

# Functional Assessment Interview Form

Consumer

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Behaviorist: \_\_\_\_\_

Agency: \_\_\_\_\_

1. Describe the behavior of concern.

2. How often does the behavior occur?

How long does it last?

How intense is the behavior?

3. What is happening when the behavior occurs?

4. *When/where* is the behavior *most/least* likely to occur?

5. With whom is the behavior *most/least* likely to occur?

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6. What conditions are most likely to precipitate ("set-off") the behavior? (Consider past traumatic events/experiences, if appropriate).

7. How can you tell the behavior is about to start?

8. What usually happens after the behavior? Describe what happens according to staff, peers, treatment team, etc.

9. What is the likely function (intent) of the behavior; that is, why do you think the consumer behaves this way? What does the behavior serve to obtain or avoid?

10. What behavior(s) might serve the same function (see question 9) for the consumer that is appropriate within the social/environmental context?

11. What other information might contribute to creating an effective intervention plan (e.g., under what conditions does the behavior not occur?)

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