

**Functional Behavior Assessment  
Parent/Caregiver Interview Form**

<b>Student:</b>	<b>Date of Birth:</b>
<b>Grade:</b>	<b>Age:</b>
<b>Teacher:</b>	<b>School:</b>
<b>Interviewer:</b>	<b>Date of Interview:</b>

Please describe your child's behaviors away from the school environment by commenting on the following:

1. How does he/she respond to requests or comments from parent(s)?
2. What types of chores/tasks/activities does he/she do at home?
3. Does he/she appear to like himself? How do you know?
4. How do others view him/her?
5. How does he/she handle situations when things don't go his/her way?
6. How does he/she act away from home (e.g., shopping, at a restaurant, visiting others)?
7. Does he/she participate in clubs/sports/extracurricular activities?
8. How does he/she get along with siblings?
9. How does he/she get along with other children in the neighborhood?
10. What does he/she do when alone? Is that often?

11. Does he/she keep self well groomed?
12. How does he/she cope with new situations or change in routine?
13. Does he/she share feelings and thoughts with mother/father/others?
14. How does he/she show responsibility for own behavior?
15. How does he/she act to support criticism?
16. When does he/she display a sense of humor?
17. Does he/she make an effort to be kind/say nice things to others?
18. Does he/she typically tell the truth?
19. Does he/she show respect for the property of others?
20. How does he/she solve conflict with others?
21. What is his/her typical mood?
22. Does he/she usually act before considering consequences?
23. How does he/she deal with failure/disappointment?

**Functional Behavior Assessment**  
**Special Education Data to Supplement FBA**  
Parent/Caregiver Interview Form

1. How would you describe his/her eating habits?
  
2. Does he/she sleep well at night?
  
3. Does he/she take prescription medication(s)? Specify type, dosage, and purpose?
  
4. Describe any physical or medical limitations.
  
5. Describe your child's typical schedule (A.M. and P.M.) when not at school. Note best and most difficult times of the day for him/her at home.

6:00 a.m. \_\_\_\_\_

6:30 a.m. \_\_\_\_\_

7:00 a.m. \_\_\_\_\_

4:00 p.m. \_\_\_\_\_

4:30 p.m. \_\_\_\_\_

5:00 p.m. \_\_\_\_\_

5:30 p.m. \_\_\_\_\_

6:00 p.m. \_\_\_\_\_

6:30 p.m. \_\_\_\_\_

7:00 p.m. \_\_\_\_\_

7:30 p.m. \_\_\_\_\_

8:00 p.m. \_\_\_\_\_

8:30 p.m. \_\_\_\_\_

9:00 p.m. \_\_\_\_\_

9:30 p.m. \_\_\_\_\_

10:00 p.m. \_\_\_\_\_

10:30 p.m. \_\_\_\_\_