

Adapted from: O'Neill, R.E., Homer, R. H., Albin, R. W., Sprague, J. R., Storey, K., & Newton, J. S. (1997). *Functional Assessment and Program Development for Problem Behavior*. Pacific Grove, CA: Brooks/Cole Publishing.

FUNCTIONAL ASSESSMENT INTERVIEW FORM—YOUNG CHILD

Child with Problem Behavior(s): Dana
 Date of Interview: 9/18
 Age: Yrs 22 Mos
 Sex: M* F
 Interviewer: Lise Respondent(s): Teacher

A. DESCRIBE THE BEHAVIOR(S)

1. What are the behaviors of concern? For each, define how it is performed, how often it occurs per day, week, or month, how long it lasts when it occurs, and the intensity in which it occurs (low, medium, high).

	Behavior	How is it performed?	How often?	How long?	Intensity?
1.	<i>Drops to floor Resists moving</i>	<i>with much strength</i>	<i>10-20x/ day</i>	<i>2-5 min.</i>	<i>High</i>
2.	<i>Whining, screaming</i>	<i>loudly</i>	<i>10-20x/ day</i>	<i>5-15 min.</i>	<i>High</i>
3.	<i>Hitting</i>	<i>good force, open hand</i>	<i>4-5x/ day</i>	<i>5-15 sec.</i>	<i>Medium</i>
4.					
5.					

2. Which of the behaviors described above occur together (e.g., occur at the same time; occur in a predictable "chain"; occur in response to the same situation)?

Drops, resists moving, whining, screaming

B. IDENTIFY EVENTS THAT MAY AFFECT THE BEHAVIOR(S)

1. What *medications* does the child take, and how do you believe these may affect his/her behavior?

None

2. What *medical complication* (if any) does the child experience that may affect his/her behavior (e.g., asthma, allergies, rashes, sinus infections, seizures)?

None

3. Describe the *sleep cycles* of the child and the extent to which these cycles may affect his/her behavior.

Goes to bed late (9:30 or 10:00) but then sleeps through the night. Mother reports he still sleeps in a crib because he would get up in the night if in a bed.

4. Describe the *eating routines and diet* of the child and the extent to which these routines may affect his/her behavior.

Eats like an adult. May not know when to stop eating.

5. Briefly list the child's typical daily schedule of activities and how well he/she does within each activity.

DAILY ACTIVITIES

Activity		Child's Reaction
8:30AM	Mom leaves school Dana plays	Cries, clings Rigid, only plays with puzzles or computer
9:00 AM	Planning	Doesn't want to try new things
9:15 AM	Centers	
10:45 AM	Clean up Handwashing, snack	Ok, but won't participate Washes hands, then wanders/resists direction
11:00 AM	Movement circle	Resists, plugs ears, cries
11:30 AM	Small group	Wanders, resists, cries
12:00 PM	Outside	Resists direction, only wants to stand by gate
12:30 PM	Departure	Cries and resists
1:00 PM		
2:00 PM		
3:00 PM		
4:00 PM		
5:00 PM		
6:00 PM		
7:00 PM		
8:00 PM		
9:00 PM		

6. Describe the extent to which you believe activities that occur during the day are predictable for your child. To what extent does the child know what he/she will be doing and what will occur during the day (e.g., when to get up, when to eat breakfast, when to play outside)? How does your child know this?

General class schedule, Dana doesn't seem aware of what he should do.

7. What choices does the child get to make each day (e.g., food, toys, activities)?

Classroom activity choices, Dana's pretty limited in what he tries.

C. DEFINE EVENTS AND SITUATIONS THAT MAY TRIGGER BEHAVIOR(S)

1. **Time of Day:** *When* are the behaviors most and least likely to happen?

Most likely: - *After 11:00 a. m*

Least likely: - *Choice time, unless adult makes demands*

2. **Settings:** *Where* are the behaviors most and least likely to happen?

Most likely: - *Structured activities*

Least likely: - *Free choice, no structure*

3. **Social Control:** *With whom* are the behaviors most and least likely to happen?

Most likely: - *Unfamiliar people*

Least likely: - *Teacher*

4. **Activity:** *What* activities are most and least likely to produce the behaviors?

Most likely: - *Any activity an adult directs.*

Least likely: - *Computer, puzzles*

5. Are there particular situations, events, etc. that are not listed above that "set off" the behaviors that cause concern (particular demands, interruptions, transitions, delays, being ignored, etc.)?

No.

6. What one thing could you do that would most likely make the problem behavior occur?

Ask him to sit for a story.

7. What one thing could you do to make sure the problem behavior did not occur?

Watch him do a puzzle.

D. DESCRIBE THE CHILD'S PLAY ABILITIES AND DIFFICULTIES

1. Describe how your child plays (With what? How often?).

Solitary play, constructive play activities (puzzle, pegboard)/most often

2. Does your child have problem behavior when playing? Describe.

Only if adult joins

3. Does your child play alone? What does he/she do?

Puzzle, pegboard/focuses on the activity

4. Does your child play with adults? What toys or games?

Only in rigid ways. Puzzles a certain way, pegboard.

5. Does your child play with other children his/her age? What toys or games?

No, leaves area when other children join him

6. How does your child react if you join in a play activity with him/her?

Cries, screams, or leaves

7. How does your child react if you stop playing with him/her?

Will ignore you or come and bring you back (if you play his way)

8. How does your child react if you ask him/her to stop playing with a toy and switch to a different toy?

Has problem behavior

E. IDENTIFY THE “FUNCTION” OF THE PROBLEM BEHAVIOR(S)

1. Think of each of the behaviors listed in Section A, and define the function(s) you believe the behavior serves for the child (i.e., what does he/she get and/or avoid by doing the behavior?)

Behavior	What does he/she get? Or What exactly does he/she avoid?
1. <i>Drops, resists moving</i>	<i>Transition is delayed, picked up by adult</i>
2. <i>Cries, screams when you play wrong</i>	<i>Adult plays "his way"</i>
3.	
4.	
5.	
6.	
7.	
8.	
9.	

2. Describe the child's most typical response to the following situations:

a. Are the above behavior(s) more likely, less likely, or unaffected if you present him/her with a difficult task?

More likely

b. Are the above behavior(s) more likely, less likely, or unaffected if you interrupt a desired event (eating ice cream, watching a video)?

More likely

c. Are the above behavior(s) more likely, less likely, or unaffected if you deliver a “stern” request/command/reprimand?

Does not occur

d. Are the above behavior(s) more likely, less likely, or unaffected if you are present but do not interact with (ignore) the child for 15 minutes.

Less likely

e. Are the above behavior(s) more likely, less likely, or unaffected by changes in routine?

More likely

f. Are the above behavior(s) more likely, less likely, or unaffected if something the child wants is present but he/she can't get it (i.e., a desired toy that is visible but out of reach)?

More likely

g. Are the above behavior(s) more likely, less likely, or unaffected if he/she is alone (no one else is present)?

Less likely

F. HOW WELL DOES THE BEHAVIOR WORK?

1. What amount of physical effort is involved in the behaviors (e.g., prolonged intense tantrums vs. simple verbal outbursts, etc.)?

Tantrums last 5-15 minutes

2. Does engaging in the behaviors result in a "payoff (getting attention, avoiding work) every time? Almost every time? Once in a while?

Almost every time we try to keep him happy

3. How much of a delay is there between the time the child engages in the behavior and gets the "payoff"? Is it immediate, a few seconds, longer?

Few seconds

G. HOW DOES THE CHILD COMMUNICATE?

1. What are the general expressive communication strategies used by or available to the child? (e.g., vocal speech, signs/gestures, communication books/boards, electronic devices, etc.) How consistently are the strategies used?

Pulls you to object or area, some words

2. If your child is trying to tell you something or show you something and you don't understand, what will your child do? (repeat the action or vocalization? modify the action or vocalization?)

Repeats movement, repeats word

3. Tell me how your child expresses the following:

MEANS

FUNCTIONS	GRAB & REACH	GIVE	POINT	LEAD	GAZE SHIFT	MOVE TO YOU	MOVE AWAY FROM YOU	HEAD NOD/HEAD SHAKE	FACIAL EXPRESSION	VOCALIZE	IMMEDIATE ECHO	DELAYED ECHO	CREATIVE SINGLE WORD	CREATIVE MULTI WORD	SIMPLE SIGNS	COMPLEX SIGNS	SELF-INJURY	AGGRESSION	TANTRUM	CRY OR WHINE	OTHER	NONE
Requests an Object	X										X		X									
Requests an Action	X										X		X									
Protests or Escapes																				X		
Requests Help	X												X									
Requests a Social Routine																						?
Requests Comfort	X												X									
Indicates Illness																						?
Shows You Something	X												X									

4. With regard to receptive communication ability:

a. Does the child follow verbal requests or instructions? If so, approximately how many? (List, if only a few).

Come here; sit down; show me; come to the table; etc.

b. Is the child able to imitate someone demonstrating how to do a task or play with a toy?

Resists new tasks.

c. Does the child respond to sign language or gestures? If so, approximately how many? (List, if only a few.)

d. How does the child tell you "yes" or "no" (if asked whether he/she wants to do something, go somewhere, etc.)?

Says "sure" for yes; rarely says "no" although he can

H. EXPLAIN CHILD’S PREFERENCES AND PREVIOUS BEHAVIOR INTERVENTIONS

1. Describe the things that your child really enjoys. For example, what makes him/her happy? What might someone do or provide that makes your child happy?

Puzzles, pegboards, Dr. Seuss book, water, toy mower

2. What kinds of things have you or your child's care providers done to try and change the problem behaviors?

Following through, don't give up. At home they verbally reprimand.

I. DEVELOP SUMMARY STATEMENTS FOR EACH MAJOR TRIGGER AND/OR CONSEQUENCE

Distant Setting Event	Immediate Antecedent (Trigger)	Problem Behavior	Maintaining Consequences	Function