

AFFINITY FAMILY CARE

Behavioral Assessment

Client Name:	Parents:	Assessment Date:	Birth Date:
	Behavior 1:	Behavior 2:	Behavior 3:
Where behavior occurs			
When behavior occurs			
How often behavior occurs			
Known triggers			
Function of Behavior	<input type="checkbox"/> Attention-seeking <input type="checkbox"/> Communicative <input type="checkbox"/> Escape/Avoidance <input type="checkbox"/> Gaining access to desired items/activities <input type="checkbox"/> Automatic Reinf. <input type="checkbox"/> Control <input type="checkbox"/> Compulsiveness <input type="checkbox"/> Other:	<input type="checkbox"/> Attention-seeking <input type="checkbox"/> Communicative <input type="checkbox"/> Escape/Avoidance <input type="checkbox"/> Gaining access to desired items/activities <input type="checkbox"/> Automatic Reinf. <input type="checkbox"/> Control <input type="checkbox"/> Compulsiveness <input type="checkbox"/> Other:	<input type="checkbox"/> Attention-seeking <input type="checkbox"/> Communicative <input type="checkbox"/> Escape/Avoidance <input type="checkbox"/> Gaining access to desired items/activities <input type="checkbox"/> Automatic Reinf. <input type="checkbox"/> Control <input type="checkbox"/> Compulsiveness <input type="checkbox"/> Other:
Environmental Factors			
Additional Comments			