*Form 2.1.* Preliminary Functional Assessment Interview.

# *Positive Behavioral Support*

…for Children

and their Families

TIME STARTED: Click or tap here to enter text.

## PRELIMINARY FUNCTIONAL ASSESSMENT SURVEY

Instructions to PBS Staff: The following interview should be conducted with the student’s teacher. Prior to the interview, ask the teacher whether or not the Classroom Aide should participate. If yes, indicate both respondents’ names. In addition, in instances where divergent information is provided, note the sources attributed to specific information.

StudentClick or tap here to enter text.

Age: Click or tap here to enter text. Sex: M  F

Interviewer: Click or tap here to enter text. Date: Click or tap to enter a date.

Respondent(s):Click or tap here to enter text. Subject #: Click or tap here to enter text.

1. List and describe behavior(s) of concern.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.
6. Click or tap here to enter text.
7. Prioritize these behaviors (which is the most important?)
8. Click or tap here to enter text.
9. Click or tap here to enter text.
10. Click or tap here to enter text.
11. Click or tap here to enter text.
12. Click or tap here to enter text.

**Operational Definition of Target Behavior**:

Click or tap here to enter text.

3. What procedures have you followed when the behaviors first occurred?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

4. What do you think causes (or motivates) the behavior?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

5. When do these behaviors occur?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

6. How often do these behaviors occur?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

7. How long has this/these behavior(s) been occurring?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.
6. Is there any circumstance under which the behavior does not occur?
7. Click or tap here to enter text.
8. Click or tap here to enter text.
9. Click or tap here to enter text.
10. Click or tap here to enter text.
11. Click or tap here to enter text.
12. Is there any circumstances under which the behavior always occurs?
13. Click or tap here to enter text.
14. Click or tap here to enter text.
15. Click or tap here to enter text.
16. Click or tap here to enter text.
17. Click or tap here to enter text.
18. Does the behavior occur more often during certain times of the day?
19. Click or tap here to enter text.
20. Click or tap here to enter text.
21. Click or tap here to enter text.
22. Click or tap here to enter text.
23. Click or tap here to enter text.

11. Does the behavior occur in response to the number of people in the immediate environment?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

12. Does the behavior occur only with certain people?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

13. Does the behavior occur only during certain subjects?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

14. Could the behavior be related to any skills deficit?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

15. What are the identified reinforcers for this student?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

16. Is the student taking any medication that might affect his/her behavior?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

17.Could the student’s behavior be signaling some deprivation condition (e.g. thirst, hunger, lack of rest, etc.)?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

18. Could the behavior be the result of any form of discomfort (e.g., headaches, stomachaches, blurred vision, ear infection, etc.)?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

19. Could the behavior be caused by allergies (e.g., food, materials in the certain environments, etc.)?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

20. Do any other behaviors occur along with this behavior?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

21. Are there any observable events that signal the behavior of concern is about to occur?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

22. What are the consequences when the behavior(s) occur?

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

Comments:

TIME COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_

TOTAL TIME: \_\_\_\_\_\_\_\_\_\_\_\_