

Early Head Start Home Visitor/Parent Interview Form

Home Visitor _____ Date(s) _____

Parent(s) _____

Child _____ Age of Child _____

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 and where is the behavior most and least likely to occur? _____

5. With whom is the behavior most and least likely to occur? _____

6. What conditions are most likely to precipitate ("set-off") the behavior? _____

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

8. What behavior usually happens after the behavior? Describe what happens according to both adult and child responses. _____

9. What is the likely function (intent) of the behavior; that is, why do you think the child behaves this way? What does the child get or avoid? _____

10. What behavior(s) might serve the same function (see question 9) for the child 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? _____

13. When does the child do well? What parts of the day? _____

14. What interventions have you tried?
