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.

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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.

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