

Problem Behaviour Interview: *School Version*

Student _____

Target Behaviour _____

1. Describe the problem behavior: _____

2. Situational Variables

___ Is there any circumstance under which the behavior does NOT occur? If so, describe

___ Is there any circumstance under which the behavior ALWAYS occurs? If so, describe

___ Does it occur at certain times of the day? If so, describe

___ Does the behavior occur only with certain people? If so, describe

3. Operant Variables

___ Does the student engage in the behavior to gain attention? Is it peers or teacher?

___ Does the student engage in the behavior to escape the learning situation?

___ Does the student engage in the behavior out of boredom or lack of challenging activities or materials?

___ Does the behavior occur antecedent to or collateral with any other behavior?

___ Could it be related to any social or academic skills deficit?

4. Physiological Variables

___ Does the behavior occur during certain seasons of the year?

___ Could the client be in pain or discomfort (e.g., ear ache)?

___ Could the behavior be a side-effect of medication (e.g. tired. unsteady. upset stomach. headache. etc.)?

___ Does the student engage in the behavior as a self-stimulation activity?

5. Other Considerations

___ Is the behavior dangerous?

___ Does it prevent the student from learning?

___ Does it disrupt other students?

COMMENTS:

RECORD THE FACTORS ASSOCIATED WITH ONE EPISODE OF THE PROBLEM BEHAVIOUR

6. Did the behavior result in injury? If yes, describe: _____

7. Time and duration of the behavior. Start time _____ End time _____

8. Where did the behavior occur?

- | | |
|--|---|
| <input type="checkbox"/> Classroom. Which One? _____ | <input type="checkbox"/> Special Area: Which one? _____ |
| <input type="checkbox"/> Office area | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Lunch Room | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Other: _____ |

9. Which staff were present? _____

10. Name of staff(s) or student(s) the behavior was directed towards any.

N/A

Staff: _____

Student(s): _____

11. Could other students easily see or hear the event?

- No
 Yes, see what happened. About how many?
 Yes, hear what happened. About how many? _____

12. What type of instruction (if any) was the student receiving just prior to the event?

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Small group instruction |
| <input type="checkbox"/> 1:1 instruction | <input type="checkbox"/> Small group project |
| <input type="checkbox"/> Seatwork | <input type="checkbox"/> AV presentation |
| <input type="checkbox"/> Large group lecture | <input type="checkbox"/> Test/Quiz |
| <input type="checkbox"/> Large group discussion | <input type="checkbox"/> Other: _____ |

13. What type of activity was occurring at the time of the event?

- | | |
|---|--|
| <input type="checkbox"/> Math | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Phys.Ed. | <input type="checkbox"/> After school program |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> Before school program |
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Free time |
| <input type="checkbox"/> Science | <input type="checkbox"/> Meal time |
| <input type="checkbox"/> History | <input type="checkbox"/> Transition |

14. Did the student make any type of complaint within the hour before the behavior occurred?

- N/A
 No
 Yes _____

15. Did another student do or say something that might have set off the event?

- N/A
 No

Yes _____

16. Did the student have any extra assignments or responsibility to meet on this day?

N/A

No

Yes _____

17. Had the student been consequated (loss of points, corrective feedback, name on the board. etc.) for some other problem within a few minutes of the event?

N/A

No

Yes _____

18. Was the student interrupted from doing/completing another activity?

N/A

No

Yes _____

19. Was a request made to the student to stop doing something just before the event?

N/A

No

Yes _____

20. Was a request made to the student to start to do something just before the event?

N/A

No

Yes _____

21. How was the student's behavior consequated? If more than one used, indicate sequence by placing a number in each relevant box in the order that things took place.

Ignored

Calm, neutral discussion

Interrupt, redirect

Go to office

Called parent

Sent home

Loss of privilege

Name on board

Sent to another classroom

Sit and watch

Time-out chair

Other: _____

22. Do you think the student's behavior resulted in a "payoff"?

Received attention

Avoided work or tasks

Self-stimulation

Received help

Obtained desired object/activity

Other _____

23. Please comment on anything else that you think is relevant to the problem:
