

Adapted from: O'Neill, R. E., Horner, 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 Challenging Behavior(s): \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Age: \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

Sex: M F

Interviewer: \_\_\_\_\_ Respondent(s): \_\_\_\_\_

**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).

	<b>Behavior</b>	<b>How is it performed?</b>	<b>How often?</b>	<b>How long?</b>	<b>Intensity?</b>
1.					
2.					
3.					
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)?

**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?

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

3. Describe the *sleep cycles* of the child and the extent to which these cycles may affect his/her behavior.
  
4. Describe the *eating routines and diet* of the child and the extent to which these routines may affect his/her behavior.
  
5. Briefly list the child's typical daily schedule of activities and how well he/she does within each activity.

**DAILY ACTIVITIES**

<b>Time</b>	<b>Activity</b>	<b>Child's Reaction</b>

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

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

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

Most likely:

Least likely:

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

Most likely:

Least likely:

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

Most likely:

Least likely:

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

Most likely:

Least likely:

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.)?

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

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

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**D. DESCRIBE THE CHILD'S PLAY ABILITIES AND DIFFICULTIES**

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1. Describe how your child plays (With what? How often?).
2. Does your child have challenging behavior when playing? Describe.
3. Does your child play alone? What does he/she do?
4. Does your child play with adults? What toys or games?
5. Does your child play with other children his/her age? What toys or games?
6. How does your child react if you join in a play activity with him/her?
7. How does your child react if you stop playing with him/her?
8. How does your child react if you ask him/her to stop playing with a toy and switch to a different toy?

**E. IDENTIFY THE “FUNCTION” OF THE CHALLENGING 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.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

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?
  
- b. Are the above behavior(s) more likely, less likely, or unaffected if you interrupt a desired event (eating ice cream, watching a video)?
  
- c. Are the above behavior(s) more likely, less likely, or unaffected if you deliver a “stern” request/command/reprimand?
  
- 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?
  
- e. Are the above behavior(s) more likely, less likely, or unaffected by changes in routine?
  
- 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)?
  
- g. Are the above behavior(s) more likely, less likely, or unaffected if he/she is alone (no one else is present)?

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**F. HOW WELL DOES THE BEHAVIOR WORK?**

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1. What amount of physical effort is involved in the behaviors (e.g., prolonged intense tantrums vs. simple verbal outbursts, etc.)?
2. Does engaging in the behaviors result in a “payoff” (getting attention, avoiding work) every time? Almost every time? Once in a while?
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?

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**G. HOW DOES THE CHILD COMMUNICATE?**

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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?
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?)

3. Tell me how your child expresses the following:

**MEANS**

<b>FUNCTIONS</b>	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																							
Requests an Action																							
Protests or Escapes																							
Requests Help																							
Requests a Social Routine																							
Requests Comfort																							
Indicates Illness																							
Shows You Something																							

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).

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

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.)?

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

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

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