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_____

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

   If yes, list name of adult(s)? _____

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

   If yes, how often? _____

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

   _____

   _____

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

   _____

   _____

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

   _____

   _____

7. What are your son'/daughter's favorite activities at home and at school?

   _____

   _____

8. Describe your son's/daughter's relationship with:

   Parents _____

   Siblings _____

   Peers _____

9. Has there been a change in your son's/daughter's home situation, friends, interests, or appearance?
   Yes No
   If yes, explain: _____

   _____

10. 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:

_____

_____

_____

_____

11. 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:		

12. 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:

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

Medication	Dosage	Frequency	Prescribing Physician/Psychiatrist

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