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| **Functional Behavior Assessment: Parent/Guardian Interview** |
| Student Name:  | ID: |
| School: | Grade: |
| Teacher:  | Age: \_\_\_ Years\_\_\_ Months |
| Staff: | Today’s Date: |
| Parent/Guardian: | Phone: |
|  |
| **SCREENING QUESTIONS** |
| 1. Describe your child. What is he/she like at home?
 |
| 1. What are your child’s strengths and interests? (Check all that apply)

 ☐ Friendly ☐ Easygoing  ☐ Helpful ☐ Attentive to instruction  ☐ Sociable ☐ Kind to adults  ☐ Organized ☐ Kind to other students  ☐ Natural Leader ☐ Good sense of humor  ☐ Liked by peers ☐ Has a positive attitude/outlook  ☐ Has lots of friends ☐ Good communication skills  ☐ Self-starter ☐ Hard worker  ☐ Social ☐ Follows directions  ☐ Honest  ☐ Other(s):   |
| 1. What are your biggest concerns/fears for your child?
 |
| 1. Does the problem behavior occur more often when?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes | No | Sometimes |
| Presented with a certain task/request |  | ☐ | ☐ | ☐ |
| An easy task/request is given |  | ☐ | ☐ | ☐ |
| A difficult task/request is given |  | ☐ | ☐ | ☐ |
| Certain activities are presented |  | ☐ | ☐ | ☐ |
| A request is made during an activity |  | ☐ | ☐ | ☐ |
| Child is asked to start a task |  | ☐ | ☐ | ☐ |
| Child is asked to stop a task |  | ☐ | ☐ | ☐ |
| The child’s request has been denied |  | ☐ | ☐ | ☐ |
| The normal routine is disturbed |  | ☐ | ☐ | ☐ |

If you answered yes, please describe certain times, triggers, or activities when the problem behavior is most likely to occur (e.g., mornings, bedtime, eating, stores, etc.).  |
| 1. Do you believe any of the following could contribute to the behavior problem?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes | No | Sometimes |
| Medications |  | ☐ | ☐ | ☐ |
| Sleep Problems |  | ☐ | ☐ | ☐ |
| Medical Conditions |  | ☐ | ☐ | ☐ |
| Physical Impairments |  | ☐ | ☐ | ☐ |
| Appetite/Diet |  | ☐ | ☐ | ☐ |
| Academic Weaknesses |  | ☐ | ☐ | ☐ |
| Trauma |  |  |  |  |

If you checked “Yes” or “Sometimes” to any of the above, please describe condition in detail:  |
| 1. When a problem behavior occurs or worsens, does your child obtain any of the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes | No | Sometimes |
| Attention from Peer |  | ☐ | ☐ | ☐ |
| Attention from Adult |  | ☐ | ☐ | ☐ |
| Praise  |  | ☐ | ☐ | ☐ |
| Time Out  |  | ☐ | ☐ | ☐ |
| Reprimands/Lectures |  | ☐ | ☐ | ☐ |
| Games |  | ☐ | ☐ | ☐ |
| Toys |  | ☐ | ☐ | ☐ |
| Food |  | ☐ | ☐ | ☐ |
| Preferred Task/Activity |  | ☐ | ☐ | ☐ |

If you answered “Yes” or “Sometimes”, please explain: Other not mentioned above: |
| 1. What positive or preventative strategies have you used with your child and how effective were they?
 |
| 1. What consequence strategies have you used with your child and how effective were they?
 |
| 9. Does your child have a meltdown if they lose at a game or sport? If so, what do they do, and what is the best way to handle it? |
| 10. What are the warning signs that your child may have a meltdown? |
| 11. How does your child build relationships with others? |
| 12. What does your child most look forward to most at school? |
| 13. Which supports do you think would work for your child?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Visual schedule |  | Sticker chart |
|  | Timer |  | First/then… |
|  | First/then… |  | Public praise |
|  | Classroom helper |  | Private praise |
|  | Line leader |  | Teacher attention |
|  | Frequent breaks |  | Peer attention |

Other(s): |
| 14. What else would you like for staff to know about your child? |
| 15. To facilitate relationship-building, please provide the following information about your child’s interests:

|  |  |
| --- | --- |
| Superhero |  |
| Sports/athletes |  |
| T.V. show/character |  |
| Video game/character |  |
| Activities |  |
| Hobbies |  |
| Computer game/website |  |
| Toy/game |  |
| Band/musician |  |
| Song |  |
| Pet/animals |  |
| Special area of interest |  |
| Other |  |

 |
| 16. To help us provide positive reinforcement for your child, what motivates them?

|  |  |  |
| --- | --- | --- |
| **Food/Snacks:**(Sweet, crunchy, drinks)**ALLERGIES?** | **Extra Time at School:**(If you earned extra free time what would you want to do?) | **Interactions at School:**(Teacher praise, good grades, earning stickers, high fives, line leader) |
| **Items you like:**(Computer, iPad, trains, books, puzzles, crafts) | **Social Interaction:**(Talking to teacher, talking to peers, playing games) | **Recreation/Leisure:**(Music, TV, painting, video games, playing sports) |

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