

## FUNCTIONAL ASSESSMENT INTERVIEW FORM - YOUNG CHILD

Child with Problem Behavior(s): \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Age: \_\_\_\_\_ Yrs \_\_\_\_\_ Mos Sex: M F

Interviewer: \_\_\_\_\_ Respondent(s): \_\_\_\_\_  
\_\_\_\_\_

### A. DESCRIBE THE BEHAVIOR(S)

1. What are the behaviors of concern? For each, define how it is performed; how often it occurs per day, week, or month; how long it lasts when it occurs; and the intensity in which it occurs (low, medium, high).

	<b>Behavior</b>	<b>How is it performed?</b>	<b>How often?</b>	<b>How long?</b>	<b>Intensity?</b>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

2. Which of the behaviors described above occur together (e.g., occur at the same time; occur in a predictable "chain"; occur in response to the same situation)?

### B. IDENTIFY EVENTS THAT MAY AFFECT THE BEHAVIOR(S)

1. What *medications* does the child take, and how do you believe these may affect his/her behavior?
2. What *medical complication* (if any) does the child experience that may affect his/her behavior (e.g., asthma, allergies, rashes, sinus infections, seizures)?
3. Describe the child's *sleep cycles* and the extent to which these cycles may affect his/her behavior.

4. Describe the child's *eating routines and diet* and the extent to which these routines may affect his/her behavior.
  
5. Briefly list the child's typical daily schedule of activities and how well he/she does within each activity.

**DAILY ACTIVITIES**

Activity	Child's Reaction
6:00am	_____
7:00am	_____
8:00am	_____
9:00am	_____
10:00am	_____
11:00am	_____
12:00pm	_____
1:00pm	_____
2:00pm	_____
3:00pm	_____
4:00pm	_____
5:00pm	_____
6:00pm	_____
7:00pm	_____
8:00pm	_____
9:00pm	_____

6. Describe the extent to which you believe activities that occur during the day are *predictable* for your child. To what extent does the child know what he/she will be doing, and what will occur during the day (e.g., when to get up, when to eat breakfast, when to play outside)? How does your child know this?
  
7. What choices does the child get to make each day (e.g., food, toys, activities)?

**C. IDENTIFY EVENTS AND SITUATIONS THAT MAY TRIGGER BEHAVIOR(S)**

1. **Time of Day:** *When* are the behaviors most and least likely to happen?

Most likely: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Least likely: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Settings:** *Where* are the behaviors most and least likely to happen?

Most likely: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Least likely: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Social Control:** *With whom* are the behaviors most and least likely to happen?

Most likely: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Least likely: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Activity:** What activities are most and least likely to produce the behaviors?

Most likely: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Least likely: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are there particular situations, events, etc. that are not listed above that “set off” the behaviors that cause concern (particular demands, interruptions, transitions, delays, being ignored, etc.)?
6. What one thing could you do that would most likely make the problem behavior occur?
7. What one thing could you do to make sure the problem behavior did not occur?

**D. DESCRIBE THE CHILD’S PLAY ABILITIES AND DIFFICULTIES**

1. Describe how your child plays (with what? how often?).
2. Does your child have problem behavior when playing? Describe.
3. Does your child play alone? What does he/she do?
4. Does your child play with adults? What toys or games?
5. Does your child play with other children his/her age? What toys or games?
6. How does your child react if you join in a play activity with him/her?
7. How does your child react if you stop playing with him/her?
8. How does your child react if you ask him/her to stop playing with a toy and switch to a different toy?



f. Are the above behavior(s) more likely, less likely, or unaffected if something the child wants is present but he/she can't get it (i.e., a desired toy that is visible but out of reach)?

g. Are the above behavior(s) more likely, less likely, or unaffected if he/she is alone (no one else is present)?

**F. HOW WELL DOES THE BEHAVIOR WORK?**

1. What amount of physical effort is involved in the behaviors (e.g., prolonged intense tantrums vs. simple verbal outbursts, etc.)?

---

---

---

2. Does engaging in the behaviors result in a "payoff" (getting attention, avoiding work) every time? Almost every time? Once in a while?

---

---

---

3. How much of a delay is there between the time the child engages in the behavior and gets the "payoff"? Is it immediate, a few seconds, longer?

---

---

---

**G. HOW DOES THE CHILD COMMUNICATE?**

1. What are the general expressive communication strategies used by or available to the child? (e.g., vocal speech, signs/gestures, communication books/boards, electronic devices, etc.) How consistently are the strategies used?

2. If your child is trying to tell you something or show you something and you don't understand, what will your child do? (Repeat the action or vocalization? Modify the action or vocalization?)



4. With regard to receptive communication ability:

a. Does the child follow verbal requests or instructions? If so, approximately how many? (List, if only a few).

---

---

---

b. Is the child able to imitate someone demonstrating how to do a task or play with a toy?

---

---

---

c. Does the child respond to sign language or gestures? If so, approximately how many? (List, if only a few.)

---

---

---

d. How does the child tell you "yes" or "no" (if asked whether he/she wants to do something, go somewhere, etc.)?

---

---

---

**H. EXPLAIN CHILD'S PREFERENCES AND PREVIOUS BEHAVIOR INTERVENTIONS**

1. Describe the things that your child really enjoys. For example, what makes him/her happy? What might someone do or provide that makes your child happy?

2. What kinds of things have you or your child's care providers done to try and change the problem behaviors?

**I. DEVELOP SUMMARY STATEMENTS FOR EACH MAJOR TRIGGER AND/OR CONSEQUENCE**

<b>Setting Event</b> <i>(If applicable)</i>	<b>Triggers</b>	<b>Problem Behavior</b>	<b>Maintaining Consequence</b>	<b>Function</b>