FUNCTIONAL ASSESSMENT INTERVIEW: FAMILY VERSION

The following interview should be conducted with the student’s family. The interview was adapted from the Functional Analysis Interview Form (O’Neill, Horner, Albin, Storey, & Sprague, 1990). The interview is designed to gather data from the family about the behavior identified as a problem at school, and about their concerns related to behavior outside of school. School social workers are skilled interviewers. This instrument should be used as a guide only. Questions that are not relevant to a particular student should be skipped. Additional questions may be added.

1. Student______________________________

2. Age ___________ DOB _____________

3. Interviewer __________________________ Date of Interview ____________

4. Respondent (s): ______________________ Relationship to student _________

5. What is your understanding of the behaviors that are a problem for __(the student)__ at school?

6. Are these behaviors that are a problem at school happening at home or in other places?

7. Do you consider these behaviors that are a problem at school, to be a problem at home or in other settings?

8. Have you been concerned about these or other behaviors? (If there is more than one problem behavior, list the behaviors in the order of their significance to the family. Make sure that the behavior is defined in a way that can be observed and measured.)

   1. ______________________________
   2. ______________________________
   3. ______________________________
   4. ______________________________

(Remember that the highest priority for the family may not be the same behavior identified by the school. The information related to the problem behaviors at Charlene Thiede Page 1 4/13/2004 1
home may help the team understand the behaviors that are a problem at school even if they are different behaviors)

9. When did the problem behavior (#1 on the list in item 8) begin?

10. How did you respond when the problem behavior first started?

11. What do you think causes or motivates the problem behavior?

12. When is the behavior most likely to occur?

13. How often does this behavior occur?

14. Are there times when this behavior rarely or never occurs?

15. Are there times when this behavior almost always occurs?

16. Does this behavior occur more often during certain times of the day?

17. Is this behavior affected by how many people are around your student?

18. Does this behavior only occur when your student is with certain people?

19. Does this behavior occur only during certain types of activities?

20. Could this behavior be related to something your student has difficulty doing or to skills he/she hasn’t learned?

21. What is something your student likes so much it could be a reward?

22. Is your student taking any medications that might affect his/her behavior?
23. Could the behavior be related to being thirsty, hungry or tired?

24. Could this behavior be the result of any form of discomfort such as headaches, stomachaches, blurred vision, ear infections etc.?

25. Could this behavior be caused by allergies?

26. When the problem behavior occurs, are there any other behaviors that are likely to occur with it?

27. Are there any observable events (outside of school) that signal that the problem behavior is about to occur?

28. What usually happens after the problem behavior?

29. Is there anything else that we haven’t already talked about, that you would like the school to know about your child or your child’s behavior?