

FBA Parent Interview Form

Student: _____ **Date of Birth:** _____ **Grade:** _____

Respondent(s): _____ **Date Completed:** _____ **Type of Contact:** _____

1. Are the target behaviors exhibited at home?

	Yes	No	What do they look like at home	How often do they occur at home?	How long does the behavior last?
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

2. What other behavioral concerns do you have at home?

3. Describe the range of intensities of the problem behaviors at home (example: mild, moderate, severe) and the extent to which he/she or others may be hurt or injured from the

problem behavior?

4. Does any type of problem behavior typically precede another type of problem behavior (e.g., yells before hitting; are there behaviors that seem to indicate that severe problem behavior is about to occur)?

5. Under what conditions or situations are the problem behaviors most likely to occur (e.g., mornings, bedtime, eating, grocery stores, etc.)?

6. Do the problem behaviors predicatably occur during any particular activities?

7. What seems to trigger the problem behaviors?

8. Describe your child's language abilities

9. Do you believe any of the following could contribute to the problem behavior(s)?

	Yes	No	Sometimes	If yes or sometimes, which behavior(s) do you think it contributes to?
Sleep Problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Impairments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appetite/Diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. If you checked "Yes" or "Sometimes" to any of the above, please describe condition in detail:

11. How do you respond to the behaviors of concern at home (e.g., time out, loss of privileges, remove the demand, give attention, give a toy/game, reprimand, etc).

12. Please share any strategies you have used with your child that you have found to be effective.

13. Please list any medications your child is currently taking:

14. Has there been any changes to medication recently?

15. Describe your child at home, including their strengths.

16. What are your child's interests?

17. Has there been any “life or event” changes (e.g., death in the family, divorce, loss of job)?
