

STUDENT FUNCTIONAL BEHAVIOR ASSESSMENT QUESTIONNAIRE

Name: _____ Date: _____

Instructions:

“I Work with many kids who are capable learners but who need to improve on something in school. These questions will help us find the best ways to help you get on track and be the best student you can be. OK? Any questions before we start?”

1. What do you enjoy doing most in your life?

2. What are you good at?

3. What things in school do you feel best about?

4. Who are the people in school who like you and want you to do well?

5. Who do you think sometimes doesn't like you or care if you do well?

6. Who in school can you tell if something's not OK in your life?

7. What would you like to improve in school?

8. What do you think your teacher(s) would like you to improve

9. What do you mostly get in trouble for?

10. What is your class doing then?

11. What does your teacher want all kids to be doing at that time?

12. What do you do if you don't know what to do?

13. What makes it difficult for you to do that?

14. What are you doing when you're in trouble?

15. What are you thinking or saying inside to yourself before you get in trouble?

16. What are you feeling inside then?

17. What happens after you make that choice?

18. What do you wish would happen?

19. What do you wish your teacher or other adult would do at that time

20. What do you wish you would do?

21. What would be one thing you could do to make it better?

22. What gets in your way of doing it?

23. What would help you to make that choice?

24. What of all things bothers you the most in class/ school?

25. What helps you most in your out of school life(home)?

26. What do you wish would happen from home that would help you make good choices in school?

27. Does something happen in your out of school life that makes it easier to do well in school? Harder?

28. Has something happened recently that gets in your way?

“Thank you for the valuable information. I will talk with your teacher(s) and we will work on ways to use your answers to help you be the good learner we know you can be.”

PARENT CENTERED GUIDED FUNCTIONAL BEHAVIOR ASSESSMENT QUESTIONNAIRE

Name: _____ Date: _____

This questionnaire is intended to assist us in understanding and addressing the learning needs of your child. Only answer what you are comfortable with, however, the more accurate information we share, the more effective a plan can be made to assist him/her in school.

1. What does he/she most like to do?

2. What is he/she best at?

3. What activities do you share with your child?

4. How much time do you get to spend together doing what he/she likes?

5. How much time do you spend together on homework?

6. What is your child's general health?

7. What other health needs are there in the family?

8. What subjects in school does your child like?

9. What subject is she/he good in?

10. What subjects do he/she struggle with most?

11. What are you most concerned about in her/his school life?

12. What is your understanding of the schools concern about your child?

13. Do you see the same problem at home?

14. What are the behaviors you see at home?

15. Where, with whom and when does the problem occur?

16. What happens after?

17. Have you sought or been offered help through private or public agencies for this or other problems?

18. How do you handle it?

“What follows is a brief developmental history.”

19. Were there complications of pregnancy or birth?

20. Was mother's health OK? Illness, medications?

21. Were there drugs or alcohol used during pregnancy?

22. Did anyone express concern about the use of substances during pregnancy?

23. Is their drug or alcohol issue adults struggle with currently?

24. Was your child healthy and normal?

25. Did any MD or other adult express concern about your child's development in physical, motor, sensory, language or behavior areas?

26. Does any blood relative have learning problems?

27. How able was he/she to focus, sit on a lap, sleep, and stay with a task?

28. What was his/her school, preschool experience like?

29. Did staff express concerns to you?

30. What would you like to see your child be able to do at this time in school?

31. What would you like the school to do in considering your child's needs?

“Thank you for the valuable information. Please call if you think of something else. We will be getting back to you to get your input about what might be helpful to your child in school.”