

FUNCTIONAL ASSESSMENT INTERVIEW

Student Name: _____ Date: _____

School: _____ Grade/Age: _____

Person(s) Interviewed & Title: _____

1. What are the student's strengths?

2. Describe the behaviors of concern.

3. How often do the behaviors occur?

4. How long have the behaviors been occurring?

**5. When and with whom are the behaviors most likely to occur?
Triggers? (Antecedents)**

**9. What does the student like to do during his/her free time?
(Preferred Items/Activities)**

10. Is the student on any medications? (if yes, list all)

11. Are there any medical, physical, or mental health concerns that might be contributing to the student's behavior problems?

- 12. Are there any other environmental factors (e.g., recent home or family changes) that may be contributing to the student's behavior?**
- 13. Why do you think the student is displaying behavior problems? What do you think motivates him/her?**
- 14. What activities and routines are typically included in the student's day? (Ask for a copy of the student's weekly schedule)**