

FBA STUDENT INTERVIEW

STUDENT:		DATE:
SCHOOL:		INTERVIEWER:
GRADE:	AGE:	RESPONDENT:

Target PROBLEM BEHAVIOR: (This is the problem behavior identified by staff as impeding the student’s learning or the learning of others.)

Yes	No	Sometimes	
			1. Do you feel successful in school?
			2. Do you think your school work is too easy?
			3. Do you think your school work is too hard?
			4. Do you think the work period for each subject is too long?
			5. Do you think the work period for each subject is too short?
			6. Is it difficult for you to concentrate on your school work?
			7. Are there things in the classroom that distract you?
			8. When you are working on an assignment independently, would you do better if someone was working with you? If yes, how often do you have an opportunity to work with someone?
			9. Do you think anyone notices when you do a good job? If yes, who do you think notices?

Yes	No	Sometimes	
			10. Do you think you receive the points/grade or reward that you deserve when you do good work?
			11. Do you think you would do better in school if you received more rewards or incentives?
			12. In general, do you find your school/course work interesting?
			13. Do you like school? If yes, why? If no, why not?
			14. Do you have a favorite subject or class? If yes, what is it and why is it your favorite?
			15. Is there a subject or class you like least? If yes, what is it and why don't you like it?
			16. Do you have a favorite adult at school? If yes, who is it and why are they your favorite?
			17. Do you have a best friend at school?
			18. Besides your best friend, do you feel you have many friends you can talk with?
			19. When you do well in school, is there an adult you really want to know about it? If yes, who is this adult?

Yes	No	Sometimes	
			20. Do you ever have behavior problems in school?
			21. Does your behavior prevent you from learning?
			22. Does your behavior prevent others from learning?
			23. Do you think your teacher(s) would say you have a problem with your behavior? If yes, what behavior do you think they would say is a problem?

24. Tell me about when you seem to have the most problems in school. (Where are you? What time of day? Who are you with? etc.)
25. What upsets you the most when you are at school?
26. When do you think you have the fewest problems with behavior?
27. Why do you think you do not have as many problems during this time? (What class is it? Who is the teacher? Time of day? etc.)
28. What punishment do you dislike the most?
29. What reward do you like the most?
30. Tell me what happens when you (<i>Target Problem Behavior</i>). What does the teacher say or do? What do the other students say or do?
31. What changes could be made so that you have fewer problems with this behavior?

REINFORCERS

Yes	Edible Reinforcers
	Candy:
	Drinks:
	Snacks:
	Fruit:
	Vegetables:
	Cereal:
	Other:

Yes	Academic Reinforcers
	Getting Good Grades
	Giving Reports
	Completing Creative Writing Projects
	Earning Extra Credit
	Having Work Displayed
	Earning Teacher Praise
	Earning Free Time on Technology
	Helping with Teacher Tasks (passing out papers, etc.)
	Having a Positive Call/Email/Note Sent Home
	Having Parent(s) Praise Good Work
	Other;

Yes	Activity Reinforcers
	Drawing, Painting, Coloring
	Going on Field Trips
	Going Shopping
	Going to the Movies
	Reading
	Having Free Time in Class
	Making Things
	Taking Care of/Playing with Animals
	Eating Out at a Restaurant
	Spending Time Alone
	Working on the Computer
	Having Extra Gym/Recess Time
	Other:

Yes	Favorite Tangible Things
	Books
	Puzzles
	Paper/Coloring Books
	Pencils/Markers/Crayons
	Fidgets
	Stuffed Animals
	Toys
	Other:

Yes	Social Reinforcers
	Teaching Things to Other People
	Spending Time with Friends
	Spending Time with a Favorite Teacher
	Spending Time with an Administrator (Principal, Dean, etc.)
	Helping Keep the Classroom Clean and Organized
	Spending Time with a Favorite Staff Member (Para, IA, Librarian, etc.)
	Being a Leader in the Class
	Being a Teacher's Helper
	Working with Friends in Class
	Being a Tutor
	Helping a Student with Special Needs
	Other:

Yes	Recreation/Leisure Reinforcers
	Listening to Music
	Playing a Musical Instrument
	Playing Video Games
	Building Things
	Singing
	Watching TV
	Crafts
	Cooking
	Other:

PARENT/GUARDIAN INTERVIEW FOR FBA

STUDENT:		DATE:
SCHOOL:		INTERVIEWER:
GRADE:	AGE:	RESPONDENT:

<p>1. What are your child's strengths or interests? (Check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"><input type="checkbox"/> Friendly</td> <td style="width: 50%; vertical-align: top; padding: 5px;"><input type="checkbox"/> Easygoing</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Helpful</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Attentive to Instruction</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Sociable</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Kind to Adults</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Organized</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Kind to Other Students</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Natural Leader</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Good Sense of Humor</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Liked by Peers</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Has a Positive Attitude/Outlook</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Has Lots of Friends</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Good Communication Skills</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Self-Starter</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Hard Worker</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Socially Aware</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Other: _____</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Follows Directions</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Other: _____</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Honest</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Friendly	<input type="checkbox"/> Easygoing	<input type="checkbox"/> Helpful	<input type="checkbox"/> Attentive to Instruction	<input type="checkbox"/> Sociable	<input type="checkbox"/> Kind to Adults	<input type="checkbox"/> Organized	<input type="checkbox"/> Kind to Other Students	<input type="checkbox"/> Natural Leader	<input type="checkbox"/> Good Sense of Humor	<input type="checkbox"/> Liked by Peers	<input type="checkbox"/> Has a Positive Attitude/Outlook	<input type="checkbox"/> Has Lots of Friends	<input type="checkbox"/> Good Communication Skills	<input type="checkbox"/> Self-Starter	<input type="checkbox"/> Hard Worker	<input type="checkbox"/> Socially Aware	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Follows Directions	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Honest	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Friendly	<input type="checkbox"/> Easygoing																					
<input type="checkbox"/> Helpful	<input type="checkbox"/> Attentive to Instruction																					
<input type="checkbox"/> Sociable	<input type="checkbox"/> Kind to Adults																					
<input type="checkbox"/> Organized	<input type="checkbox"/> Kind to Other Students																					
<input type="checkbox"/> Natural Leader	<input type="checkbox"/> Good Sense of Humor																					
<input type="checkbox"/> Liked by Peers	<input type="checkbox"/> Has a Positive Attitude/Outlook																					
<input type="checkbox"/> Has Lots of Friends	<input type="checkbox"/> Good Communication Skills																					
<input type="checkbox"/> Self-Starter	<input type="checkbox"/> Hard Worker																					
<input type="checkbox"/> Socially Aware	<input type="checkbox"/> Other: _____																					
<input type="checkbox"/> Follows Directions	<input type="checkbox"/> Other: _____																					
<input type="checkbox"/> Honest	<input type="checkbox"/> Other: _____																					
<p>2. Describe your child. What is he/she like at home?</p>																						
<p>3. Does your child display any behaviors of concern at home? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:</p>																						

4. Has your child’s teacher of school contacted you regarding any behaviors of concern for your child? No Yes
 If yes, what do you understand the behavior of concern to be?

5. Do you believe any of the following could contribute to the behavior problem?

	YES	NO	SOMETIMES	UNKNOWN
Currently on medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appetite/diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Has a conference or discussion been held to discuss problem behavior(s) with you? No Yes

Predictors and Setting Events: Respond to the following regarding the problem behavior identified above.

7. In which settings does the behavior occur? (e.g., inside the home, outside, etc.)

8. With whom does the behavior occur? (e.g., siblings, adults, specific person, etc.)

9. When does the behavior occur? (e.g., morning, afternoon, night, or when there is a specific expectation such as “time to clean your room,” etc.)

10. Does the problem behavior occur more often when:

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> A certain type of task/request is given | <input type="checkbox"/> The normal routine is disrupted |
| <input type="checkbox"/> An easy task/request is given | <input type="checkbox"/> The child's request has been denied |
| <input type="checkbox"/> Transitioning between tasks | <input type="checkbox"/> Independent time/ activity |
| <input type="checkbox"/> The child is asked to start a new task | <input type="checkbox"/> Group activity |
| <input type="checkbox"/> The child is asked to stop a task | <input type="checkbox"/> Crowded settings |
| <input type="checkbox"/> Transitioning between setting (leaving home to go somewhere else, leaving another setting to go home, etc) | <input type="checkbox"/> Unstructured setting |
| | <input type="checkbox"/> Unstructured activity |
| | <input type="checkbox"/> Peer attention |

11. Is there something that you can do or something that occurs that "triggers" the problem behavior to occur?

12. When the problem behavior occurs or worsens, does the child gain any of the following? (Check all that apply)

Attention from an adult in the form of:

- | | |
|--|---|
| <input type="checkbox"/> Praise | <input type="checkbox"/> Food |
| <input type="checkbox"/> Time out | <input type="checkbox"/> A certain task/activity |
| <input type="checkbox"/> Reprimands/ lectures | <input type="checkbox"/> Money |
| <input type="checkbox"/> Other negative consequences | <input type="checkbox"/> Attention from a peer |
| <input type="checkbox"/> Games/fun activities | <input type="checkbox"/> Attention from a sibling |
| <input type="checkbox"/> Toys | |

13. When a problem behavior occurs, does the student lose privileges, such as:

(Check all that apply)

- Phone
- Friends over/social event
- Computer, video games, etc
- Grounding
- Extra-curricular activity (Sport, etc)
- Other: _____

14. What positive or preventative strategies have you used with your child and how effective were they?

15. What consequence strategies have you used with your child and how effective were they?

16. Is there any other insight you can offer about your child or the behavior that might assist us in developing appropriate, effective interventions (e.g., student preferences, situations when the student is successful, etc.)?

TEACHER INPUT FORM

Student:

DOB:

Date:

School

Grade:

Teacher

Behavior

Target Behavior: _____

- When is the behavior most likely to occur?
- Where is the behavior most likely to occur?
- With whom?
- Frequency? (Be specific, per period, hourly, daily, weekly, etc)

Antecedents

What do you believe to trigger this behavior? Please check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Enter classroom | <input type="checkbox"/> Independent work |
| <input type="checkbox"/> Request for academic work | <input type="checkbox"/> Correcting work/constructive criticism |
| <input type="checkbox"/> When asked to do a chore or help | <input type="checkbox"/> Asked to stop an activity |
| <input type="checkbox"/> When asked to do non-preferred task | <input type="checkbox"/> Doesn't have materials |
| <input type="checkbox"/> Re-direction | <input type="checkbox"/> Small group work |
| <input type="checkbox"/> When held to a time limit (timed task) | <input type="checkbox"/> Multi-step work/projects |
| <input type="checkbox"/> transition/request to change activity | <input type="checkbox"/> Whole group instruction/activity |
| <input type="checkbox"/> Visitors in the room | <input type="checkbox"/> Being ignored by peers OR teacher |
| <input type="checkbox"/> Unstructured setting | <input type="checkbox"/> Peers |
| <input type="checkbox"/> Request for public response | <input type="checkbox"/> Being teased by others |
| <input type="checkbox"/> Lecture with or without note-taking | <input type="checkbox"/> Difficult work/task |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Loss of reward/opportunity |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Consequences

What consequences have you tried with this student to help make a change in his/her behavior, whether they have worked or not? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Zero for assignment | <input type="checkbox"/> Lunch detention |
| <input type="checkbox"/> Verbally correct student in private or public | <input type="checkbox"/> Non-verbal cues (proximity, eye contact, etc.) |
| <input type="checkbox"/> Speak to student after class | <input type="checkbox"/> Call the student's parents/caregivers |
| <input type="checkbox"/> Take away recess or other free time | <input type="checkbox"/> student/teacher conference |
| <input type="checkbox"/> Take a privilege away | <input type="checkbox"/> Deduct points from assignments |
| <input type="checkbox"/> Verbal reprimand | <input type="checkbox"/> Verbal redirection |
| <input type="checkbox"/> Give student pass to guidance counselor | <input type="checkbox"/> Allow student to take short breaks |
| <input type="checkbox"/> Increased supervision | <input type="checkbox"/> After school detention |
| <input type="checkbox"/> Sent from room to, specify:
_____ | <input type="checkbox"/> In-school suspension |
| <input type="checkbox"/> Sent to office | <input type="checkbox"/> Out-of-school suspension |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

- Please list any consequences that have been effective:

- Please list motivators and incentives for this student. (What have you tried, and whether it has worked or not).

Please **highlight** all the behaviors that impede the student's, or others', learning.

Behavior Categories				
Aggression	Inappropriate Talk	Noncompliance	Off-Task	Self-Injurious
Hitting	Talking out	Failing to comply with instructions	Out of seat	Head banging
Biting	Talking back	Refuses to follow school rules, specify:	Gesturing to peers	Self cutting
Spitting	Negative comments		Touching others	Pinching self
Pushing	Profanity		Talking	Vomiting
Scratching	Name calling		Appearing to not work	Pulling own hair
Kicking	Yelling		Working on different task	Consuming inedible objects
Hair Pulling	Inappropriate sounds		Failing to begin task upon request	sucking/biting/
Inappropriate	Verbal threats		Refusing to talk	Scratching self
Touching	Humming		Verbal refusals	Use of alcohol/drugs
Vandalism	Singing		Tardy	Other:
Threats	Off-subject comments		Truancy	Getting peer attention
Hitting objects against walls, desk, etc.	Harassment	Hiding	Not attending to directions	
Tantruming	Sexual innuendos	Elopement	Unprepared	
Fighting	Other, specify:	Leaving building	Withdrawn	
Bullying		Lying		
Other:		Unresponsive	Other:	
		Stealing		
		Other:		

FUNCTIONAL BEHAVIOR ASSESSMENT - SUMMARY

STUDENT NAME:

DATE:

GRADE:

AGE:

SCHOOL:

Data Sources Used:

- | | |
|---|--|
| <input type="checkbox"/> Review of records | <input type="checkbox"/> Direct observation data |
| <input type="checkbox"/> Interview with student | <input type="checkbox"/> Student work samples |
| <input type="checkbox"/> Interview with teacher | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Interview with parent | |

Student Strengths:

Identify student strengths that might serve to identify and/or strengthen efforts to develop a practical and effective behavior intervention plan for this student.

Academic strengths:

Social/emotional/behavioral strengths:

Operational Definition of Target Behavior

Specifically, what is the student having difficulty with or doing? The target behavior must be clearly defined and measurable. The general education teacher, special education teacher, para, IA, administrator, etc., all should be able to recognize the behavior. (i.e. John leaves his seat for more than 10 seconds during math instruction daily.)

Antecedent Conditions/Triggers:

In what setting(s) is the behavior demonstrated?

During what kind of activity is the behavior demonstrated?

Is the behavior demonstrated around specific people?

What trends have been identified through data sources?

Medical, Health, and/or Environmental Factors:

List known medical conditions, health issues, social and/or family issues that may be impacting the demonstration of the target behavior (e.g., recent medical diagnosis, divorce, death in the family, etc.)

Consequences:

The consequence is an action or response that follows the behavior. The consequence is the thing that reinforces the behavior. While the consequence is not necessarily a punishment or disciplinary action, it can be. For example, if a child screams or throws a tantrum, the consequence may involve the adults (parent or teacher) providing the student with attention. Consequences usually fall into three distinct groups: **avoiding** tasks, situations, or settings; **acquiring** preferred items, or food; or getting **attention**.

Identify actions, or responses that typically follow immediately or shortly after the display of the specific target behavior (e.g., Staff responses and reactions, peer responses, student responses, the acquisition of tangible objects or social recognition).

Strategies used to address the target behavior:

List strategies currently being utilized, as well as strategies previously attempted, to address the target behavior.

Hypothesized function of the target behavior:

Based upon the information provided, identify the function or functions served by the target behavior. Identify how the function identified was verified/supported (e. g., Through functional analysis or triangulation of data – names the three sources used in triangulation).

- Avoid or escape a task
- Adult attention
- Peer affiliation
- Power or control
- Justice/revenge
- Receive tangibles
- Sensory stimulation
- Other:

Hypothesized function of behavior is verified/supported through triangulation of the following data sources:

Other pertinent information for developing the BIP:

List any additional information that may help in the development or implementation of a behavior intervention plan for this student (E. G., Jason responds best to visual cues/prompts rather than repeated verbal requests.)

FBA Team participant Signatures:

Meeting Date for Developing the BIP: