

FUNCTIONAL ASSESSMENT INTERVIEW (FAI)

Person of concern _____ Age _____ Sex M _____ F _____

Date of Interview _____ Interviewer _____

Respondents _____

A. DESCRIBE THE BEHAVIORS

- 1) For each of the behaviors of concern, define the topography (how it is performed), frequency (how often it occurs per day, week, or month), duration (how long it lasts when it occurs), and intensity (how damaging or destructive the behaviors are when they occur).

<i>Behavior</i>	<i>Topography</i>	<i>Frequency</i>	<i>Duration</i>	<i>Intensity</i>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				

- 2) Which of the behaviors described above are likely to occur together in some way? That is, do they occur about the same time, or in some kind of predictable sequence or "chain", or in response to the same type of situation?

B

DEFINE ECOLOGICAL EVENTS (SETTING EVENTS) THAT PREDICT OR SET UP THE PROBLEM BEHAVIOR(S)

What medications is the person taking (if any), and how do you believe these may affect his/her behavior?

- 2) What *medical or physical conditions* (if any) does the person experience that may affect his/her behavior (e.g., asthma, allergies, rashes, sinus infections, seizures, problems related to menstruation)?

- 3) Describe the *sleep patterns* of the individual and the extent to which these patterns may affect his/her behavior.

- 4) Describe the *eating routines and diet* of the person, and the extent to which these may affect his/her behavior.

- 5) Briefly list below the person's typical daily schedule of activities.
(check the boxes by those activities the person enjoys and those activities most associated with problems)

Enjoys Problems

<input type="checkbox"/>	<input type="checkbox"/>	6:00	_____
<input type="checkbox"/>	<input type="checkbox"/>	7:00	_____
<input type="checkbox"/>	<input type="checkbox"/>	8:00	_____
<input type="checkbox"/>	<input type="checkbox"/>	9:00	_____
<input type="checkbox"/>	<input type="checkbox"/>	10:00	_____
<input type="checkbox"/>	<input type="checkbox"/>	11:00	_____
<input type="checkbox"/>	<input type="checkbox"/>	12:00	_____
<input type="checkbox"/>	<input type="checkbox"/>	1:00	_____

Enjoys Problems

<input type="checkbox"/>	<input type="checkbox"/>	2:00	_____
<input type="checkbox"/>	<input type="checkbox"/>	3:00	_____
<input type="checkbox"/>	<input type="checkbox"/>	4:00	_____
<input type="checkbox"/>	<input type="checkbox"/>	5:00	_____
<input type="checkbox"/>	<input type="checkbox"/>	6:00	_____
<input type="checkbox"/>	<input type="checkbox"/>	7:00	_____
<input type="checkbox"/>	<input type="checkbox"/>	8:00	_____
<input type="checkbox"/>	<input type="checkbox"/>	9:00	_____

- 6) To what extent are the activities on the daily schedule *predictable* for the person, with regard to what's going to be happening, when it will occur, with whom, and for how long?

- 7) To what extent does the person have opportunity during their day to *make choices* about their activities and reinforcing events? (e.g., food, clothing, social companions, leisure activities, etc.)

- 8) How many other persons are typically around the individual at home, school, or work (including staff, classmates and housemates, etc.)? Does the person typically seem bothered in situations that are more *crowded and noisy*?

- 9) What is the pattern of *staffing support* that the person receives in home, school, work, and other settings (e.g., 1: 1, 2: 1, etc.)? Do you believe that the *number of staff, the training of staff, or their social interactions with the person* affect the problem behaviors?

C. DEFINE SPECIFIC IMMEDIATE ANTECEDENT EVENTS THAT PREDICT WHEN THE BEHAVIOR(S) ARE *LIKELY AND NOT LIKELY* TO OCCUR

- 1) *Times of Day: When* are the behaviors most and least likely to happen?

Most likely _____

Least likely _____

- 2) *Settings: Where* are the behaviors most and least likely to happen?

Most likely _____

Least likely _____

- 3) *People: With whom* are the behaviors most and least likely to happen?

Most likely _____

Least likely _____

- 4) *Activity: What activities* are most and least likely to produce the behaviors?

Most likely _____

Least likely _____

- 5) Are there particular or idiosyncratic situations or events that did not get listed above that sometimes seem to "set off" the behaviors, such as particular demands, noises, lights, clothing, etc.?

- 6) What would be the *one thing* you could do that would be most likely to make the undesirable behaviors occur?

- 7) Briefly describe how it would affect the persons behavior if:

- a) You asked him/her to perform a difficult task.

- b) You interrupted a desired activity, such as eating ice cream or watching TV...

- c) You unexpectedly changed his/her typical routine or schedule of activities ...

- d) There was something she/he wanted but wasn't able to get (e.g., a food item up on a shelf) ...

- e) You didn't pay attention to him/her or left he/him alone for awhile (e.g., 15 minutes) ...

D. IDENTIFY THE CONSEQUENCES OR OUTCOMES OF THE PROBLEM BEHAVIOR(S) THAT MAY BE MAINTAINING THEM (i.e., what functions do they serve for the person in particular situations)

- 1) Think of each of the behaviors listed in Section A, and try to identify the *specific* consequences or outcomes that the person gets when the behaviors occur in different situations.

Behavior	Particular Situation(s)	What exactly does he / she get?	What exactly does he / she avoid?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

- B. CONSIDER THE OVERALL *EFFICIENCY* OF THE PROBLEM BEHAVIOR(S). *EFFICIENCY* IS THE COMBINED RESULT OF (A) HOW MUCH *PHYSICAL EFFORT* IS REQUIRED, (B) *HOW OFTEN* THE BEHAVIOR IS PERFORMED BEFORE IT IS REWARDED AND (C) *HOW LONG* THE PERSON MUST WAIT TO GET THE REWARD.

	Low Efficiency				High Efficiency
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

- F. *WHAT FUNCTIONAL ALTERNATIVE BEHAVIORS* DOES THE PERSON ALREADY KNOW HOW TO DO?

- 1) What socially appropriate behaviors or skills can the person already perform that may be ways of getting the same outcomes or reinforcers as the problem behaviors?

G. WHAT ARE THE PRIMARY WAYS THAT THE PERSON COMMUNICATES WITH OTHER PEOPLE?

- 1) What are the general expressive communication strategies that are used by or are available to the person? These might include vocal speech, signs/gestures, communication boards/books, electronic devices, etc. How consistently are the strategies used?

- 2) On the chart below, indicate which behaviors the persons uses to achieve the communicative outcomes that are listed ...

Communicative Functions	Complex speech (sentences)	Multiple word phrases	One word utterances	Echolalia	Other vocalizing	Complex signing	Single signs	Pointing	Leading	Shakes head	Grab/reach	Gives objects	Increased movement	Moves close to you	Moves away or leaves	Fixed gaze	Facial expression	Aggression	Self-injury	Other
Request attention																				
Request help																				
Request preferred Food/objects/activities																				
Request break																				
Show you something or some place																				
Indicate physical pain (headache, illness)																				
Indicate confusion or unhappiness																				
Protest or reject a Situation or activity																				

3) With regard to the person's receptive communication, or ability to understand other persons ...

a) Does the person follow spoken requests or instructions? If so, approximately how many? (List if only a few).

b) Does the person respond to signed or gestural requests or instructions? If so, approximately how many? (List if only a few).

c) Is the person able to imitate if you provide physical models for various tasks or activities? (List if only a few).

d) How does the person typically indicate *yes or no* when asked if she/he wants something, wants to go somewhere, etc.?

H. WHAT ARE THINGS YOU *SHOULD DO* AND THINGS YOU *SHOULD AVOID* IN WORKING WITH AND SUPPORTING THIS PERSON?

1) What things can you do to improve the likelihood that a teaching session or other activity will go well with this person?

2) What things should you avoid that might interfere with or disrupt a teaching session or activity with this person?

1. WHAT ARE THINGS THAT THE PERSON LIKES, AND ARE REINFORCING FOR HIM/HER?

1) *Food items:*

2) *Toys & objects:*

3) *Activities at home:*

4) *Activities/outings in the community:*

5) *Other:*

J. WHAT DO YOU KNOW ABOUT THE HISTORY OF THE UNDESIRABLE BEHAVIORS, THE PROGRAMS THAT HAVE BEEN ATTEMPTED TO DECREASE OR ELIMINATE THEM, AND THE EFFECTS OF THOSE PROGRAMS?

Behavior	How long has this been a problem?	Programs	Effects
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			