

## Functional Behavioral Assessment *Frequency Count*

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Observer: \_\_\_\_\_ Activity: \_\_\_\_\_

Target Behavior: \_\_\_\_\_

Interval	Time		Number of Occurrences	Totals
	Start	Stop		
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total Minutes			Total Number of Occurrences During Observation	

Notes/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_