Functional Behavior Assessment

Family Interview Form

Student: Date:

Interviewer:

Family Member: Relationship to Student:

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| --- | --- |
| Interview Questions | Responses |
| 1. Describe a typical day for your child. |  |
| 2. What does your child do after school when he or she gets home each day? |  |
| 3. Does he or she spend time with friends or people his or her own age? |  |
| 4. What does he or she say about what’s happening in school? |  |
| 5. What are some of your child’s challenges? |  |
| 6. What are some things your child does very well? |  |
| 7. What are your goals for your child at home and school? |  |

**Notes:**