

Functional Behavioral Assessment

Parent Interview

Date: _____

Student: _____ DOB: _____ Grade: _____ School: _____

Completed by: _____ Return to: _____

The following information is being requested as part of a Functional Behavioral Assessment. Please answer all questions as completely as possible and return to appropriate personnel as soon as possible. With your help, this information will be used to develop a plan that will support your son/daughter's success in school.

Target behavior(s): This is the behavior(s) that seems to causing your son/daughter the most difficulty at school. _____

Do you see the above behavior(s) outside of school? _____ Yes _____ No

If yes, please describe when and where these behaviors occur. _____

How do you deal with your son/daughter when he/she behaves this way? _____

What rewards have you found to be effective at home? _____

What consequences or punishments have you found to be effective at home?

Describe times/places when these behaviors do not occur or are less prevalent? _____

Describe your child's interaction with siblings or peers. _____

What does your son/daughter do well? _____

What are your son/daughter's interests or hobbies? _____

Describe any weaknesses that your son/daughter may have that would contribute to these behaviors. _____

Describe any existing health problems that may be contributing to these behaviors?

List any medication your son/daughter is currently taking.

Medication name

Date began

Reason

Doctor's Name

Describe your son/daughter's feelings about school. _____

What are your son/daughter's goals? _____

What are your goals for your son/daughter? _____

Additional comments: Please add any information that you feel could be used to support your son/daughter's success in school. _____
