Functional Behavioral Assessment

Parent Interview Form

Student:	Date:	Parent:	
School:	Grade:	Interviewer:	
Interview Conducted:Home	School	Phone	
What does your child like to d	o in his/her free tim	e?	
2. What does he/she dislike to d	o in his/her free tim	e?	
3. What subject or class does your child seem to like the most and/or least?			
4. Does your child go to school	willingly?		
5. What specific behavior problems at school do you know about?			
 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 se	em happy?		
9. Does your child express feeling	ngs easily? Y	es No	
With any specific person? Please describe.			

GENERAL BACKGROUND INFORMATION:

- 1. Is your child currently on medication? Yes NoIf yes: Name Dosage Frequency
- 2. Has he/she had any chronic health problems? If yes, specify.
- 3. Have there been any significant changes at home that may affect your child's behavior?

(Emotional Considerations-Required Form A)