

Date: _____

School Functional Assessment Questionnaire

Student _____ Age _____ Sex: M F Respondent _____

Behavior

1. Write down how often the behavior happens (e.g., 2 times a day, 4 times per period or activity), and/or how long the behavior lasts (e.g., 5-10 minutes). Describe the intensity of the problem behavior by checking one option.

Behavior	How Often?	Intensity
_____	_____	___ bothersome ___ disruptive ___ violent
_____	_____	___ bothersome ___ disruptive ___ violent
_____	_____	___ bothersome ___ disruptive ___ violent
_____	_____	___ bothersome ___ disruptive ___ violent

Environmental factors that affect the behavior

2. Please check the factors that may make my student=s behavior worse:

	YES	NO		YES	NO
sick	_____	_____	parties	_____	_____
lack of sleep	_____	_____	hears loud noise	_____	_____
hungry/thirsty	_____	_____	a holiday	_____	_____
on medication	_____	_____	visitors in class	_____	_____
tired/exhausted	_____	_____	after a seizure	_____	_____
hot or cold	_____	_____	has schedule changes	_____	_____
other (list):					

Immediate Environmental Influences/Triggers

3. Check all adjacent school settings where problem behavior is most likely or least likely to occur.

Most likely: halls cafeteria courtyard Library
 bus bathroom

Other areas:

Least likely: halls cafeteria courtyard Library
 bus bathroom

Other areas:

Comments: _____

4. List any specific activities or routines/activities at school in which problem behavior is most likely or least likely to occur. Be specific with subject/activity (e.g., academic classes, P.E., Art, electives, speech, counseling, transitions out or in classroom).

Most likely:

Least likely:

5. Check specific aspects of an activity/subject:

Most likely:

<input type="checkbox"/> beginning	<input type="checkbox"/> new materials or concepts	<input type="checkbox"/> using pen or pencil
<input type="checkbox"/> long activities	<input type="checkbox"/> in between activities or assignments	<input type="checkbox"/> using a computer
<input type="checkbox"/> waiting	<input type="checkbox"/> into work or activity (10 + minutes)	<input type="checkbox"/> transitions between activities
<input type="checkbox"/> difficult work	<input type="checkbox"/> getting materials	<input type="checkbox"/> worksheets w/multiple exercises
<input type="checkbox"/> sitting next to quiet students	<input type="checkbox"/> sitting next to noisy students	<input type="checkbox"/> sitting alone
<input type="checkbox"/> independent work	<input type="checkbox"/> group work	<input type="checkbox"/> other students talking
<input type="checkbox"/> teacher helping others	<input type="checkbox"/> teacher talking to another adult	<input type="checkbox"/> staying w/a task

Least likely:

- | | | |
|---|---|---|
| <input type="checkbox"/> beginning an activity | <input type="checkbox"/> into work or activity(10 or more min.) | <input type="checkbox"/> using a computer |
| <input type="checkbox"/> long activities | <input type="checkbox"/> in between activities or assignments | <input type="checkbox"/> using pen or pencil |
| <input type="checkbox"/> waiting | <input type="checkbox"/> getting materials | <input type="checkbox"/> transitions between activities |
| <input type="checkbox"/> difficult work | <input type="checkbox"/> worksheets w/multiple exercises | <input type="checkbox"/> new materials or concepts |
| <input type="checkbox"/> sitting next to quiet students | <input type="checkbox"/> sitting next to noisy students | <input type="checkbox"/> sitting alone |
| <input type="checkbox"/> independent work | <input type="checkbox"/> group work | <input type="checkbox"/> other students talking |
| <input type="checkbox"/> teacher helping others | <input type="checkbox"/> teacher talking to another adult | <input type="checkbox"/> staying w/a task |
| <input type="checkbox"/> Oral activities/exercises | | |

Comments: _____

6. List any specific activities or routines in the community in which problem behavior is most likely or least likely to occur if you go into community (e.g., shopping, eating, visits to schools, job sites riding in car/bus).

Most likely:

Least likely:

7. List times of day when problem behavior is most likely to occur. List times of day when problem behavior is least likely to occur.

- | | | | |
|---------------|--|-------------------------------------|---------------------------------------|
| Most likely: | <input type="checkbox"/> Before class | <input type="checkbox"/> Midmorning | <input type="checkbox"/> Afternoon |
| | <input type="checkbox"/> Just before lunch | <input type="checkbox"/> end of day | <input type="checkbox"/> During lunch |
| Least likely: | <input type="checkbox"/> Before class | <input type="checkbox"/> Midmorning | <input type="checkbox"/> Afternoon |
| | <input type="checkbox"/> Just before lunch | <input type="checkbox"/> end of day | <input type="checkbox"/> During lunch |

Comments: _____

Communication/Social Skills

8. List the type of social interactions most problematic:

___ peers	___ initiating conversations	___ maintaining conversations
	___ terminating conversations	___ staying on topic
	___ maintain eye contact	___ no problem at all
___ adults	___ initiating conversations	___ maintaining conversations
	___ terminating conversations	___ staying on topic

Comments: _____

9. List all of the forms of independent communication skills.

___ Requesting attention
 ___ object ___ gesture ___ pictures ___ words ___ problem behavior
 give example: _____

___ Requesting objects, materials, activities
 ___ object ___ gesture ___ pictures ___ words ___ problem behavior
 give example: _____

___ Rejecting, stopping, or avoiding an activity, transition
 ___ object ___ gesture ___ pictures ___ words ___ problem behavior
 give example: _____

10. When your student tries to tell you something, or show you something, and you don't understand, what will your student do? (e.g., repeat action or word, repeat vocalization, change the action or vocalization, get frustrated, say nothing)

Problem Behavior/Responses (actual response and the purpose/function)

11. What do you do in response to each of your student=s problem behaviors? (list behaviors and responses)

Problem Behavior/Context	Adult Response to Problem Behavior	What does student get (neg. or pos. attention, activities, Materials, etc.)? Or Avoid (work, demands, etc.)?
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. List interventions or strategies that have been used in the past as an attempt to reduce

problem behavior.

What=s worked?

What hasn=t worked?

Student Attributes

13. Please describe under what circumstances/activities the student>s behavior is most appropriate.

14. List the kinds of food or snacks the student prefers.

15. List the kinds of activities the student prefers.

16. Who does the student prefer to be around? Please list all.

17. List your student’s favorite topics of conversation.

18. Describe your student=s greatest strengths: