



Functional Assessment Interview Form – Sarah

Child with Challenging Behavior(s): Sarah Interview Date: 10/22

Age: Years 3 Months 3 Sex: Male Female Interviewer: Rochelle

Respondent(s): Teacher, Assistant Teacher

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).

| | Behavior | How Is It Performed | How Often | How Long | Intensity |
|----|---------------------------|---|-----------------------------------|------------------|---------------|
| 1. | <i>Plays in isolation</i> | <i>In corner or under table</i> | <i>3x/day</i> | <i>10-15 min</i> | <i>Medium</i> |
| 2. | <i>Whines, cries</i> | <i>Softly, then increases intensity</i> | <i>5x/day</i> | <i>3-5 min.</i> | <i>High</i> |
| 3. | <i>Wakes at night</i> | <i>Wakes care provider</i> | <i>2-3x/night, 4-5x/ week</i> | <i>20-30 min</i> | <i>High</i> |
| 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)?

*Wakes at night, whines and cries.
Plays in isolation, whines and cries.*

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?

None

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

None

3. Describe the sleep cycles of the child and the extent to which these cycles may affect his/her behavior.

Foster parents report that she wakes 4-5 nights per week. When she wakes once during the night she will usually wake 2 or 3 more times in that same night. When she has restless nights, the next day she will cry more and go under furniture more.

Adapted from: O’Neill, R.E., Horner, R. H., Albin, R. W., Sprague, J. R., Storey, K., and Newton, J. S. (1997). *Functional Assessment and Program Development for Problem Behavior*. Pacific Grove, CA: Brooks/Cole Publishing.



4. Describe the eating routines and diet of the child and the extent to which these routines may affect his/her behavior.

She tends to eat less when she goes on home visits to her father's house or mother's house.

5. Briefly list the child's typical daily schedule of activities and how well he/she does within each activity.

Daily Activities

| | Behavior | Child's Reaction |
|----------|--|--|
| 7:00 AM | | |
| 8:00 AM | | |
| 9:00 AM | <i>9:40 Foster mother drops off at school Sarah goes to open centers</i> | <i>Cries and clings Sits in bean bag in story area</i> |
| 10:00 AM | <i>Breakfast 10:30 Circle</i> | <i>Usually eats most of breakfast Sits quietly, doesn't sing or talk</i> |
| 11:00 AM | <i>11:00 Outside Play 11:30 Centers/small group</i> | <i>Usually swings or sits in sandbox alone Plays alone, cries, whines, sometimes under table</i> |
| 12:00 PM | <i>12:15 Story time 12:30 Lunch</i> | <i>Sits quietly, looks away when asked questions and whines Sits quietly, sometimes eats</i> |
| 1:00 PM | <i>Nap</i> | <i>Sleeps, often whimpers in sleep, sometimes wets</i> |
| 2:00 PM | <i>2:15 Table activities</i> | <i>Does activities with head down, when spoken to whines</i> |
| 3:00 PM | <i>Snack 3:20 Circle 3:40 Departure to Bus</i> | <i>Will drink, most often will not eat Sits nicely Whines</i> |
| 4:00 PM | | |
| 5:00 PM | | |
| 6:00 PM | | |
| 7:00 PM | | |
| 8:00 PM | | |

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?

Routine is pretty much the same everyday and teacher announces what to do next.

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

Center choices, table activity choice.



C. Identify Events and Situations that may Trigger Behavior(s)

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

Most likely: *In centers, arrival, and departure*

Least likely: *When in circle*

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

Most likely: *Centers, arrival, and departure*

Least likely: *Circle, meals, outside*

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

Most likely: *Adults who approach her*

Least likely: *Children*

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

Most likely: *Inside activities that are open ended, unstructured*

Least likely: *Structured activities with a designated seat, lead by an adult*

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.)?

If a parent doesn't pick her up at the end of the day for visitation.

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

Tell her that her mommy can't pick her up today.

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

Tell her mommy is coming today.



D. Describe the Child's Play Abilities and Difficulties

1. Describe how your child plays (with what? how often?).

Looks mostly at books and draws alone when that is a choice.

2. Does your child have challenging behavior when playing? Describe.

Only when an adult approaches the area she is in. She will then cry until and adult holds and rocks her.

3. Does your child play alone? What does he/she do?

She will not initiate peer interaction, but will allow kids to play along side.

4. Does your child play with adults? What toys or games?

Not at school. She will watch others play with adults. Then whine and cry.

5. Does your child play with other children his/her age? What toys or games?

She will allow others to parallel play, but if they try to interact with her she walks away.

6. How does your child react if you join in a play activity with him/her?

She will whine and try to get in the adult's lap.

7. How does your child react if you stop playing with him/her?

Will crawl under the table or into a corner and cry louder until held.

8. How does your child react if you ask him/her to stop playing with a toy and switch to a different toy?

Will cry if it is a book or coloring.



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. <i>Plays in isolation</i> | | | <i>Avoids direct interaction with children</i> |
| 2. <i>Whines, cries</i> | <i>Adult attention (held, rocked, talked to)</i> | | |
| 3. <i>Wakes at night</i> | <i>Adult attention (foster mother lays with until falls asleep)</i> | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

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?

More

b. Are the above behavior(s) more likely, less likely, or unaffected if you interrupt a desired event (eating ice cream, watching a video)?

More

c. Are the above behavior(s) more likely, less likely, or unaffected if you deliver a "stern" request/command/reprimand?

More

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?

More, especially if nearby.

e. Are the above behavior(s) more likely, less likely, or unaffected by changes in routine?

More

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)?

More

g. Are the above behavior(s) more likely, less likely, or unaffected if he/she is alone (no one else is present)?

Less



F. How Well Does the Behavior Work?

1. What amount of physical effort is involved in the behaviors (e.g., prolonged intense tantrums vs. simple verbal outbursts, etc.)?

If whine becomes a good cry, then adult rocks to calm for about 15 min.-20 min.

2. Does engaging in the behaviors result in a “payoff” (getting attention, avoiding work) every time? Almost every time? Once in a while?

Crying results in a payoff almost every time to make her calm or happy.

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?

Sometimes a few seconds, other times 1-2 minutes.

G. How Does the Child Communicate?

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?

Although Sarah rarely speaks, her language has developed normally. She will often make requests through gestures.

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?)

She will cry. If you say “show me” she will try to take you to what she wants or repeat her gesture.

3. Tell me how your child expresses the following:

| FUNCTION OF COMMUNICATION | FORM OF COMMUNICATION | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------|-------------------|--------------------|-----------------|------------------|---------------------|---------|-------------------------|-------------|--------|----------------------|---------|----------|--------|----------|---------------|----------|------------|--------------------|-----------------------|-----------|-------------------|---------------|-------------------------|--------|
| | NONSYMBOLIC FORM | | | | | | | | | | | | | | | SYMBOLIC FORM | | | | | | | | | |
| | Proximity | Facial Expression | Laughing/Squealing | Crying/ Whining | Tapping/Touching | Pulling by the Hand | Tantrum | Aggression (hit, pinch) | Self-injury | Giving | Pulling/Pushing Away | Showing | Reaching | Waving | Pointing | Head Shake | Head Nod | Vocalizing | Other: CRAWL UNDER | Single Words (spoken) | Echolalia | Word Combinations | Sign Language | Pictures/ Written Words | Other: |
| Regulate Behavior | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request Object | | X | | | | X | | | X | X | X | X | | | X | X | | | | X | X | X | | | |
| Request Action/Activity | X | | | | | X | | | | | | | | | X | | | | | X | X | X | | | |
| Protest Object | | | | X | | | | | | | | | | | | | X | X | X | X | | X | | | |
| Protest Action/ Activity | | | | X | | | | | | X | | | | | | | | | X | | | | | | |
| Draw Attention to Self | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request Social Game | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request Comfort | | | | X | | | | | | X | | X | | | | | | | | | | | | | |
| Greet | | | | X | | | | | | X | | | | | | | | | | | | | | | |
| Call | | | | X | | | | | | | | | | | | | | | | | | | | | |
| Take Turn | | | | | | | | | | | | | | | | | | | | | | | | | |
| Show Off | | | | | | | | | | | | | | | | | | | | | | | | | |
| Draw Attention to Object or Event | | | | | | | | | | | | | | | | | | | | | | | | | |
| Label or Comment | | | | X | | | | | | | | | | | | | | | | X | X | | | | |
| Provide Information | | | | X | | | | | | X | | | | | | | | | | | | | | | |
| Request Information | | | | X | | | | | | | | | | | | | | | | | | | | | |



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).

Yes, most class routine instructions.

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

Yes, unless it involves a lot of peer interaction.

c. Does the child respond to sign language or gestures? If so, approximately how many? (List, if only a few.)

Yes, but will follow verbal requests.

d. How does the child tell you “yes” or “no” (if asked whether he/she wants to do something, go somewhere, etc.)?

Will say “no” or sign “all done,” nods head yes (but it is harder for her to respond to questions with a “yes” response.)

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?

Mommy; rocking with adult, books, drawing

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

Sometimes we ignore her whining. But when it becomes a loud cry we go to her and rock her so she doesn’t disrupt the other children.



I. Develop Summary Statements for Each Major Trigger and/or Consequence

| Setting Event | Triggers | Challenging Behavior | Maintaining Consequence | Function |
|---------------|----------|----------------------|-------------------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |