Parent Functional Assessment Interview Parent ______Student _____ Date _____ Interviewer _____ 1. What are your child's strengths or things that he/she is good at (include hobbies, interests, school subjects, etc.). 2. What are things/activities your child likes? (See attached reinforcer survey for ideas) Activities Objects/toys/treats Food/snacks 3. Identify persons that your child has a positive relationship with. Friends/family Teachers/staff Peers 4. What are your primary concerns for your child At home At school In the community **SUMMARY OF BEHAVIOR** Why do you think your child engages in What will set off/ trigger Problem Behavior(s) your child's problem this problem behavior? What do they behavior? gain from using the behavior?

5. Identify anything that might happen outside of school that increases the chances your child is going to have a bad day at school? (e.g. missed medications, illness, conflict at home, bad news, lack of sleep, etc.)

HOME/ FAMIILY 6. Home Experience

a.	What is the primary language spoken in the home?
b.	What is the morning routine in your house before school? (Who is there? How does student get to school? Does the student eat breakfast? etc.)
c.	What is the student's after-school routine? (What time does the student get home? Who supervises the student? What activities does the student do? What is the homework routine? What time does the student usually go to bed?)
d.	What hours do parent/guardian work? What is/are your job(s)?
e.	What are your child's sleep habits/patterns?
f.	Other information about the home/ family situation.
	NITY PROGRAMS our child receive outside tutoring?
8. Descril	be any community programs, clubs, etc. outside school your child is involved in.
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