

Exceptional Student Services

 928-527-6160/FAX 928-527-6181

Flagstaff Unified School District, 3285 East Sparrow Avenue, Flagstaff, AZ 86004

**Functional Behavioral Assessment**

**Interview Form**

(Please Note: Response boxes will expand as information is entered.)

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| **Student Name:** | **Age:** | **Grade:** | **Date:** |
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| **Person(s) Interviewed:** |  |
| **Interviewer:** |  |

**Student Profile:** What is the student good at or what are some strengths that the student brings to school?

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**Description of the Behavior**

What does the problem behavior(s) look like?

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How often does the problem behavior(s) occur?

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How long does the problem behavior(s) last when it does occur?

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How disruptive or dangerous is the problem behavior(s)?

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**Description of the Antecedent**

Identifying Routines: When, where, and with whom are problem behaviors most likely?

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| **Schedule (Times)** | **Activity** | **Likelihood of****Problem Behavior**(click in checkbox) Low High | **With Whom Does****Problem Occur?** |
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**Summarize Antecedent (and Setting Events)**

What situations seem to set off the problem behavior? (difficult tasks, transitions, structured activities, small-group settings, teacher's request, particular individuals, etc.)

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When is the problem behavior most likely to occur? (times of day and days of the week)

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When is the problem behavior least likely to occur? (times of day and days of the week)

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Setting Events: Are there specific conditions, events, or activities that make the problem behavior worse? (missed medication, history of academic failure, conflict at home, missed meals, lack of sleep, history of problems with peers, etc.)

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**Description of the Consequence**

What usually happens after the behavior occurs? (what is the teacher’s reaction, how do other students react, is the student sent to the office, does the student get out of doing work, does the student get in a power struggle, etc.)

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