

Functional Behavioral Assessment – Indirect Assessment

Student: _____ DOB: _____ Student ID#: _____

Date: _____ School: _____

Name of Reviewer(s): _____ Dates of Review: _____

Summarize information related to the problem behavior. Information **MUST** include; health (medications, sleep cycles, medical &/or psychological information and diet), previous problem behaviors, and previous interventions. NAC 388.386. 5 & 6.

Source	Information Sought	Information Gathered pertinent to Problem Behavior
	Health History/Medical Evaluation	
	Multidisciplinary Team Report, Psychological evaluations,	
	Teacher/Parent /Student Interview	
	Attendance /Enrollment History	
	Previous IEP	
	Community/Agency Report	
	Previous Services and Interventions	

Common Sources (not exhaustive list):

Parent Interview

School Nurse Report

Mental Health Report

Cumulative Folder Review

Teacher Interview

Attendance Records

Enrollment History

Confidential Folder Review

Student Interview

Psychological Report

Discipline Records

Previous BIP