

Functional Behavior Assessment Interview Form (Abridged Version)

(Adapted from Dunlap et al., 2010; O'Neill et al., 1997)

Student's Name: _____

Date of Interview: _____

Person(s) Interviewed: _____

Interviewer: _____

Age: _____

Grade: _____

BACKGROUND INFORMATION

1. What are the student's strengths, skills, and interests (specify highly preferred events, items, people, activities)? _____

2. What are the student's challenges and areas of greatest difficulty? _____

3. What people, things, and activities does the student like most? _____

4. What people, things, and activities does the student like the least? _____

BEHAVIOR(S) OF CONCERN

1. Target behaviors interfering with learning and social functioning (in order of priority):

Target Behavior	Description (Operational definition)	Frequency (Circle one)	Duration (Minutes)	Intensity (Circle one)
		Multiple times a day Once a day Less than once a day	_____	High Medium Low
		Multiple times a day Once a day Less than once a day	_____	High Medium Low
		Multiple times a day Once a day Less than once a day	_____	High Medium Low

2. If multiple behaviors are listed, do these behaviors occur together in a predictable sequence? If so, briefly describe _____

3. **Precursor Behavior(s):** Identify any indicators (e.g., low-level disruptive behaviors, or a chain of behaviors) that reliably precede the target behavior. _____

PREVENT COMPONENT: Part I – Identifying Setting Events

1a. Are there circumstances **unrelated to the school setting** that occur on some days and not other days that may make interfering behavior more likely?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Illness (specify) _____ | <input type="checkbox"/> Allergies _____ | <input type="checkbox"/> Missed dose of medication _____ | <input type="checkbox"/> Change in medication _____ |
| <input type="checkbox"/> Sleep difficulties _____ | <input type="checkbox"/> Fatigue _____ | <input type="checkbox"/> Hunger/thirst _____ | <input type="checkbox"/> Restricted/specialized diet _____ |
| <input type="checkbox"/> Biomedical supplements _____ | <input type="checkbox"/> Diet change _____ | <input type="checkbox"/> Hormonal changes/menses _____ | |
| <input type="checkbox"/> Sensory sensitivities (specify) _____ | | | <input type="checkbox"/> Change in routine _____ |
| <input type="checkbox"/> Home conflict _____ | <input type="checkbox"/> Parent not home _____ | | <input type="checkbox"/> Bus conflict _____ |
| <input type="checkbox"/> Other (specify) _____ | | | |

1b. Provide a detailed description for any of the items you checked above. _____

2. Are there conditions in the **physical environment** that are associated with a high likelihood of interfering behavior? For example, too warm or too cold, too crowded, too much noise, too chaotic, weather condition

- ☐ Yes (specify) _____
☐ No

3a. Are there **times of the school day** when interfering behavior is **most likely** to occur? If yes, what are they?

- ☐ Morning ☐ Before meals ☐ During meals ☐ After meals ☐ Arrival ☐ Afternoon
☐ Dismissal ☐ Other (specify): _____

3b. Are there **times of the school day** when interfering behavior is **least likely** to occur? If yes, what are they?

- ☐ Morning ☐ Before meals ☐ During meals ☐ After meals ☐ Arrival ☐ Afternoon
☐ Dismissal ☐ Other (specify): _____

4a. Are there **specific activities** during which interfering behavior is **very likely** to occur? If yes, specify.

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> Reading/ELA | <input type="checkbox"/> Writing | <input type="checkbox"/> Math | <input type="checkbox"/> Science | <input type="checkbox"/> Independent work |
| <input type="checkbox"/> Small-group work | <input type="checkbox"/> Large-group work | <input type="checkbox"/> Riding the bus | <input type="checkbox"/> One-on-one | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Recess | <input type="checkbox"/> Lunch | <input type="checkbox"/> Free time | <input type="checkbox"/> Peer/cooperative | <input type="checkbox"/> Centers |
| <input type="checkbox"/> Discussions/Q&A | <input type="checkbox"/> Worksheets | <input type="checkbox"/> Specials (specify) _____ | | |
| <input type="checkbox"/> Transitions (specify) _____ | <input type="checkbox"/> Other: _____ | | | |

4b. Are there **specific activities** during which cooperative and prosocial behavior is **very likely** to occur? If yes, specify.

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> Reading/ELA | <input type="checkbox"/> Writing | <input type="checkbox"/> Math | <input type="checkbox"/> Science | <input type="checkbox"/> Independent work |
| <input type="checkbox"/> Small-group work | <input type="checkbox"/> Large-group work | <input type="checkbox"/> Riding the bus | <input type="checkbox"/> One-on-one | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Recess | <input type="checkbox"/> Lunch | <input type="checkbox"/> Free time | <input type="checkbox"/> Peer/cooperative | <input type="checkbox"/> Centers |
| <input type="checkbox"/> Discussions/Q&A | <input type="checkbox"/> Worksheets | <input type="checkbox"/> Specials (specify) _____ | | |
| <input type="checkbox"/> Transitions (specify) _____ | <input type="checkbox"/> Other: _____ | | | |

5a. Are there **specific classmates or adults** whose proximity is associated with a high likelihood of interfering behavior? If so, specify.

- | | |
|--|---|
| <input type="checkbox"/> Peers (specify) _____ | <input type="checkbox"/> Teacher(s) (specify) _____ |
| <input type="checkbox"/> OT _____ | <input type="checkbox"/> Speech therapist _____ |
| <input type="checkbox"/> Bus or lunch aide _____ | <input type="checkbox"/> Other school staff (specify) _____ |
| <input type="checkbox"/> Parent/guardian | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Other family member (specify) _____ | |
| <input type="checkbox"/> Other: _____ | |

5b. Are there **specific classmates or adults** whose proximity is associated with a high likelihood of cooperative and prosocial behavior? If so, who are they?

- | | |
|--|---|
| <input type="checkbox"/> Peers (specify) _____ | <input type="checkbox"/> Teacher(s) (specify) _____ |
| <input type="checkbox"/> OT _____ | <input type="checkbox"/> Speech therapist _____ |
| <input type="checkbox"/> Bus or lunch aide _____ | <input type="checkbox"/> Other school staff (specify) _____ |
| <input type="checkbox"/> Parent/guardian | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Other family member (specify) _____ | |
| <input type="checkbox"/> Other: _____ | |

PREVENT COMPONENT: Part II – Identifying Antecedents (triggers)

1. Are there **specific circumstances** that are associated with a high likelihood of interfering behavior (i.e., identify antecedents that are most likely to set off or trigger the behavior). Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Instructed to start task | <input type="checkbox"/> Task too difficult | <input type="checkbox"/> Novel task |
| <input type="checkbox"/> Task is repetitive (same daily) | <input type="checkbox"/> Being told work is wrong | <input type="checkbox"/> Task too long |
| <input type="checkbox"/> Task is boring | <input type="checkbox"/> Instructed to transition | <input type="checkbox"/> Reprimand or correction |
| <input type="checkbox"/> Told "no," "stop," "don't" | <input type="checkbox"/> Instructed to "wait" | <input type="checkbox"/> Unstructured time (down time) |
| <input type="checkbox"/> Seated near specific peer | <input type="checkbox"/> Peer teasing or comments | <input type="checkbox"/> Change in schedule |
| <input type="checkbox"/> Start of nonpreferred activity | <input type="checkbox"/> Denied access to preferred item | <input type="checkbox"/> Removal of preferred item |
| <input type="checkbox"/> End of preferred activity | <input type="checkbox"/> Unable to complete task | <input type="checkbox"/> Given unclear directions |
| <input type="checkbox"/> Communication not understood by others | | |
| <input type="checkbox"/> Sudden or unexpected sensory overstimulation (e.g., loud noise, bumped/touched by someone) | | |
| <input type="checkbox"/> Teacher is attending to others (reduced level of attention given) | | |
| <input type="checkbox"/> Presence or absence of certain person _____ | | |
| <input type="checkbox"/> Other: _____ | | |

TEACH COMPONENT: Part I – Identifying the Function of the Target Behavior

1. Does the interfering behavior seem to be exhibited in order to:

- **Gain attention from peers or adults?**
☐ Yes (list the specific peers and/or adults) _____
☐ No
- **Obtain access to certain objects or activities** (e.g., toys or games, materials, food)?
☐ Yes (list specific objects) _____
☐ No
- **Delay (escape/avoid) a transition** from a preferred activity to a nonpreferred activity?
☐ Yes (list specific transition) _____
☐ No
- **Terminate or delay (escape/avoid) a non-preferred** (e.g., difficult, boring, repetitive) task/activity?
☐ Yes (list specific tasks/activities) _____
☐ No
- **Get away from (escape/avoid) attention** from a non-preferred classmate or adult?
☐ Yes (list the specific peers or adults) _____
☐ No

TEACH COMPONENT: Part II – Identifying Replacement Skills/Behavior

1. What **social skill(s)** could the student learn in order to reduce the likelihood of the interfering behavior occurring in the future?

- | | | |
|--|--|--|
| <input type="checkbox"/> Peer interaction | <input type="checkbox"/> Sharing objects | <input type="checkbox"/> Taking turns |
| <input type="checkbox"/> Play skills | <input type="checkbox"/> Sharing attention | <input type="checkbox"/> Accepting differences |
| <input type="checkbox"/> Joint or shared attention | <input type="checkbox"/> Conversation skills | <input type="checkbox"/> Making prosocial statements |
| <input type="checkbox"/> Waiting for reinforcement | <input type="checkbox"/> Getting attention appropriately | <input type="checkbox"/> Losing gracefully |
| <input type="checkbox"/> Other: _____ | | |

2. What **interfering-solving skill(s)** could the student learn in order to reduce the likelihood of the interfering behavior occurring in the future?

- | | | |
|--|---|--|
| <input type="checkbox"/> Recognizing need for help | <input type="checkbox"/> Note-taking strategies | <input type="checkbox"/> Staying engaged |
| <input type="checkbox"/> Asking for help | <input type="checkbox"/> Assignment management | <input type="checkbox"/> Working independently |
| <input type="checkbox"/> Ignoring peers | <input type="checkbox"/> Graphic organizers | <input type="checkbox"/> Working with a peer |
| <input type="checkbox"/> Making an outline | <input type="checkbox"/> Self-management | <input type="checkbox"/> Using visual supports to work independently |
| <input type="checkbox"/> Move ahead to easier items, then go back to difficult items | | |
| <input type="checkbox"/> Making choices from several appropriate options | | |
| <input type="checkbox"/> Other: _____ | | |

3. What **communication skill(s)** could the student learn in order to reduce the likelihood of the interfering behavior occurring in the future?

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Asking for a break | <input type="checkbox"/> Raising hand for attention | <input type="checkbox"/> Asking for help | <input type="checkbox"/> Requesting information |
| <input type="checkbox"/> Requesting wants | <input type="checkbox"/> Expressing likes & dislikes | <input type="checkbox"/> Active listening | <input type="checkbox"/> Commenting |
| <input type="checkbox"/> Responding to others | <input type="checkbox"/> Expressing emotions (frustration, anger, hurt) | | |
| <input type="checkbox"/> Other: _____ | | | |

REINFORCE COMPONENT: Part I – Identifying Consequences (responses)

1. What **consequence(s)** usually follow the student's interfering behavior (i.e., identify particular responses/ consequences that are most likely to follow the target behavior)? Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Given teacher attention | | |
| <input type="checkbox"/> Redirected | <input type="checkbox"/> Reminded of rules/expectations | <input type="checkbox"/> Verbal reprimand/warning |
| <input type="checkbox"/> Correction | <input type="checkbox"/> Assistance given | <input type="checkbox"/> Calming/soothing comments provided |
| <input type="checkbox"/> Physical prompt | | |
| <input type="checkbox"/> Peer attention/reaction (e.g., laughing, negative reaction, reprimand, encouragement) Specify: _____ | | |
| <input type="checkbox"/> Behavior ignored (i.e., attention withdrawn/removed) | | |
| <input type="checkbox"/> Given personal space (time to chill out/relax) | <input type="checkbox"/> Given access to an object/activity | |
| <input type="checkbox"/> Request or directive delayed | <input type="checkbox"/> Request or directive (demand) withdrawn | |
| <input type="checkbox"/> Delay in activity/task | <input type="checkbox"/> Activity/task changed | <input type="checkbox"/> Activity/task terminated |
| <input type="checkbox"/> Removed from activity or area | <input type="checkbox"/> Removed object or preferred item | |
| <input type="checkbox"/> Removal of reinforcers | <input type="checkbox"/> Sent to office | <input type="checkbox"/> Sent home |
| <input type="checkbox"/> Natural consequences (specify) _____ | | |
| <input type="checkbox"/> Other: _____ | | |

2. What is the likelihood of the student's **appropriate behavior** (e.g., on-task behavior, cooperation, successful performance) resulting in acknowledgment or praise from teachers or other school staff?

- | | | | |
|--------------------------------------|------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Very likely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
|--------------------------------------|------------------------------------|---------------------------------|--------------------------------|

3. What is the likelihood of the student's **interfering behavior** resulting in acknowledgment (e.g., reprimands, corrections) from teachers or other school staff?

- | | | | |
|--------------------------------------|------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Very likely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
|--------------------------------------|------------------------------------|---------------------------------|--------------------------------|

REINFORCE COMPONENT: Part II – Preference Assessment (Identifying reinforcers)

1. What school-related items and activities are **most enjoyable** to the student? What items or activities could serve as special rewards?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Receives praise from adult | <input type="checkbox"/> Receives praise from peer | <input type="checkbox"/> Social interaction with adults | |
| <input type="checkbox"/> Music | <input type="checkbox"/> Art activity | <input type="checkbox"/> Puzzles | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Social interaction with peers | <input type="checkbox"/> Playing a game | <input type="checkbox"/> Going outside | <input type="checkbox"/> Video games |
| <input type="checkbox"/> iPad | <input type="checkbox"/> Helping teacher | <input type="checkbox"/> Reading | <input type="checkbox"/> Watching TV/video |
| <input type="checkbox"/> Going for a walk | <input type="checkbox"/> Extra free time | | |
| <input type="checkbox"/> Sensory activity (specify) _____ | | | |
| <input type="checkbox"/> Food (specify) _____ | | | |
| <input type="checkbox"/> Objects (specify) _____ | | | |

2. Describe any other items, events, activities, or special interest topics/areas that are particularly motivating for the child: _____

Additional Information

1. What has been tried to address these behaviors?

Brief Description	What Happened?	How Long Was It Tried?

Summary of Data From SABC Forms and Functional Assessment Interview

Attach completed SABC Forms and provide an analysis of the data collected from those observation records and from the Functional Assessment Interview.

Student's Name: _____ **Date:** _____

Setting Events: Describe the biological, environmental, and/or social factors that appear to increase the likelihood that the interfering target behavior(s) will occur.

Biological, Social/Emotional Setting Events: _____

Environmental/Activity/Routine Setting Events: _____

Antecedents: Events that occur immediately before the behavior, triggering it: _____

Consequences: Events that occur after the behavior occurs, maintaining it: _____

Hypothesized Function(s) of the Target Behaviors

_____ engages in _____ when _____
[Student's Name] [Interfering Behavior] [Antecedent]

because when s/he does _____. This is more likely to happen
[Typical Consequence]

during _____ and/or when _____ have occurred.
[Context] [Setting Events]

Primary Function(s) of the Target Behavior:

