## Functional Behavioral Assessment: Parent Interview Form

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| Student: Date: School: Grade: \_\_\_\_\_ Parent: Interviewer: Interview conducted: □ at home □ at school □ by phone |
| 1. What does your child like to do in his/her free time? |
| 2. What does he/she dislike to do in his/her free time? |
| 3. What subject or class does your child seem to like most and/or least? |
| 4. Does your child go to school willingly?  |
| 5. What specific behavior problems at school do you know about? |
| 6. Tell me about things that seem to be going well or not so well for your child at school, home, and other places. |
| 7. What specific behavior problems occur outside of school?  |
| 8. In general, does your child seem happy?  |
| 9. Does your child express feelings easily? □ yes □ no  With any specific person? Please describe.  |
| GENERAL BACKGROUND INFORMATION:1. Is your child currently on medication? □ yes □ no  If yes: Name Dosage Frequency 2. Has he/she had any chronic health problems? (e.g. asthma, diabetes, heart condition) If yes, specify.3. Have there been any significant changes at home that may affect your child’s behavior? |