



Special Services, Johnson County and Surrounding Schools

Student-Assisted Functional Behavior Assessment Interview

Student's Name: _____

Interviewer: _____

Date: _____

Section I

- | | | | |
|--|--------|-----------|-------|
| 1. In general is your work too hard for you? | ALWAYS | SOMETIMES | NEVER |
| 2. In general, is your work too easy for you? | ALWAYS | SOMETIMES | NEVER |
| 3. When you ask for help appropriately, do you get it? | ALWAYS | SOMETIMES | NEVER |
| 4. Do you think work periods for each subject are too long? | ALWAYS | SOMETIMES | NEVER |
| 5. Do you think work periods for each subject are too short? | ALWAYS | SOMETIMES | NEVER |
| 6. Is it difficult to concentrate on your school work? | ALWAYS | SOMETIMES | NEVER |
| 7. Are there things in the classroom that distract you? | ALWAYS | SOMETIMES | NEVER |
| 8. When you do seat work, do you do better when someone works with you? | ALWAYS | SOMETIMES | NEVER |
| *For #8, if you answered "Always" or "Sometimes", how often do you have an opportunity to work with someone? | | | |
| 9. Do you think people notice when you do a good job? | ALWAYS | SOMETIMES | NEVER |
| 10. Do you think you get the points or rewards you deserve when you do good work? | ALWAYS | SOMETIMES | NEVER |
| 11. Do you think you would do better in school if you received more rewards or incentives? | ALWAYS | SOMETIMES | NEVER |
| 12. In general, do you find your work interesting? | ALWAYS | SOMETIMES | NEVER |

Section II

1. When do you think you have the fewest problems with _____ in school?

Why do you not have problems during this time?

2. What changes could be made so you would have fewer problems with _____?

3. What kind of rewards would you like to earn for good behavior or good school work?

**Can utilize reinforcement surveys to get additional information for this question.*

Section III

Rate how much you like the following subjects/classes:

Input Classes:

1. _____	I don't like it at all 1	I don't like it very much 2	I don't like it or dislike it 3	I like it a lot 4	It is one of my favorite subjects 5
2. _____	I don't like it at all 1	I don't like it very much 2	I don't like it or dislike it 3	I like it a lot 4	It is one of my favorite subjects 5
3. _____	I don't like it at all 1	I don't like it very much 2	I don't like it or dislike it 3	I like it a lot 4	It is one of my favorite subjects 5
4. _____	I don't like it at all 1	I don't like it very much 2	I don't like it or dislike it 3	I like it a lot 4	It is one of my favorite subjects 5
5. _____	I don't like it at all 1	I don't like it very much 2	I don't like it or dislike it 3	I like it a lot 4	It is one of my favorite subjects 5

6. _____ I don't like it at all 1 I don't like it very much 2 I don't like it or dislike it 3 I like it a lot 4 It is one of my favorite subjects 5

7. _____ I don't like it at all 1 I don't like it very much 2 I don't like it or dislike it 3 I like it a lot 4 It is one of my favorite subjects 5

8. _____ I don't like it at all 1 I don't like it very much 2 I don't like it or dislike it 3 I like it a lot 4 It is one of my favorite subjects 5

Section IV

1. What do you like about the subjects you rated as "I like it a lot" or "It is one of my favorite subjects"?

2. What don't you like about "I don't like it at all" or "I don't like it very much"?

3. What are things you like about school?

4. What are things you don't like about school?

Section V

Social Activities

1. What are your favorite activities at school?

2. What are your hobbies or interests?

3. What do you consider to be your strengths?

4. If you had the chance, what activities would you like to do that you don't have the opportunity to do now?

5. How do you spend your free time when you are not at school?

6. What are some things you like to do on the weekends?

Peer Relationships

1. What are some things you like to do with a friend?

2. Do you have a close friend?

3. Does this friend go to the same school?

4. How do you get along with your classmates?

5. My classmates or friends don't like it when I?

6. I don't like it when my classmates or friends?

Family Relationships

1. Who do you live with at home?

2. Do you have any brothers or sisters?

3. What are your chores or responsibilities at home?

4. How well do you get along with your brothers and sisters?

5. How well do you get along with your parents?

Teacher/Adult Relationships

1. I like it when a teacher?

2. I don't like it when a teacher?

3. My teachers get upset when?

4. At school, what adults would you go to if you needed assistance?

5. An adult I can count on or go to if I need to talk is?

6. I get along best with?

Health

1. Do you ever have trouble sleeping at night?

2. Do you feel like you get enough sleep at night?

3. Is it ever difficult to concentrate on your school work? Why?

4. Do you worry a lot about things? What do you worry about?

5. How often do you worry about those things?

6. Have you ever experimented with alcohol or drugs?

Future Plans

1. What are your plans after high school?

2. What goals do you currently have?

3. Do you feel that your performance in school now relates to your future?

Additional Comments or Notes

