

FUNCTIONAL BEHAVIOR ASSESSMENT (STUDENT INTERVIEW)

Student: _____	Today's Date: _____
Birthdate: _____	Grade: _____
School: _____	Interviewed by: _____
What are your favorite activities at school?	
What are your least favorite activities at school?	
What are your hobbies/interests?	

Check the appropriate box for each question:

	Yes	Not Sure	No
In general, is academic work too hard for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, is academic work too easy for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you ask for help appropriately, do you get it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you do seat work, do you do better when someone works with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think people notice when you do a good job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you would do better in school if you got more rewards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, do you find school work interesting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your work challenging enough for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What things get you in trouble or are a problem at school?

How often does the behavior occur?	More than once a day? <input type="checkbox"/>	Daily? <input type="checkbox"/>	Weekly? <input type="checkbox"/>	Monthly? <input type="checkbox"/>
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How long does the behavior last when it occurs?	Few seconds? <input type="checkbox"/>	Few minutes? <input type="checkbox"/>	< 30 minutes? <input type="checkbox"/>	> 30 minutes? <input type="checkbox"/>
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Answer the following in reference to the behavior listed above:

	Most Problems	Why?	Least Problems?	Why?
With whom?				
Where?				
When?				

What do you think triggers the behavior? _____

What do you get out of the behavior? _____

What changes could be made so you would have fewer problems with these behaviors?

Is there anything you would like to earn for appropriate behavior/ work completion? _____

If so, what? _____