



Special Services, Johnson County and Surrounding Schools

**Parent Interview
Functional Behavior Assessment**

Student: _____ DOB: _____ Grade: _____

School: _____ Parent/Guardian's Name: _____

Interview conducted: ___ by phone ___ in person Date: _____

Interviewer: _____

The following information is being requested as part of a Functional Behavior Assessment. Please answer all questions as completely as possible as this information will be used to develop a plan that will support your son/daughter's success in school.

1. What is your understanding of the behaviors that are a problem for your son/daughter at school?

Target Behavior: This is the behavior(s) that seems to be causing your son or daughter the most difficulty at school based on our information.

2. Do you see the above behavior(s) at home or in other places? Yes No

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

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

5. What do you think causes or motivates the problem behavior?

5. What rewards have you found to be effective at home?

6. What consequences of punishments have you found to be effective at home?

7. Describe times/places when these behaviors do not occur or are less prevalent.

8. Describe your son/daughter's interaction with siblings or peers.

9. With whom does your son/daughter like to spend time with?

10. What does your son/daughter do well? What are their hobbies or interests? What do they do in their free time?

11. What do you believe to be your son or daughter's strengths? *(Refer to column 1 on pages 2-3 of the FBA document to provide examples or go through list).*

12. Does you son/daughter go to school willingly?

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

14. What are your son/daughter's goals?

15. What are your goals for your son/daughter?

16. Is your son/daughter currently on medication? Yes No If "Yes"

Medication	Dosage	Frequency	Reason

17. Has your son/daughter had any chronic health problems? (e.g. allergies, asthma, diabetes, heart condition) If yes, specify:

18. Is there any suspicion of alcohol or drug use? Yes No

19. Is there any history of physical or sexual abuse? Yes No

20. Does your son/daughter have any problems sleeping? Describe.

21. Has your son/daughter had any of the following forms of therapy?

Individual Therapy

Duration: _____

Therapist: _____

Day Treatment Program

Duration: _____

Where: _____

Family Therapy with son/daughter

Duration: _____

Therapist: _____

Inpatient Treatment

Frequency: _____

Were they evaluated? Yes No

Where: _____

22. Has your son/daughter ever been involved with juvenile court? Yes No

Reason: _____

23. Is there anything else that we have not discussed that you would like us to know about your son or daughter or their behavior?
