

**FUNCTIONAL ASSESSMENT INTERVIEW (FAI) for Parent(s)**  
(School personnel to conduct interview with parent)

**Student:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Date of Interview:** \_\_\_\_\_ **Interviewer:** \_\_\_\_\_

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

1. Describe the behavior that is causing the most concern at home or school.

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**2. Times of day/settings**

a) When and where are the behaviors **most** likely to happen?

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b) Please describe the duration and intensity of the behaviours.

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c) When and where are the behaviors **least** likely to happen?

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**3. People**

a) With whom are the behaviors **most** likely to occur?

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b) Please describe the duration and intensity of the behaviour.

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c) With whom are the behaviors **least** likely to occur?

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**4. Activity:**

What activities are most and least likely to produce the behaviors (task duration, preferred or non-preferred, difficult or easy, novel or familiar, boring or stimulating):

Most Likely

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Least Likely

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5. Are there particular situations or events not listed above that sometimes seem to “set off” the behaviors, such as particular demands, noises, light, clothing, people...?

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6. What does your child like and is reinforcing for him or her? E.g., food items, objects, activities, people, other.

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7. What are some of the things your child is really good at or enjoys?

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8. What medical or physical condition (if any) does your child experience that may affect his or her behavior (e.g. asthma, allergies, rash, sinus infections, seizures, problems related to menstruation)?

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9. What medication is your child taking (if any) and how do you believe these may affect his or her behavior?

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10. Describe the sleep patterns of your child and the number of hours your child sleeps per day. How do you feel these patterns may affect his or her behavior?

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11. Describe the eating routines and diet of your child and the extent to which these may affect his or her behavior.

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