

**Parent Interview Form for Functional Behavioral Assessment:  
Behavioral Excess Problem**

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Informant's name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Date: \_\_\_\_\_

1. What concerns do you have regarding your child's behavior?
  
  
  
  
  
  
  
  
  
  
2. Which of these concerns/behaviors are most important to you at this time?

What about those behaviors makes them the most problematic?

3. Does the behavior occur when your child is with you?

When does the behavior occur?

4. When doesn't the behavior occur?

When does it occur the least?

When does it occur the most?

5. Are you aware of anything that appears to cause your child to start the behavior?

What things seem to set him or her off?

6. What do you typically do when your child exhibits the behavior?

7. What do your child's peers typically do when your child exhibits the problem behavior?

8. When did the problem first appear?
  
9. Did anything change in your child's life at about that time?
  
10. What have you been doing to attempt to change your child's behavior?
  
11. Did you perceive an improvement, a deterioration, or no change following the implementation of your management plan?
  
12. Does your child have any sensory problems of which you are aware?
  
13. Does your child have any health problems that may be contributing to the behavioral problem?
  
14. Are there other factors related to your child's behavior of which you think I should be aware?

**Parent Interview Form for Functional Behavioral Assessment:  
Behavioral Deficit Problem**

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Informant's name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Date: \_\_\_\_\_

1. What concerns do you have regarding your child's behavior?
  
  
  
  
  
  
  
  
  
  
2. Which of these concerns/behaviors are most important to you at this time?

What makes the lack of these behaviors the most problematic?

3. Does the behavior occur at all? If so, when does the behavior occur, and when does it occur the most?
  
  
  
  
  
  
  
  
  
  
4. In what situations does the behavior not occur that it should?
  
  
  
  
  
  
  
  
  
  
5. Are you aware of anything that appears to cause your child to start the behavior?



13. Does your child have any health problems that may be contributing to the behavioral problem?

14. Are there any other factors related to your child's behavior of which you think I should be aware?

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From *Functional Assessments* by Witt, Daly, & Noell