 **Functional Behavioral Assessment (FBA)**

**Parent Interview**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | School: |  |
| Student: |  | ID#: |  |
| Date of birth: |  | Grade: |  |
| Parent/Guardian: |  | | |

1. What does your son/daughter like and dislike about school?

He/she likes

He/she dislikes

1. Can your son/daughter name a supportive adult at his or her school?  Yes  No

If yes, list name of adult(s)?

1. Does your son/daughter complain of physical symptoms to avoid school?  Yes  No

If yes, how often?

1. What specific behavior problems do you know about that occur at school with your son/daughter?

1. What specific behavior problems occur outside of school with your son/daughter?

1. How do you deal with his/her problem behaviors at school and at home?

1. What are your son’/daughter’s favorite activities at home and at school?

1. Describe your son’s/daughter’s relationship with:

Parents

Siblings

Peers

1. Has there been a change in your son’s/daughter’s home situation, friends, interests, or appearance?

Yes  No

If yes, explain:

1. Do you have any significant problems with your son/daughter in terms of (check all that apply)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Tantrums |  | Defiance |
|  | Excessive activity level |  | Getting along with parents |
|  | Poor attention span |  | Getting along with teachers |
|  | Aggressiveness |  | Getting along with friends |
|  | Withdrawal |  | Poor motor coordination |
|  | Low self-confidence |  | Difficulty with speech or language |
|  | Low motivation |  | Over sensitivity (emotional/sensory) |
|  | Following directions |  | Engaging in dangerous behavior to self or others |
|  | Eats poorly |  | Drug/alcohol use |
|  | Gives up easily |  | Stubborn |
|  | Nightmares |  | Trouble going to sleep |
|  | Prefers to be alone |  | More interested in things than people |
|  | Wets bed |  | Shy or timid |
|  | Bites nails |  | Interest in matches/lighters/fire |
|  | Bangs head |  | Sleeping patterns |
|  | Clumsy |  | Harming pets |
|  | Sucks thumb |  | Rocks body |
|  | Other: | | |

Please provide additional information for above checked issues:

1. Other agency involvement (check all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Church |  | Tolson Center |
|  | YMCA |  | Little league |
|  | Lifeline |  | Division of Children Services (DCS) |
|  | Boys and Girls Club |  | Probation |
|  | Other: | | |

1. Is your son/daughter currently involved in counseling?  Yes  No

If not currently receiving counseling have they in the past?  Yes  No

Agency:       Counselor’s name:

1. Is your son/daughter prescribed any medication(s)?  Yes  No If yes, list all medication(s):

|  |  |  |  |
| --- | --- | --- | --- |
| Medication | Dosage | Frequency | Prescribing Physician/Psychiatrist |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. What ideas do you have to improve your son’s/daughter’s adjustment at school?