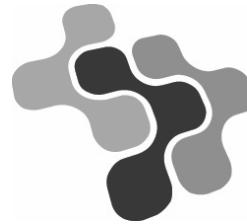


# Functional Behavior Assessment Training for Professionals

Participants in this training will:

- Be able to identify functions of behavior in given examples
- Identify the components included in an FBA
- Provide 2 examples of efficient data collection
- Provide at least 3 examples of proactive strategies



Key Behavior  
Services, LLC

Presenters: Hal Houseworth, M.Ed, BCBA & Kristen Shaw, MS, BCBA

When: Fri. Oct. 13; 8-3pm (registration 8-8:30am)

Where: Oasis Conference Center; 902 Loveland-Miamiville Rd, Loveland, OH 45140

Target Audience: School professionals (teachers, administrators, school psychologist). Anyone including parents are welcome!

Fee: \$75 per person (fees are non-refundable after Fri. Oct. 6) Checks, paypal or purchase orders will be accepted. Box lunches provided!

Registration deadline: Fri. Oct. 6 at 5pm. Registration is on the back of the flyer.

More Information: [hal@keyaba.com](mailto:hal@keyaba.com) or (937) 952-6379

The purpose of FBA is to systematically identify and understand behavior(s) that impede learning. The process of FBA involves data collection (direct and indirect), to gather and analyze information about the student's behavior and accompanying environments, in order to hypothesize the purpose or intent (function) of the target behavior and guide the development of function-based, positive antecedent-based, and consequence-based behavioral interventions. This presentation will focus on understanding functions of behavior and data collection but will also include a discussion on proactive strategies.

# Registration

## Functional Behavior Assessment Training for Professionals

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

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Background:** (circle the one that describes you)

Parent

Related Services (speech, OT)

Psychologist

Regular Education Teacher

Special Education Teacher

School Administrator

Other: \_\_\_\_\_

**Fees: \$75 per person**

Are you paying by?

Check

Paypal

Purchase order # \_\_\_\_\_

**Box Lunches will be provided! We will try to accommodate special dietary restrictions. Do you have dietary restrictions? (circle one)**

Kosher

gluten free

vegetarian

Other: \_\_\_\_\_

**Please initial on each line**

\_\_\_\_ I understand that the deadline for registration is Fri. Oct. 6 at 5pm.

\_\_\_\_ I understand that no fees will be refunded after 10/6/17.

Signature: \_\_\_\_\_

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

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