College of Southern Idaho Head Start/ Early Head Start
Functional Assessment Interview Form – FE III

Center ___________________________ Unit _____________

FE III (Lead Teacher) ___________________________ Date(s) _______________

Student(s) ________________________________________________

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/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 adult(s), peers, and student responses.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

10. What behavior(s) might serve the same function (see question 9) for the student 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? Are you consistently using High/Scope’s 6 step Problem Solving Approach? How have you implemented DECA and Second-Step with this child?

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