

**STONINGTON PUBLIC SCHOOLS  
FUNCTIONAL BEHAVIORAL ASSESSMENT  
PARENT INTERVIEW**

**Student** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex: M F** \_\_\_\_\_

**Date of Interview** \_\_\_\_\_ **Interviewer** \_\_\_\_\_

**Respondents** \_\_\_\_\_

**Review of Behavioral Descriptor Form**

\_\_\_\_\_  
\_\_\_\_\_

**I. Family Information**

**1. Describe a typical school day from wake up to bedtime. Note areas of difficulty.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. To what extent are the activities on the daily schedule *predictable* for the child with regard to what will be happening, when it will occur, with whom, and for how long?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Describe the eating *routines* and *diet* of your child and the extent to which these may affect his/her behavior.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Describe the sleep patterns of your child and the extent to which these affect his/her behavior.**

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**5. What a *medical* or *physical* condition (if any) does your child experience that may affect his/her behavior (e.g., asthma, allergies, rashes, sinus infections, seizures, problems related to menstruation)?**

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**6. What medications is your child currently taking (if any), and how do you believe these may affect his/her behavior?**

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**7. How many other persons are typically around the individual at home?**

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**8. Is your child overly sensitive to stimulation (noise, crowds, light, touch, etc.?)**

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**9. Briefly describe how the child's behavior would be affected if.....**

**a. You asked him or her to perform a more difficult task.**

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**b. You interrupted a desired activity.**

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c. You unexpectedly changed his or her typical routine or schedule.

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d. He/she wanted something but wasn't able to get it.

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e. You didn't pay attention to the child or left him/her alone for a while.

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**II. Specific Behavioral Information**

For the following questions focus on target behavior: \_\_\_\_\_

1. Define specific antecedents that predict when the behaviors are likely and not likely to occur.

a. *Times of day:* When are the behaviors most and least likely to happen?

Most Likely \_\_\_\_\_

Least Likely \_\_\_\_\_

b. *Settings:* Where are the behaviors most and least likely to occur?

Most Likely \_\_\_\_\_

Least Likely \_\_\_\_\_

c. *People:* With whom are the behaviors most and least likely to occur?

Most Likely \_\_\_\_\_

Least Likely \_\_\_\_\_

d. *Activity:* What activities are the behaviors most and least likely to produce the behaviors?

Most Likely \_\_\_\_\_

Least Likely \_\_\_\_\_

2. What one thing could you do that would most likely make the undesirable behavior occur?

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