inspiring. excellence.

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?

_____

_____

_____

_____