

Functional Behavior Assessment Parent Interview Form

Student Name: _____ Goes by: _____ M F
School: _____ Teacher: _____ Grade: _____ Age: _____
Person(s) Completing Form: _____
Relationship to Student: _____ Date Completed: _____
Student's Home Address: _____
City: _____ State: _____ Zip: _____ Home Phone: _____

Family:

1. Name: _____ Relationship: _____ Cell phone: _____
Education: _____ Occupation: _____ Work Phone: _____
2. Name: _____ Relationship: _____ Cell Phone: _____
Education: _____ Occupation: _____ Work Phone: _____
3. Are parents Separated Divorced Deceased?
How old was child when this occurred? _____
4. List names of parent(s) and step-parent(s) living outside the home:

5. Does the child visit the parent not living in the home? _____ How often? _____
6. List names, ages and relationship of all siblings, step and half:

Name	Age	Relationship	Name	Age	Relationship
1.			2.		
3.			4.		

7. Are there other friends or relatives living in the home? Yes No
If yes, please explain. _____

Birth/Developmental History:

1. Were there any medications taken by the mother during pregnancy? Yes No
If yes, please explain: _____
2. During pregnancy were there complications that placed the parents under special strain?

3. Were there any complications at birth that would impact learning? Yes No

If yes, please explain: _____

4. What was the child's birth weight? _____

5. Were motor developmental milestones (sit, crawl, walk) Average Fast Delayed?

6. Were speech/language developmental milestones Average Fast Delayed?

7. What language other than English is spoken in the home? _____

Which language does the child use most often? _____

Medical/Health History:

1. Describe any significant illnesses, injuries or hospitalizations: _____

2. Does your child have any visual difficulties? Yes No

Are corrective lenses prescribed? Yes No Worn regularly? Yes No

3. Does your child have any hearing impairment? Yes No

Have corrective measures been taken? Yes No

4. Does your child see a specialist for any chronic illnesses? Yes No

If yes, please provide details. _____

5. Is your child currently involved with any community agencies (Centerstone, Mental Health Co-op, Department of Human Services)? Yes No

If yes, please list name(s) of organization, services provided and contact person: _____

6. Please list all current medications your child is taking, dosage and reason it is taken:

Medication	Dosage	Reason prescribed

7. Does your child receive other services (speech, PT, OT, tutoring, counseling)? Please list what services, service provider, for how long and progress/outcomes? _____

Behavior and Social History:

1. In your own words, please describe your child's characteristics:

2. What do you believe are your child's special traits, talents or skills?

3. What does your child like to do in his/her free time?

4. What does he/she dislike in free time?

5. With whom does he/she like to spend time?

6. Does your child have strong fears or dislikes?

7. Does your child express feelings easily? With whom?

8. Does your child get along well with other adults? Yes No Peers? Yes No
Please give additional information if you mark No:

9. How long will your child pay attention to preferred activities (e.g. tv show, game system, etc)? 5 min 10 min 15 min 20 min
10. How long will your child pay attention to non-preferred activities (bookwork, cleaning etc)? 5 min 10 min 15 min 20 min

11. Describe the issues your child experiences at school?

12. Does your child experience behavior issues at home? Yes No

If you indicated yes, please specify:

13. What methods of discipline have you used? Which seem effective and ineffective?