

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.

2. **Times of day/settings**

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

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

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

3. **People**

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

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

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

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

Least Likely

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...?

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

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

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)?

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

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?

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