

FUNCTIONAL ASSESSMENT INTERVIEW: PARENT/GUARDIAN

| | |
|---------------------------|---------------------|
| Student: | Date: |
| School: | Interviewer: |
| Grade: Age: | Respondent: |
| Problem Behavior: | |

1. Describe your child. What is he/she like at home?

2. How often does the behavior occur at home?

3. What are your child's strengths and interests? (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 lots of friends <input type="checkbox"/> Self starter <input type="checkbox"/> Socially aware <input type="checkbox"/> Follows directions <input type="checkbox"/> Honest | <input type="checkbox"/> Easygoing <input type="checkbox"/> Attentive to instruction <input type="checkbox"/> Kind to adults <input type="checkbox"/> Kind to other students <input type="checkbox"/> Good sense of humor <input type="checkbox"/> Has a positive attitude/outlook <input type="checkbox"/> Good communication skills <input type="checkbox"/> Hard worker <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ |
|--|--|

5. Do you believe any of the following could contribute to the behavior problem?

- | | YES | NO | SOMETIMES |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| • Currently on medications? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sleep Problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Medical conditions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Physical impairments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Appetite/diet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

7. Who is usually present when the behavior occurs?

8. Does the problem behavior occur more often when:

| | YES | NO | SOMETIMES |
|---|--------------------------|--------------------------|--------------------------|
| • a certain <u>type</u> of task/request is given? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • an <u>easy</u> tasks/requests is given? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • a <u>difficult</u> tasks/requests is given? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • <u>certain</u> activities are presented? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • <u>new</u> activities are presented? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • a request is made during an <u>activity</u> ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • the child is asked to <u>start</u> a task? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • the child is asked to <u>stop</u> a task? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • the child's <u>request has been denied</u> ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • the normal routine is disrupted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "Yes" or "Sometimes", please explain:

8. Is there something that you can do or something that occurs that "triggers" the problem behavior to occur?

9. When a problem behavior occurs or worsens, does your child obtain to any of the following?

| | YES | NO | SOMETIMES |
|---|--------------------------|--------------------------|--------------------------|
| • Attention from a sibling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Attention from parent(s) in the form of.... | | | |
| o Praise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Time Out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Reprimands/Lectures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Other negative consequences: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Games | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Toys | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • A certain task/activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "Yes" or "Sometimes", please explain:

10. When a problem behavior occurs, does your child lose privileges, such as:

- | | YES | NO | SOMETIMES |
|--|--------------------------|--------------------------|--------------------------|
| • Phone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Friends over, or social event | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Computer, video games, etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Television, movies, etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Grounding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Extra-Curricular activity (sport, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "Yes" or "Sometimes", please explain:

11. When a problem behavior occurs, does your child get out of any of the following?

- | | YES | NO | SOMETIMES |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| • Parent/adult demands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Parent/adult reprimands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Specific activity or task | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "Yes" or "Sometimes", please explain:

12. What positive or preventative strategies have you used with this student and how effective were they?

13. What consequence strategies have you used with this student and how effective were they?

14. What other insight can you offer about this student or the behavior that might assist us in developing appropriate, effective interventions (e.g., student preferences, situations when the student is successful, etc.)?