Section 1

1. My work is too hard for me. Always Sometimes Never
2. My work is too easy for me. Always Sometimes Never
3. When I ask for help appropriately, I get it. Always Sometimes Never
4. I think work periods for each subject are too long. Always Sometimes Never
5. I think work periods for each subject are too short. Always Sometimes Never
6. I do better work when someone works with me. Always Sometimes Never
7. I have an opportunity to work with someone. Always Sometimes Never
8. I think people notice me when I do a good job. Always Sometimes Never
9. I think I get rewards I deserve when I do good work. Always Sometimes Never
10. I think I would do better in school if I received more rewards or incentives. Always Sometimes Never
11. In general, I find my work interesting. Always Sometimes Never
12. There are things in the classroom That distracts me. Always Sometimes Never
13. My work is challenging enough for me. Always Sometimes Never
Student Assisted Functional Assessment Interview

Section 2

Rate how much you like the following subjects:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Not at all</th>
<th>Fair</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Math</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Spelling</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Science</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Social Studies</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Language Arts</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Music</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Physical Education</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Computers</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Art</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

From the list above, what do you like about the subjects you scored 4’s and 5’s?

___________________________________________________________________________

___________________________________________________________________________

From the list above, what don’t you like about the subject you scored 1’s and 2’s?

Section 3

1. When you think you have the fewest problems with __________________________ in school?

___________________________________________________________________________

___________________________________________________________________________

Why do you not have problems during this/these time(s)? _______________________

___________________________________________________________________________

___________________________________________________________________________

2. What changes could be made so you would have fewer problems with _________

___________________________________________________________________________

___________________________________________________________________________

3. What kind of rewards/incentives would you like to earn for good behavior or good school work? ________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
Student Assisted Functional Assessment Interview
Eating/sleeping patterns, misc.

1. Do you have trouble sleeping at night? ____________________________________________

2. Do you feel you get enough sleep at night? Too little? Too much?_________________

3. Is it ever difficult to concentrate on your school work? Why?_____________________

4. Do you worry a lot about things? What kind of things? ___________________________

5. Have you been eating regularly?________________________________________________

6. Have you ever experimented with drugs/alcohol?_______________________________

7. Are you taking any medications? Which ones?____________________________________

Section 5
1. What other schools have you attended? When?___________________________

2. What concerns do you have about yourself?____________________________________

3. What do you plan to do when you finish school?_______________________________

4. Is there anything else you would like us to know about you? Do you have any other
   important information you think we should know?______________________________
Student Assisted Functional Assessment Interview

Social Activities
1. What are your favorite activities at school?

___________________________________________________
___________________________________________________

2. What are your hobbies or interests?

___________________________________________________
___________________________________________________

3. If you had the chance, what activities would you like to do that you don’t have the opportunity to do now?

___________________________________________________
___________________________________________________

4. How do you spend your free time when you are not at school?

___________________________________________________
___________________________________________________

5. What are some things you like to do on the weekend?

___________________________________________________
___________________________________________________

Peer Relationships
1. What are some things you like to do with a friend?

___________________________________________________

2. Do you have close friends?

___________________________________________________

3. Do these friends go to the same school?

___________________________________________________

4. How do you get along with your classmates?

___________________________________________________

Family Relationships
1. Who do you live with at home?

___________________________________________________

2. Do you have brothers/sisters?

___________________________________________________

3. What are your responsibilities/chores at home?

___________________________________________________

4. How well do you get along with your siblings/parents?

___________________________________________________