

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_

Problem Behavior (See FACTS-Part A):  
\_\_\_\_\_

1. *"Describe your son/daughter. What is he/she like at home?"*

2. *"What are your son's/daughter's strengths and positive qualities?"*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Friendly            | <input type="checkbox"/> Honest                 | <input type="checkbox"/> Hard worker               |
| <input type="checkbox"/> Liked by peers      | <input type="checkbox"/> Caring                 | <input type="checkbox"/> Good communication skills |
| <input type="checkbox"/> Liked by adults     | <input type="checkbox"/> Kind to adults         | <input type="checkbox"/> Leadership skills         |
| <input type="checkbox"/> Has friends         | <input type="checkbox"/> Kind to other students | <input type="checkbox"/> Pays attention to details |
| <input type="checkbox"/> Sociable            | <input type="checkbox"/> Easygoing              | <input type="checkbox"/> Responsible               |
| <input type="checkbox"/> Other: Give details | <input type="checkbox"/> Good Sense of Humor    | <input type="checkbox"/> Has a positive attitude   |

3. *"What are your son/daughter's hobbies or interests?"*

4. *"What type of situations does your son/daughter seem to have difficulty with at home?"*

*"When does this usually happen?"*

*"How do you usually respond when this happens?"*

*"Does the problem get better or worse?"*

## FBA Parent/Guardian Interview

Department of  
Education

5. "The problem behavior at school is \_\_\_\_\_. Is this a problem at home or in the community also?" (If the parent/guardian says "YES," ask the following questions:)

"What usually happens right before the \_\_\_\_\_ [problem behavior]?"

"How do you [or other family members] usually respond when this happens?"

"Does the problem get better or worse?"

"When did the problem first appear?"

"Was there anything that changed in your son/daughter's life when you first noticed this behavior?"

"Is there anything going on in the home or community that may influence this behavior?"

"Why do you think this \_\_\_\_\_ [problem behavior] keeps happening?"

6. "Do you think that any of the following could contribute to the behavior problem?"

	Yes	No	Sometimes
Medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet/appetite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/physical (e.g., allergies, ear/sinus infections, seizures, headaches, gastro-intestinal problems)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent family events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significant events in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please explain:			

7. "What positive or preventative strategies have you used with your son/daughter and how effective were they?"

8. "What consequences have you used with your son/daughter and how effective were they?"

9. "What other insight about your son/daughter can you offer that might assist us in developing appropriate, effective interventions in school? [For example: Situations when he/she was successful, etc.]"

10. Additional Comments: