 **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 |
|       |       |       |       |
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|       |       |       |       |

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