

Functional Behavioral Assessment (Parent Input)**

** Based on interview by school personnel and/or behavior consultants.

Childs Name _____ Birthdate _____ Grade _____

School _____ Person Completing Form _____

Parent Name(s) _____

Address: _____ Phone # _____

Child lives at home with:

- | | | | |
|--------------------------|-------------------------|---------------------|-------------------|
| ___ Natural Mother | ___ Step-Mother | ___ Adoptive Mother | ___ Foster Mother |
| ___ Natural Father | ___ Step-Father | ___ Adoptive Father | ___ Foster Father |
| ___ Girlfriend/Boyfriend | ___ Biological Siblings | ___ Step-Siblings | ___ 1/2 Siblings |

Please list everyone living in the home.

Name	Relationship	Age	Learning/Behavior Concerns?

Continue on Back, if needed.

What is your child good at? _____

What does your child like to do in his/her free time? _____

Who helps your child most when they have a problem? _____

Of all the people in your child's life, who does s/he respect the most? _____

What special interests or talents does your child have? _____

What things does your child have trouble with? _____

Does your child have misbehavior at home? ___ yes ___ no If yes, what do they do? _____