1. Describe your child. What is he/she like at home?

2. How often does the behavior occur at home?

3. What are your child’s strengths and interests? (Check all that apply)

- □ Friendly
- □ Helpful
- □ Sociable
- □ Organized
- □ Natural Leader
- □ Liked by peers
- □ Has lots of friends
- □ Self starter
- □ Socially aware
- □ Follows directions
- □ Honest
- □ Easygoing
- □ Attentive to instruction
- □ Kind to adults
- □ Kind to other students
- □ Good sense of humor
- □ Has a positive attitude/outlook
- □ Good communication skills
- □ Hard worker
- □ Other:________________

4. Do you believe any of the following could contribute to the behavior problem?

- □ Currently on medications? YES | NO | SOMETIMES
- □ Sleep Problems? YES | NO | SOMETIMES
- □ Medical conditions? YES | NO | SOMETIMES
- □ Physical impairments? YES | NO | SOMETIMES
- □ Appetite/diet? YES | NO | SOMETIMES

If you checked “Yes” or “Sometimes” to any of the above, please describe condition in detail:
6. Describe certain times or activities when the problem behavior is most likely to occur (e.g., mornings, bedtime, eating, grocery stores, etc.).

7. Who is usually present when the behavior occurs?

8. Does the problem behavior occur more often when:
   - a certain type of task/request is given?  
   - an easy tasks/requests is given?  
   - a difficult tasks/requests is given?  
   - certain activities are presented?  
   - new activities are presented?  
   - a request is made during an activity?  
   - the child is asked to start a task?  
   - the child is asked to stop a task?  
   - the child’s request has been denied?  
   - the normal routine is disrupted?  

   YES  NO  SOMETIMES

If you answered “Yes” or “Sometimes”, please explain:

8. Is there something that you can do or something that occurs that “triggers” the problem behavior to occur?

9. When a problem behavior occurs or worsens, does your child obtain to any of the following?
   - Attention from a sibling
   - Attention from parent(s) in the form of….
     - Praise
     - Time Out
     - Reprimands/Lectures
     - Other negative consequences:
       ______________________________________  
   - Games
   - Toys
   - Food
   - Money
   - A certain task/activity

   YES  NO  SOMETIMES

If you answered “Yes” or “Sometimes”, please explain:
10. When a problem behavior occurs, does your child lose privileges, such as:

- Phone
- Friends over, or social event
- Computer, video games, etc
- Television, movies, etc
- Grounding
- Extra-Curricular activity (sport, etc)
- Other _________________________________

If you answered “Yes” or “Sometimes”, please explain:

11. When a problem behavior occurs, does your child get out of any of the following?

- Parent/adult demands
- Parent/adult reprimands
- Specific activity or task
- Other _________________________________

If you answered “Yes” or “Sometimes”, please explain:

12. What positive or preventative strategies have you used with this student and how effective were they?

13. What consequence strategies have you used with this student and how effective were they?

14. What other insight can you offer about this student or the behavior that might assist us in developing appropriate, effective interventions (e.g., student preferences, situations when the student is successful, etc.)?