

Functional Behavioral Assessment Interview Form

Name _____ Information Provider _____ Date ____/____/____
 Interviewer _____ Interview method _____

How long have you known the person? _____ How often do you currently see the person?
 _____ How much time did you spend together this past week? _____

What are the person's favorite things to do? _____

How often does she/he get to engage in those activities? _____

Who are some of her/his best friends? _____

How often does she/he get to see these friends? _____

Name some individual strengths _____

What activities does she/he currently do that use those strengths? _____

What activities might be an opportunity for those strengths? _____

What forms of communication does she/he use? _____

Is special effort or training required by the receiver of the communication? _____

Does she/he have a universally understandable (UU) or an idiosyncratic signal (IS) to communicate the following:

Example: Yes. (UU) nods head or says "yes" or (IS) high pitched squeak and hop

Yes. _____

No. _____

More. _____

Done. _____

I want Xxxx. _____

I need Xxxx. _____

Greeting comment. _____

Departing comment. _____

What receptive communication modes does she/he respond to? (verbal, sign language, written words, picture cues, body language, visual schedule) _____

Does she/he exhibit any disruptive behaviors? (e.g. screaming/task refusal) List behaviors

Does she/he exhibit any destructive behaviors? (e.g., aggression, self-injury, or property destruction) List behaviors _____

Are medications taken that effect behavior? ____ How? _____

Are there sleeping or eating issues that effect behavior? _____

Are there other medical or physical problems that effect behavior (e.g. allergies/acid reflux/constipation)? _____

During which activities does she/he have many problem behaviors? _____

During which activities does she/he have few or no problem behaviors? _____

Does she/he show any behaviors that signal a problem behavior is likely to occur? (e.g. loud humming, foot tapping, pacing) _____

Does she/he have verbal communication that provides a warning problem behavior may soon occur? _____

How would she/he react to the following situations?

Left alone with no preferred items for 15 minutes? _____

Left alone with preferred activities? _____

With attention from a non-preferred person? _____

The person is required to complete an easy and preferred task? _____

The person is required to complete an easy but non-preferred task?

The person is required to complete a difficult task? _____

Would it make a difference in any of the above demand situations if attention/assistance is not available? _____

A preferred activity has to be discontinued to transition to a less preferred activity? ____

A preferred item or activity is unavailable? _____

A preferred person is unavailable? _____

A setting which contains intense sensory stimulation (e.g., mall, fire drill, class hallways)?

List one event that is almost guaranteed to produce severe problem behavior. _____

List one event that is almost guaranteed to reduce severe problem behavior. _____

Does she/he use a schedule? ____ What type? _____

Is the schedule predictable on a daily basis? _____

Is a timer used for scheduled activities? _____

How many items are typically on the schedule? _____

Does the schedule include access to preferred activities? _____

Does the schedule include Free Time or Choice Time? _____

What would the perfect setting look like for her/him?

What is something you think others should know about her/him? _____
