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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) | | |

