

## FUNCTIONAL ASSESSMENT INTERVIEW (FAI)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex M F Grade: \_\_\_\_\_

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

Respondents: \_\_\_\_\_

1. For each of the behaviors of concern, define the topography (how it is performed), frequency (how often it occurs per day, week, or month), duration (how long it lasts when it occurs), and intensity (how damaging or destructive the behaviors are when they occur).

BEHAVIOR OF CONCERN	TOPOGRAPHY	FREQUENCY	DURATION	INTENSITY

2. Which of the behaviors described above are likely to occur together in some way? Do they occur about the same time? In some kind of predictable sequence or "chain"? In response to the same type of situation?

3. When /where are the behaviors most likely to occur?	When /where are the behaviors least likely to occur?
4. With whom are the behaviors most likely to occur?	With whom are the behaviors least likely to occur?
5. What conditions are most likely to precipitate ("set-off") the behaviors?	
6. Can you predict that the behavior is about to start? How?	
7. What usually happens after the behavior? (Consequences of Occurrence)	

8. Does the target behavior occur at certain times of day and/or certain setting?

9. Who lives at home? Ages of siblings

10. What school does your child attend?  
Does your child receive Special Education Services? What type of services?

11. What medication is s/he taking (if any) and how do you believe these may affect her behavior? Any special diets or allergies?

12. Describe the sleep patterns and the extent which these patterns may affect his/her behavior.

13. Pertinent medical history and diagnosis

14. Preferred Social Events

15. Preferred Activities/Toys

16. Preferred Edibles

17. Strengths

18. Weaknesses

19. Friends/Social Skills

20. Management Strategies that have worked

21. Who should be involved in planning and implementing the behavioral intervention plan?

22. Daily Schedule

Monday – Friday

Saturday

Sunday