

Functional Behavior Assessment Parent/Guardian Interview/Input

Student:	Today's Date:
School:	Parent/Guardian:
Grade:	Age:
Interviewer:	
Problem Behavior(s):	

What are your student's strengths? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Friendly
<input type="checkbox"/> Helpful
<input type="checkbox"/> Sociable
<input type="checkbox"/> Organized
<input type="checkbox"/> Natural Leader
<input type="checkbox"/> Liked by Peers
<input type="checkbox"/> Has Many Friends
<input type="checkbox"/> Self-Motivated
<input type="checkbox"/> Follows Directions
<input type="checkbox"/> Honest | <input type="checkbox"/> Easygoing
<input type="checkbox"/> Kind to Adults
<input type="checkbox"/> Kind to other children
<input type="checkbox"/> Good Sense of Humor
<input type="checkbox"/> Positive Attitude/Outlook
<input type="checkbox"/> Hard Worker
<input type="checkbox"/> Good Communication Skills
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ |
|--|---|

What contributes to problem behavior, considering the identified target behavior(s); when do these behaviors typically occur? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> When asked to do a chore or helping task
<input type="checkbox"/> When told to do something non-preferred
<input type="checkbox"/> Tasks that are difficult or confusing to my child
<input type="checkbox"/> When working in group activities
<input type="checkbox"/> Multi-step work or projects
<input type="checkbox"/> Public response required (e.g., read aloud)
<input type="checkbox"/> Transition at the beginning of a routine or activity
<input type="checkbox"/> When given a direction to follow
<input type="checkbox"/> When he/she cannot have something they want
<input type="checkbox"/> When given an ultimatum
<input type="checkbox"/> When there is a change in routine
<input type="checkbox"/> When there are visitors to the setting | <input type="checkbox"/> When it is time to do homework
<input type="checkbox"/> When held to a time limit or deadline/curfew
<input type="checkbox"/> When working/playing independently
<input type="checkbox"/> Not prepared with materials
<input type="checkbox"/> When adult attention is on others
<input type="checkbox"/> Being teased or being joked around with
<input type="checkbox"/> Unstructured situations or settings
<input type="checkbox"/> When corrected
<input type="checkbox"/> Preferred peer group present
<input type="checkbox"/> When he or she is told "no" or "stop"
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ |
|---|---|

When problem behavior(s) occur(s), how do you (or other family members) typically respond?

- | | |
|--|--|
| <input type="checkbox"/> Give a nonverbal cue (e.g., give look)
<input type="checkbox"/> Help my child to get on task
<input type="checkbox"/> Take away an activity or free time
<input type="checkbox"/> Let him/her have what they are asking for
<input type="checkbox"/> Provide a reminder of what is and isn't appropriate
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Verbally correct or prompt
<input type="checkbox"/> Speak to my child afterward
<input type="checkbox"/> Take a privilege away
<input type="checkbox"/> He/she gets out of or delays doing the task
<input type="checkbox"/> Try to explain and discuss the issue |
|--|--|

Describe times or activities when problem behavior is most likely to occur (e.g., mornings, bedtime, eating, grocery stores, etc.). _____

Who is usually present when problem behavior occurs? _____

What do you believe may be why problem behavior occurs?

To Get Out of/Escape:

- Situations/work that is too hard
- Work that is perceived as boring/irrelevant
- Situations where they may be embarrassed
- When they are not sure what's expected
- Situations that are too stimulating
- Other: _____
- Other: _____

To Get/Gain:

- Popularity with or approval of peers
- Time alone
- Control over a situation and/or predictability
- Adult attention (even if it is negative)
- Peer attention (even if it is negative)
- To get something else they want
- Other: _____

Which, if any, of the following do you believe could contribute to problem behavior?

	YES	NO	POSSIBLY
• Currently on medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sleep problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Medical condition(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Physical impairment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Appetite/Diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Recent family changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Major life event(s)/Trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked "Yes" or "Sometimes" to any of the above, please describe in some detail: _____

What positive or preventative strategies have you used with this student?

Proactive Strategy

Effectiveness of Strategy

- 1.
- 2.
- 3.

What consequence strategies have you used with this student?

Reaction Strategy

Effectiveness of Strategy

- 1.
- 2.
- 3.

What other insight can you offer about this student or problem behavior that might assist this team in developing appropriate, effective supports/interventions? _____

Please share known preferences or interests for this student (e.g., treats, adult attention, time with friends, rewards/recognition, etc.): _____