for more than 10 days and a student has a 504 or IEP?

Manifestation of Disability Meeting (MDR) needs to occur

<https://sites.google.com/ncmcs.org/behaviorresources/home>

[illegible]



**MOORE COUNTY SCHOOLS**  
Ensuring a bright future for every child

**Student:** \_\_\_\_\_  
**School:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

---

**Step 1: Meeting to begin the FBA Process:** (including, but not limited to)

- ☐ The Lead and IFF interventions have not proven to be effective or sufficient in meeting the individual needs of the student
- ☐ Student demonstrates a pattern of behaviors that interferes with his/her learning and the learning of others OR there is new pattern/behavior that warrants a functional assessment if needed (requested regardless of school code of conduct)
- ☐ One of the main reasons for referring the problem-solving team in the presence of manipulative behaviors (internalizing AND/OR externalizing)
- ☐ I have been 2+ years since the last FBA was conducted
- ☐ A FBA is current within 3 years BUT the student is exhibiting behavior not addressed in the current plan
- ☐ Parent Request

**Step 1: Team Meeting to begin the FBA Process**

- ☐ During the Problem Solving Team meeting, request consent to conduct a "Functional Behavior Assessment", along with any other request for consent within the meeting or by separate request
  - ☐ **PST SPECIFIC PROCESS IS BEING DEVELOPED:**

**Step 2: Collect data over a 4-6 week period:** From: \_\_\_\_\_ To: \_\_\_\_\_

**MCD Data SHEET** can be found in MCD Behavior Website - smart struggle drop down

- ☐ As you collect data, determine the **TARGET BEHAVIORS** and develop a plan to address the behaviors (parent/IEP/IEP team and the IFF process)

**Required Data Sources:**

- ☐ **ABC Data:** Choose one or customize one
- ☐ **Reinforcement / Internal Review:** (must do student)
- ☐ **Interviews**
  - ☐ student
  - ☐ parent(s)/guardian(s)
  - ☐ teacher(s)

**TWO ADDITIONAL OBSERVATIONS** in next 2 weeks or previous

**CLASS QUESTIONS about behavior:**

**1 for EACH TARGET BEHAVIOR, PER PERSON**

| Person               | Person 1                 | Person 2                 | Person 3                 |
|----------------------|--------------------------|--------------------------|--------------------------|
| Parent(s) - optional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teacher              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Optional Data:**

- ☐ **PAST:** Functional Interview, Interviewing Tools, Problem Behavior, Environment, Safety, Utility
- ☐ **PRESENT:** Questionnaire about behavior, Interview, Interviewing Tools, Interviewing Tools, Interviewing Tools, Interviewing Tools

☐ Other Data as it applies to your student



☐ **Signed** consent must be obtained and filed before beginning

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                 |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------|--------------------------|------|---------------------------------------------------------------------------------|--------------------------|------------|------------|--------------------------|----------------------|------------------------------------|--------------------------|----------|-----------------------|--------------------------|----------|------------------------------------------------------------------|--------------------------|-----------|------------------------------------|--------------------------|---------|-----------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|----------------|--------------------------|------------------------------------------|----------------|--------------------------|--|----------------|--------------------------|--|--------------------|--------------------------|--|--------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Moore County Schools</b><br>Overview of SQA/FSA and BIP Processes | Student:<br>School:<br>Date:                    |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| <p><b>Possible reasons to begin the BIP Process:</b> (include, not limited to)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student demonstrates a pattern of behaviors that interferes with higher learning or the learning of others OR there are new information/beliefs to which more investigation is needed in relation with school code of conduct.</li> <li><input type="checkbox"/> One of the main reasons for referral for the BIP is the presence of maladaptive behavior(s) interfering AND/OR self-harm.</li> <li><input type="checkbox"/> I have been 3 years since the last FBA was conducted for this student within 3 years REF? The student is exhibiting behavior that has increased in the current plan.</li> <li><input type="checkbox"/> Parent Requested</li> <li><input type="checkbox"/> SGA determined through ADRP and I was determined that a FBA is needed to inform a BIP.</li> <li><input type="checkbox"/> Student is being administered and/or to Internim Assessment Educational Functional Skills Assessment (EFS) after assigned MCR process (65 day suspension/ exclusion/very short term of EDS).</li> </ul>                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                 |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| <p><b>Step 1: Team Meeting to Initiate the BIP Process</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> request consent by selecting "BIP" and other "Other" write: "Functional Behavior Assessment" along with any other evaluation and/or assessment that will be completed.</li> <li><input type="checkbox"/> The SGA Initial Evaluation Meeting (SGA) Oral Review Process</li> <li><input type="checkbox"/> SGA Notification of Presence (Parent Invitation)</li> <li><input type="checkbox"/> SGA Consent for Evaluation and Assessment</li> <li><input type="checkbox"/> Amend SGA Plan if necessary</li> <li><input type="checkbox"/> SGA Summary of Proceedings Form</li> </ul> <p>Indicate the meeting discussion on the summary/highlight portion of the form</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide copies of paperwork with compliance requirements</li> <li><input type="checkbox"/> Scan/upload signed consent for email before beginning FBA.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                 |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| <p><b>Step 2: Collect Data over a 4-6 week period:</b> From _____ To _____</p> <p><b>MCR Data Collection:</b> (If you are unable to collect data, please indicate why.)</p> <p><input type="checkbox"/> As you collect data, determine the <b>TARGET BEHAVIORS</b> and develop a shared definition to use within the BIP &amp; BIP processes.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                 |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| <p><b>Required Data Sources:</b></p> <table border="1"> <tbody> <tr> <td>Adm. Code (Review one-on-one or classroom only)</td> <td><input type="checkbox"/></td> <td>SGA/</td> </tr> <tr> <td>Observations / Informal Survey (Must do student, not all teachers/parents/etc.)</td> <td><input type="checkbox"/></td> <td>Counselor/</td> </tr> <tr> <td>Interviews</td> <td><input type="checkbox"/></td> <td>School Social Worker</td> </tr> <tr> <td>_____ (parent/teacher/parent/etc.)</td> <td><input type="checkbox"/></td> <td>Behavior</td> </tr> <tr> <td>_____ (teachers/hall)</td> <td><input type="checkbox"/></td> <td>Learning</td> </tr> <tr> <td><b>Two Additional Data Sources (at least 2 sources required)</b></td> <td><input type="checkbox"/></td> <td>Classroom</td> </tr> <tr> <td>_____ (parent/teacher/parent/etc.)</td> <td><input type="checkbox"/></td> <td>Medical</td> </tr> <tr> <td>_____ (teachers/hall)</td> <td><input type="checkbox"/></td> <td>Physical</td> </tr> <tr> <td><b>Person Contacted:</b></td> <td><input type="checkbox"/></td> <td>Special Education PERSON</td> </tr> <tr> <td>Student: _____</td> <td><input type="checkbox"/></td> <td>Other Data: as requested by your student</td> </tr> <tr> <td>Parents: _____</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Teacher: _____</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Facilitator: _____</td> <td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table> |                                                                      | Adm. Code (Review one-on-one or classroom only) | <input type="checkbox"/> | SGA/ | Observations / Informal Survey (Must do student, not all teachers/parents/etc.) | <input type="checkbox"/> | Counselor/ | Interviews | <input type="checkbox"/> | School Social Worker | _____ (parent/teacher/parent/etc.) | <input type="checkbox"/> | Behavior | _____ (teachers/hall) | <input type="checkbox"/> | Learning | <b>Two Additional Data Sources (at least 2 sources required)</b> | <input type="checkbox"/> | Classroom | _____ (parent/teacher/parent/etc.) | <input type="checkbox"/> | Medical | _____ (teachers/hall) | <input type="checkbox"/> | Physical | <b>Person Contacted:</b> | <input type="checkbox"/> | Special Education PERSON | Student: _____ | <input type="checkbox"/> | Other Data: as requested by your student | Parents: _____ | <input type="checkbox"/> |  | Teacher: _____ | <input type="checkbox"/> |  | Facilitator: _____ | <input type="checkbox"/> |  | <p><b>Optional Data:</b></p> <p><input type="checkbox"/></p> |
| Adm. Code (Review one-on-one or classroom only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                             | SGA/                                            |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| Observations / Informal Survey (Must do student, not all teachers/parents/etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                             | Counselor/                                      |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| Interviews                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                             | School Social Worker                            |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| _____ (parent/teacher/parent/etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                             | Behavior                                        |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| _____ (teachers/hall)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                             | Learning                                        |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| <b>Two Additional Data Sources (at least 2 sources required)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                             | Classroom                                       |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| _____ (parent/teacher/parent/etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                             | Medical                                         |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| _____ (teachers/hall)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                             | Physical                                        |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| <b>Person Contacted:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                             | Special Education PERSON                        |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| Student: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                             | Other Data: as requested by your student        |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| Parents: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                             |                                                 |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| Teacher: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                             |                                                 |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |
| Facilitator: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                             |                                                 |                          |      |                                                                                 |                          |            |            |                          |                      |                                    |                          |          |                       |                          |          |                                                                  |                          |           |                                    |                          |         |                       |                          |          |                          |                          |                          |                |                          |                                          |                |                          |  |                |                          |  |                    |                          |  |                                                              |

## 504 Process

# Step 1: Obtaining Permission

| General Education                                                                                  | Exceptional Children                                                                  |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Parent permission needed for FBA at a 504 Meeting or Team Meeting and obtain Parent Signed Consent | Initial Eval or Re-Evaluation process, Prior Written Notice and Parent Signed Consent |
| Counselor, Psychologist, Gen ED Teacher                                                            | EC Teacher                                                                            |
| Step 1 <u>Resource</u>                                                                             | Step 1 <u>Resource</u>                                                                |

# Obtained Permission, What is Next? Step 2: DATA!



- ABC...Antecedent, Behavior, Consequence (result of the action of the behavior)
- Reinforcement Surveys/ Interest
- Interviews (Student, Parent, Teacher(s))
- 3rd Party Observations
- QABF or FAST (determines the function of the behavior) for each behavior
- Other Data (Frequency, Duration, Interval, Questionnaires etc.)

# Show me the DATA!



# QABF Activity

Think of a current student or former student that has a significant behavior. Name the behavior and only answer the questions based on the 1 behavior.

How to score a sheet to determine the function.  
It could be more than 1 function.

|                                                                                                                                                                                        |                   |                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------|
| Student's Name _____                                                                                                                                                                   |                   | Date: _____                                                                                |
| Behavior: _____                                                                                                                                                                        |                   | Respondent: _____                                                                          |
| <b>QUESTIONS ABOUT BEHAVIORAL FUNCTION (QABF)</b>                                                                                                                                      |                   |                                                                                            |
| Rate how often the student demonstrates the behaviors in situations where they might occur. Be sure to rate how often each behavior occurs, not what you think a good answer would be. |                   |                                                                                            |
|                                                                                                                                                                                        | X = Doesn't apply | 0 = Never    1 = Rarely    2 = Some    3 = Often                                           |
| Score                                                                                                                                                                                  | Number            | Behavior                                                                                   |
|                                                                                                                                                                                        | 1.                | Engages in the behavior to get attention.                                                  |
|                                                                                                                                                                                        | 2.                | Engages in the behavior to escape work or learning situations.                             |
|                                                                                                                                                                                        | 3.                | Engages in the behavior as a form of "self-stimulation".                                   |
|                                                                                                                                                                                        | 4.                | Engages in the behavior because he/she is in pain.                                         |
|                                                                                                                                                                                        | 5.                | Engages in the behavior to get access to items such as preferred toys, food, or beverages. |
|                                                                                                                                                                                        | 6.                | Engages in the behavior because he/she likes to be reprimanded.                            |
|                                                                                                                                                                                        | 7.                | Engages in the behavior when asked to do something (get dressed, brush teeth, work, etc.   |
|                                                                                                                                                                                        | 8.                | Engages in the behavior even if he/she thinks no one is in the room.                       |
|                                                                                                                                                                                        | 9.                | Engages in the behavior more frequently when he/she is ill.                                |
|                                                                                                                                                                                        | 10.               | Engages in the behavior when you take something away from him/her.                         |
|                                                                                                                                                                                        | 11.               | Engages in the behavior to draw attention to himself/herself.                              |
|                                                                                                                                                                                        | 12.               | Engages in the behavior when he/she does not want to do something.                         |
|                                                                                                                                                                                        | 13.               | Engages in the behavior because there is nothing else to do.                               |
|                                                                                                                                                                                        | 14.               | Engages in the behavior when there is something bothering him/her physically.              |
|                                                                                                                                                                                        | 15.               | Engages in the behavior when you have something that he/she wants.                         |
|                                                                                                                                                                                        | 16.               | Engages in the behavior to try to get a reaction from you.                                 |
|                                                                                                                                                                                        | 17.               | Engages in the behavior to try to get people to leave him/her alone.                       |
|                                                                                                                                                                                        | 18.               | Engages in the behavior in a highly repetitive manner, ignoring his/her surroundings.      |
|                                                                                                                                                                                        | 19.               | Engages in the behavior because he/she is physically uncomfortable.                        |
|                                                                                                                                                                                        | 20.               | Engages in the behavior because he/she is physically uncomfortable.                        |

# Add the Data to the FBA

MOORE COUNTY SCHOOLS  
Functional Behavior Assessment for  
Regular Education / Problem Solving Team

Student: \_\_\_\_\_  
School: \_\_\_\_\_  
FBA Date: \_\_\_\_\_

Review of Student Information & Prior Interventions/Supports: List any current or previous interventions. Refer to Problem Solving documents / 504's, IEP Goals and/or current BIP.

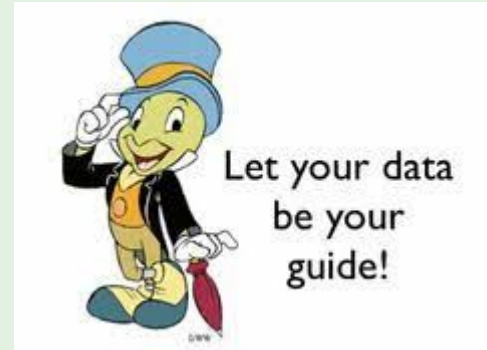
| Environmental Supports | Instructional Strategies | Positive Reinforcement | Consequences |
|------------------------|--------------------------|------------------------|--------------|
|                        |                          |                        |              |

Relevant Medical Information:  
Summarize medical information, if available, include current medications, doctors, and other pertinent information.

School Year: 20\_\_/20\_\_

| Attendance                               | Curriculum                                            | Academic Grades |       |        |       |
|------------------------------------------|-------------------------------------------------------|-----------------|-------|--------|-------|
| Instructional days as of FBA date: _____ | <input type="checkbox"/> Future Ready                 | Course          | Grade | Course | Grade |
| Unexcused absences: _____                | <input type="checkbox"/> Occupational Course of Study |                 |       |        |       |
| Excused absences: _____                  |                                                       |                 |       |        |       |

- Add data to the FBA
- Then analyze the data more than 1 person
- Look for trends in the data
- You may need more data or a different type of data
- Use the FBA Cheat Sheets Gen Ed or EC



# Functional Behavior Assessment



**MOORE COUNTY SCHOOLS**  
ENGAGE · INSPIRE · SUCCEED

Exceptional Children's  
Functional Behavior Assessment

**MCS EC FBA  
CHEAT SHEET**

|           |                                                                          |
|-----------|--------------------------------------------------------------------------|
| Student:  | Student Name                                                             |
| School:   | School Name                                                              |
| FBA Date: | DATE this is reported<br>(use this as assessment date in ECATS & on BIP) |

**Review of Student Information & Prior Interventions/Supports:** List any current or previous interventions. Refer to Problem Solving documents / 504's, IEP Goals and/or current BIP. **LIST THE SUPPORTS THAT YOU HAVE LEARNED ABOUT IN THE DATA REVIEW FOR THE FBA DATA COLLECTION PROCESS**

| Environmental Supports | Instructional Strategies | Positive Reinforcement | Consequences |
|------------------------|--------------------------|------------------------|--------------|
|                        |                          |                        |              |

**Relevant Medical Information:**  
Summarize medical information, if available. Include current medications, doctors, and other pertinent information

**DESCRIBE RELEVANT INFORMATION THAT A DOCTOR HAS PROVIDED HERE – WHAT MEDICAL DX APPLIES? IF NONE - PUT "N/A"**

FBA EC Cheat Sheet



**MOORE COUNTY SCHOOLS**  
ENGAGE · INSPIRE · SUCCEED

Moore County Schools  
504 Plan: Functional Behavior Assessment

**Moore County Schools  
Functional Behavior Assessment for  
Regular Education / Problem Solving Team  
CHEAT SHEET**

|           |                                                                          |
|-----------|--------------------------------------------------------------------------|
| Student:  | Student Name                                                             |
| School:   | School Name                                                              |
| FBA Date: | DATE this is reported<br>(use this as assessment date in ECATS & on BIP) |

**Review of Student Information & Prior Interventions/Supports:** List any current or previous interventions. Refer to Problem Solving documents / 504's, IEP Goals and/or current BIP. **LIST THE SUPPORTS THAT YOU HAVE LEARNED ABOUT IN THE DATA REVIEW FOR THE FBA DATA COLLECTION PROCESS**

| Environmental Supports | Instructional Strategies | Positive Reinforcement | Consequences |
|------------------------|--------------------------|------------------------|--------------|
|                        |                          |                        |              |

**Relevant Medical Information:**  
Summarize medical information, if available. Include current medications, doctors, and other pertinent information

**DESCRIBE RELEVANT INFORMATION THAT A DOCTOR HAS PROVIDED HERE – WHAT MEDICAL DX APPLIES? IF NONE - PUT "N/A"**

Gen Ed Cheat Sheet



**MOORE COUNTY SCHOOLS**  
ENGAGE · INSPIRE · SUCCEED

Moore County Schools  
504 Plan: Functional Behavior Assessment

**MCS 504 Plan FBA  
CHEAT SHEET**

|           |                                                                          |
|-----------|--------------------------------------------------------------------------|
| Student:  | Student Name                                                             |
| School:   | School Name                                                              |
| FBA Date: | DATE this is reported<br>(use this as assessment date in ECATS & on BIP) |

**Review of Student Information & Prior Interventions/Supports:** List any current or previous interventions. Refer to Problem Solving documents / 504's, IEP Goals and/or current BIP. **LIST THE SUPPORTS THAT YOU HAVE LEARNED ABOUT IN THE DATA REVIEW FOR THE FBA DATA COLLECTION PROCESS**

| Environmental Supports | Instructional Strategies | Positive Reinforcement | Consequences |
|------------------------|--------------------------|------------------------|--------------|
|                        |                          |                        |              |

**Relevant Medical Information:**  
Summarize medical information, if available. Include current medications, doctors, and other pertinent information

**DESCRIBE RELEVANT INFORMATION THAT A DOCTOR HAS PROVIDED HERE – WHAT MEDICAL DX APPLIES? IF NONE - PUT "N/A"**

504 Cheat Sheet

# Hypothesis

**Hypothesis/Function:** Based on the data collected and reviewed by the team, what is your hypothesis of the function of each of the student's behaviors (e.g., escape, attention, tangible, automatic) defined above?

| Target Behavior                              | Function                                                                                                                              | Teach Replacement Behavior?<br>Yes      No<br><b>CHECK ONE FOR EACH TARGET</b> |                          |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------|
| copy/paste the names of each target behavior | using your data - what function do you most likely see for each Target? **if more target behaviors - right click to "enter row below" | <input type="checkbox"/>                                                       | <input type="checkbox"/> |
|                                              |                                                                                                                                       | <input type="checkbox"/>                                                       | <input type="checkbox"/> |

**Hypothesis Statement:** Describe the team's hypothesis of the relationship between the behavior and the environment in which it occurs – what function is this behavior serving?? What is the student trying to get? What is he/she trying to avoid? What is the payoff?

**"When this occurs: \_\_\_\_\_"**  
antecedents/setting information associated w/target behavior(s)

**"the student does: \_\_\_\_\_"**  
describes the target behavior (s).

**"In order to: \_\_\_\_\_"**  
the function of the target behavior(s)

|                 |                                                                                                                |
|-----------------|----------------------------------------------------------------------------------------------------------------|
| FBA Hypothesis: | <b>USE THE FORMULA/STRUCTURE TO WRITE A HYPOTHESIS:</b><br><b>WHEN _____, STUDENT _____, IN ORDER TO _____</b> |
|-----------------|----------------------------------------------------------------------------------------------------------------|

# Example FBA

**Click HERE** to see a FBA Example

## **Example Behaviors:**

Elopement, Inappropriate  
Vocalizations, and Aggressive  
Behaviors



I need a break!



# Break

On a Post It Note... What questions do you still have with the FBA?

What is something **NEW** you learned about FBA? or something you are ready to try?



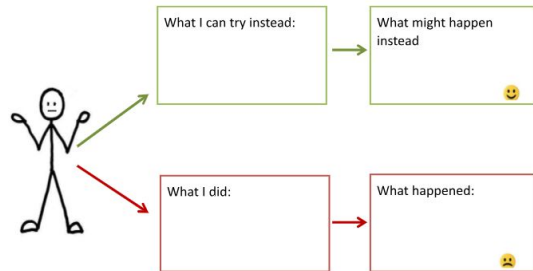
# BIP



- You finished the FBA and the student needs **REPLACEMENT** Behaviors then a BIP is necessary
- If Replacement Behaviors are not needed then the process stops and only FBA is needed
- Resources

| Expected Behaviors<br>  | Not Expected Behaviors<br>  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                               |                                                                                                                                                                                                   |

# Replacement Behaviors/ Reinforcement Tools



Situation:

I am working for

★

★

★

★

★

## My Anger Thermometer

Name: \_\_\_\_\_

|         |   |                               |                           |
|---------|---|-------------------------------|---------------------------|
| Furious | 5 | What makes you feel this way? | What helps you calm down? |
| Angry   | 4 |                               |                           |
| Upset   | 3 |                               |                           |
| Annoyed | 2 |                               |                           |
| Calm    | 1 |                               |                           |

## Social Behavior Mapping

Situation: \_\_\_\_\_

| Your behavior is EXPECTED in the situation. | Others' feelings about the behavior(s) | How others treat you based on how they feel about the behavior(s) | How you feel based on how you are treated in the situation |
|---------------------------------------------|----------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------|
|                                             | 😊 →                                    | →                                                                 | →                                                          |

| Your behavior is UNEXPECTED in the situation. | Others' feelings about the behavior | How others treat you based on how they feel about the behavior(s) | How you feel based on how you are treated in the situation. |
|-----------------------------------------------|-------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------|
|                                               | 😞 →                                 | →                                                                 | →                                                           |

| Function           | Example: Running                                                                                        | Sample Replacement Behaviors                                                                                                                                                         |
|--------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Attention          | The student may run to get you to chase after them, yell at them, spend time with them, etc.            | Teach the student to: <ul style="list-style-type: none"> <li>raise their hand to get the teacher attention</li> <li>request to play a game with a preferred adult or peer</li> </ul> |
| Escape             | The student may run to get out of a task that is too hard, easy, boring, etc.                           | Teach the student to: <ul style="list-style-type: none"> <li>request a break</li> <li>request help with a challenging task</li> </ul>                                                |
| Sensory            | The student may run because they need movement                                                          | Teach the student to: <ul style="list-style-type: none"> <li>request a movement break</li> </ul>                                                                                     |
| Access to Tangible | The student may run because they want to get access to an object, activity, or person who isn't nearby. | Teach the student to: <ul style="list-style-type: none"> <li>request the item they want using words or symbols</li> </ul>                                                            |

# Replacement Behaviors for Buzz or Kevin



Count off in 1s and 2s.

1. Determine the behavior and replacement behaviors.

2. How and who would teach the replacement behavior?

# Behavior Intervention Plans

<https://sites.google.com/ncmcs.org/behaviorresources/home>

**CHEAT SHEET: MCS EC BIP**

MOORE COUNTY SCHOOLS  
Exceptional Children's Behavior Intervention Plan

| Student: | Student name    | School: | School name | IEP Dates:      | start -- end dates |
|----------|-----------------|---------|-------------|-----------------|--------------------|
| Date     | Meeting Purpose | Pages   | Date        | Meeting Purpose | Pages              |
| 1/1      | IEP annual BIP  | 1-3     |             |                 |                    |
| 2/1      | BIP Review #1   | 4-8     |             |                 |                    |

Crisis Plan?  
☐ YES page: \_\_\_\_  
☐ NO

**MCS EC BIP CHEAT SHEET**

**Target Behavior/Function/Replacement Behaviors:** Based on the FBA data that was collected and reviewed by the team, what is the hypothesis of the function of each of the student's behaviors (e.g., escape, attention, tangible, automatic) defined above?

| Target Behavior                                                                                                                                                              | Description/Definition | Function | Replacement Behavior |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------|----------------------|
| THIS IS COPIED/PASTED FROM THE FBA OR FROM THE UPDATED/MOST CURRENT BIP (IN THE EVENT OF CREATING A NEW BIP FOR AN ANNUAL REVIEW, BUT USING THE SAME DATA FROM A RECENT FBA) |                        |          |                      |

**Hypothesis Statement:** Describe the team's hypothesis of the relationship between the behavior and the environment in which it occurs -- what function is this behavior serving?? What is the student trying to get? What is he/she trying to avoid? What is the payoff? **FROM THE FBA**

"When this occurs: \_\_\_\_" antecedent(s)/setting information associated w/target behavior(s)  
"the student does: \_\_\_\_" describes the target behavior (s)  
"In order to: \_\_\_\_" the function of the target behavior(s)

EC BIP Resource

**CHEAT SHEET: MCS REG.ED/PST BIP**

MOORE COUNTY SCHOOLS  
Moore County Schools  
REG ED / PST BIP: Behavior Intervention Plan

| Student: | Student name    | School: | School name | School Year:    | 20__ / 20__ |
|----------|-----------------|---------|-------------|-----------------|-------------|
| Date     | Meeting Purpose | Pages   | Date        | Meeting Purpose | Pages       |
| 1/1      | PST meeting BIP | 1-3     |             |                 |             |
| 2/1      | BIP Review #1   | 4-8     |             |                 |             |

Crisis Plan?  
☐ YES page: \_\_\_\_  
☐ NO

**MCS 504 BIP CHEAT SHEET**

**Target Behavior/Function/Replacement Behaviors:** Based on the FBA data that was collected and reviewed by the team, what is the hypothesis of the function of each of the student's behaviors (e.g., escape, attention, tangible, automatic) defined above?

| Target Behavior                                                                                                                                                              | Description/Definition | Function | Replacement Behavior |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------|----------------------|
| THIS IS COPIED/PASTED FROM THE FBA OR FROM THE UPDATED/MOST CURRENT BIP (IN THE EVENT OF CREATING A NEW BIP FOR AN ANNUAL REVIEW, BUT USING THE SAME DATA FROM A RECENT FBA) |                        |          |                      |

**Hypothesis Statement:** Describe the team's hypothesis of the relationship between the behavior and the environment in which it occurs -- what function is this behavior serving?? What is the student trying to get? What is he/she trying to avoid? What is the payoff? **FROM THE FBA**

"When this occurs: \_\_\_\_" antecedent(s)/setting information associated w/target behavior(s)  
"the student does: \_\_\_\_" describes the target behavior (s)  
"In order to: \_\_\_\_" the function of the target behavior(s)

| FBA Hypothesis: | THIS IS COPIED/PASTED FROM THE FBA HYPOTHESIS                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------|
| FBA Date:       | THIS THE DATE THAT THE FBA IS SIGNED AND REPORTED ON THE CHILD'S ELIGIBILITY DETERMINATION OR IS ADDED TO THE 504 ELIGIBILITY |

Gen Ed BIP Resource

**CHEAT SHEET: MCS 504 BIP**

MOORE COUNTY SCHOOLS  
Moore County Schools  
504 BIP: Behavior Intervention Plan

| Student: | Student name    | School: | School name | 504 Dates:      | start -- end dates |
|----------|-----------------|---------|-------------|-----------------|--------------------|
| Date     | Meeting Purpose | Pages   | Date        | Meeting Purpose | Pages              |
| 1/1      | Annual 504 BIP  | 1-3     |             |                 |                    |
| 2/1      | BIP Review #1   | 4-8     |             |                 |                    |

Crisis Plan?  
☐ YES page: \_\_\_\_  
☐ NO

**MCS 504 BIP CHEAT SHEET**

**Target Behavior/Function/Replacement Behaviors:** Based on the FBA data that was collected and reviewed by the team, what is the hypothesis of the function of each of the student's behaviors (e.g., escape, attention, tangible, automatic) defined above?

| Target Behavior                                                                                                                                                              | Description/Definition | Function | Replacement Behavior |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------|----------------------|
| THIS IS COPIED/PASTED FROM THE FBA OR FROM THE UPDATED/MOST CURRENT BIP (IN THE EVENT OF CREATING A NEW BIP FOR AN ANNUAL REVIEW, BUT USING THE SAME DATA FROM A RECENT FBA) |                        |          |                      |

**Hypothesis Statement:** Describe the team's hypothesis of the relationship between the behavior and the environment in which it occurs -- what function is this behavior serving?? What is the student trying to get? What is he/she trying to avoid? What is the payoff? **FROM THE FBA**

"When this occurs: \_\_\_\_" antecedent(s)/setting information associated w/target behavior(s)  
"the student does: \_\_\_\_" describes the target behavior (s)  
"In order to: \_\_\_\_" the function of the target behavior(s)

| FBA Hypothesis: | THIS IS COPIED/PASTED FROM THE FBA HYPOTHESIS                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------|
| FBA Date:       | THIS THE DATE THAT THE FBA IS SIGNED AND REPORTED ON THE CHILD'S ELIGIBILITY DETERMINATION OR IS ADDED TO THE 504 ELIGIBILITY |

504 BIP Resource

# Behavior Intervention Strategies



- This is an intervention plan for **STAFF**... list what will **STAFF** do to prevent behaviors and when the behaviors occur

## The CPI Crisis Development Model

### Crisis Development/ Behavior Levels

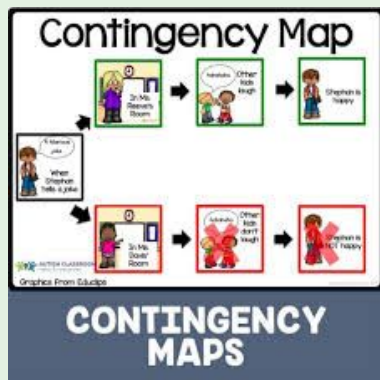
1. Anxiety
2. Defensive
3. Acting Out Person
4. Tension Reduction

### Staff Attitude/ Approaches

1. Supportive
2. Directive
3. Nonviolent Physical  
Crisis Intervention
4. Therapeutic Rapport



- BIP with Escalation Cycle

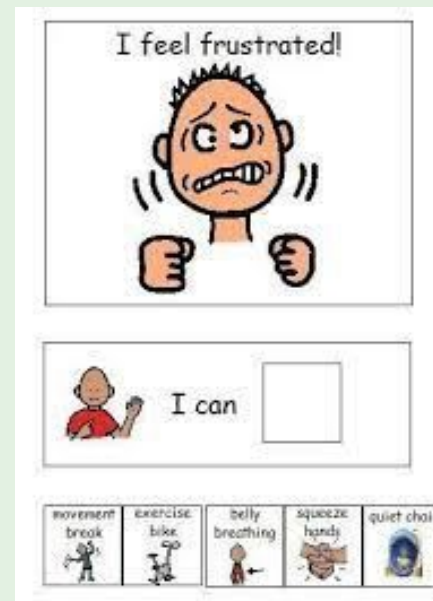


## Example BIP

**Click HERE** to see a BIP Example

### Example Behaviors:

Elopement, Inappropriate Vocalizations, and Aggressive Behaviors



# EC Student FBA/ BIP Results Meeting



- **Special Factors:** In IEP check box that behaviors impede learning and also BIP box
- Add **Assessment Data** from FBA and BIP (Each BIP review add Assessment Data from the BIP Review)
- Add **Behavior Present Levels** and the same **goals** from the BIP and Behavior **Service Time**
- **Accommodations** add statement “Follow BIP across all settings”

# Implementing BIP

When it comes to behavior change,

**Consistency > Intensity**

- Provide Copy to staff that interact or teach the student. Make sure they understand the Intervention Plan or Escalation Cycle
- Consistency with ALL STAFF replacement behaviors and consequences students receive when behavior occurs
- Determine a Plan to teach replacement behaviors to the student and how or when service will occur for EC students
- Plan to continue to collect data for BIP Reviews

# BIP Review



- BIP Review should occur every 9 weeks, however team can determine a different timeline
- Data needs to be reviewed from Educator Handbooks, data collection logs, behavior goals (EC Students)
- Determine effectiveness of Strategies and Add or Strikethrough what is working
- Review Interventions/ Escalation Cycle
- Don't make it too complicated! Anyone should be able to follow it.

---

## **Resources:**

MCS Behavior Website

Behavior Acronyms

---

---

**Please Reach out with any  
Questions:**

**Sarah Chapman**

**Assistant EC Director**

**[schapman@ncmcs.org](mailto:schapman@ncmcs.org)**

**910-639-8124**

---



<https://forms.gle/fLfUrH6snhi6tVjU6>