

**South Bend Community School Corporation  
Special Education Department**

**Student Functional Behavior Assessment Interview**

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age : \_\_\_\_\_ Interviewer: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Directions:** To complete this survey, it is recommended that each question be read to the student in an informal manner. While you should guard against pressuring a student to complete each statement, please be sure to follow-up or clarify any vague responses.

**Section A**

	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
1. In general, is your work too hard for you?			
2. In general, is your work too easy for you?			
3. When you ask for help appropriately, do you get it?			
4. Do you think work periods for each subject are too long?			
5. Do you think work periods for each subject are too short?			
6. When you do seatwork, do you do better when someone works with you?			
7. Do you think people notice when you do a good job?			
8. Do you think you get the points or rewards you deserve when you do good work?			
9. Do you think you would do better in school if you received more rewards?			
10. In general, do you find your work interesting?			
11. Are there things in the classroom that distract you?			
12. Is your work challenging enough for you?			
13. Do you think you can concentrate on schoolwork?			
14. Do you get along well with your classmates?			

## Section B

When do you think you have the fewest problems in school?

Why do you not have problems during this/these time(s)?

When do you think you have the most problems in school?

Why do you have problems during this/these time(s)?

What changes could be made so that you have fewer problems with this behavior?

## Section C

What do you like and/or dislike about:

	Like	Dislike
Reading		
Math		
Spelling		
Handwriting		
Science		
Social Studies		
English/Language		
Music		
Physical Education		
Art		
Other (specify):		

## Section D

Who lives with you in your home? \_\_\_\_\_

	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
1. Do you worry a lot about problems at home?			
2. Do you do chores at home?			
3. Do you sleep at least 7 hours each night?			
4. Do you eat at least three meals a day?			
5. Do you take your prescribed medications at home?			
6. Do you think your prescribed medication helps you?			
7. Do you get along well with your parents and siblings?			
8. Do you experiment with drugs and alcohol?			
9. Do you have friends in your neighborhood?			