

Functional Assessment Interview Tool: Parent/Guardian Form (FAIT)

Student: _____ Date Completed: _____

Parent/Guardian: _____

To better understand how we can support _____ at school, we are conducting a functional behavioral assessment. Your opinion is one important part of this assessment. The functional behavioral assessment involves getting information from staff, the parent/guardian, and the student. Additionally, observations of your child in classroom and non classroom settings are conducted.

The purpose of this tool is to get information from you about four key things: 1) What are your child's strengths/preferences, 2) What behaviors you are concerned about, 3) Situations where you have observed the behavior, and 4) How you and other family members respond when the behavior occurs. Any information you can provide will be extremely helpful in this process. We know you are extremely busy and appreciate the time you are taking to complete this assessment tool.

Please return this tool to: _____ by: _____ (date)

What Works Well for Your Child?

What have you observed are your strengths or preferences?

Positive Things About my Child	My Child's Preferences or Interests	Learning Conditions that Work Well for My Child
<ul style="list-style-type: none"> <input type="checkbox"/> Friendly <input type="checkbox"/> Helpful <input type="checkbox"/> Sociable <input type="checkbox"/> Organized <input type="checkbox"/> Natural leader <input type="checkbox"/> Liked by peers <input type="checkbox"/> Has lots of friends <input type="checkbox"/> Self starter <input type="checkbox"/> Socially aware <input type="checkbox"/> Follows directions <input type="checkbox"/> Honest <input type="checkbox"/> Easygoing <input type="checkbox"/> Attentive to instruction <input type="checkbox"/> Kind to adults <input type="checkbox"/> Kind to other students <input type="checkbox"/> Good sense of humor <input type="checkbox"/> Has a positive attitude/outlook <input type="checkbox"/> Good communication skills <input type="checkbox"/> Hard worker <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: 	<p>List known or suspected preferences:</p> 	<p>Lessons/activities that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Encourage reflective thinking <input type="checkbox"/> Use analytical skills <input type="checkbox"/> Involve building/constructing <input type="checkbox"/> Involve applying concepts or formulas <input type="checkbox"/> Involve experiments or testing <input type="checkbox"/> Use creative writing <input type="checkbox"/> Utilize the computer <input type="checkbox"/> Allow for artistic expression of concepts <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other:

What Behaviors are a Concern for You?

List any behaviors that occur at home or school that you are concerned about:

What Contributes to Occurrences of Problem Behavior?

Thinking about the problem behaviors you are concerned about, when do behaviors typically occur:

- | | |
|---|--|
| <input type="checkbox"/> When asked to do a chore or helping task
<input type="checkbox"/> When it is time to do homework
<input type="checkbox"/> When told to do something non preferred
<input type="checkbox"/> When held to a time limit (e.g., curfew or time for class)
<input type="checkbox"/> Tasks that are difficult or confusing to my child
<input type="checkbox"/> When working/playing/entertaining independently
<input type="checkbox"/> When working in group activities
<input type="checkbox"/> Not prepared with materials
<input type="checkbox"/> Multi-step work or projects
<input type="checkbox"/> Lecture: with note taking OR without note taking
<input type="checkbox"/> Public response required (e.g., read aloud)
<input type="checkbox"/> Being teased or being joked around with | <input type="checkbox"/> Transition at the beginning of a class/routine/activity
<input type="checkbox"/> Unstructured situations or settings
<input type="checkbox"/> When given a direction to follow
<input type="checkbox"/> When corrected
<input type="checkbox"/> When he/she can not have something they want
<input type="checkbox"/> Preferred peer group present
<input type="checkbox"/> When given an ultimatum
<input type="checkbox"/> When he or she is told "no" or stop
<input type="checkbox"/> When there is a change in routine
<input type="checkbox"/> When adult attention is on others
<input type="checkbox"/> When there are visitors to the setting
<input type="checkbox"/> Other: |
|---|--|

When problem behavior occurs, how do you (or other family members) typically respond?

- | | |
|---|--|
| <input type="checkbox"/> Give a non verbal cue (e.g., give look)
<input type="checkbox"/> Verbally correct or prompt
<input type="checkbox"/> Help my child to get on task
<input type="checkbox"/> Speak to my child afterward
<input type="checkbox"/> Take away an activity or free time
<input type="checkbox"/> Take a privilege away | <input type="checkbox"/> Let him/her have what they are asking for
<input type="checkbox"/> He/she gets out of or delays doing the task
<input type="checkbox"/> Provide a reminder of what is and isn't appropriate
<input type="checkbox"/> Try to explain and discuss the issue
<input type="checkbox"/> Other: |
|---|--|

What is your best guess as to why the problem behavior is occurring?

To Get of / Escape:	To Get / Gain Access to:
<input type="checkbox"/> Situations/work that is too hard <input type="checkbox"/> Situations/work that is perceived as boring / irrelevant <input type="checkbox"/> Situations where they may be embarrassed or need to save face <input type="checkbox"/> Situations where they are not sure what to do or what is expected <input type="checkbox"/> Situations that are too stimulating <input type="checkbox"/> Other: <input type="checkbox"/> Other:	<input type="checkbox"/> The validation of peers (reputation/ perceived popularity) <input type="checkbox"/> Time alone <input type="checkbox"/> Control over the situation and / or predictability <input type="checkbox"/> Adult attention (even if it is negative) <input type="checkbox"/> Peer attention (even if it is negative) <input type="checkbox"/> To get something he/she