## AFFINITY FAMILY CARE Behavioral Assessment

Client Name:		Parents:		Assessment Date:		Birth Date:
	Beha	vior 1:	Behavio	r 2:	Beha	vior 3:
Where behavior occurs						
When behavior occurs						
How often behavior occurs						
Known triggers						
Function of Behavior	desir	Attention-seeking Communicative Escape/Avoidance Gaining access to ed items/activities Automatic Reinf. Control Compulsiveness Other:	desired Co	tention-seeking ommunicative cape/Avoidance aining access to items/activities atomatic Reinf. ontrol ompulsiveness her:	desir	Attention-seeking Communicative Escape/Avoidance Gaining access to ed items/activities Automatic Reinf. Control Compulsiveness Other:
Environmental Factors						
Additional Comments						