**FUNCTIONAL ASSESSMENT INTERVIEW: PARENT/GUARDIAN**

Student’s Name: Click here to enter text. Date of Birth: Click here to enter a date.

Problem Behavior of Concern: Click here to enter text.

Staff Member Completing Form: Click here to enter text.

Parent/Guardian Name: Click here to enter text.

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

 Click here to enter text.

1. How often does the behavior occur at home?

 Click here to enter text.

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

 [ ]  Socially aware [ ]  Other: Click here to enter text.

 [ ]  Follows directions [ ]  Other: Click here to enter text.

 [ ]  Honest [ ]  Other: Click here to enter text.

5. 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 |  |[ ] [ ] [ ]

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

 Click here to enter text.

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

 Click here to enter text.

1. Who is usually present when the behavior occurs?

 Click here to enter text.

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” or “Sometimes”, please explain:

Click here to enter text.

1. Is there something that you can do or something that occurs that “triggers” the problem behavior to occur?

 Click here to enter text.

1. When a problem behavior occurs or worsens, does your child obtain to 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:

Click here to enter text.

Other not mentioned above:

Click here to enter text.

# Functional Assessment Interview (Parent) - 2 -

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes | No | Sometimes |
| Phone |  |[ ] [ ] [ ]
| Technology |  |[ ] [ ] [ ]
| Computer, Video Games, etc. |  |[ ] [ ] [ ]
| Friends over or social events  |  |[ ] [ ] [ ]
| Television, movies, etc. |  |[ ] [ ] [ ]
| Grounding |  |[ ] [ ] [ ]
| Extra-Curricular activity (sport, club, etc.) |  |[ ] [ ] [ ]

If you answered “Yes” or “Sometimes”, please explain:

 Click here to enter text.

Other not mentioned above:

Click here to enter text.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes | No | Sometimes |
| Parent/adult demands |  |[ ] [ ] [ ]
| Parent/adult reprimands |  |[ ] [ ] [ ]
| Specific activity or task |  |[ ] [ ] [ ]

If you answered “Yes” or “Sometimes”, please explain:

Click here to enter text.

Other not mentioned above:

Click here to enter text.

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

 Click here to enter text.

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

 Click here to enter text.

1. 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.)?

Click here to enter text.

# Functional Assessment Interview (Parent) - 3 -