

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>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____
g.	_____	_____	_____	_____
h.	_____	_____	_____	_____
i.	_____	_____	_____	_____
j.	_____	_____	_____	_____

2. Which of the behaviors described above are likely to occur together in some way? Do they occur about the same time? In some kind of predictable sequence or "chain"? In response to the same type of situation?

B. DEFINE ECOLOGICAL EVENTS (SETTING EVENTS) THAT PREDICT OR SET UP THE PROBLEM BEHAVIORS.

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

2. What *medical or physical conditions (if any)* does the person experience that may affect his or 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 or her behavior.

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

5a. 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.)

<i>Enjoys</i>	<i>Problems</i>		<i>Enjoys</i>	<i>Problems</i>	
<input type="checkbox"/>	<input type="checkbox"/>	6:00 _____	<input type="checkbox"/>	<input type="checkbox"/>	2:00 _____
<input type="checkbox"/>	<input type="checkbox"/>	7:00 _____	<input type="checkbox"/>	<input type="checkbox"/>	3:00 _____
<input type="checkbox"/>	<input type="checkbox"/>	8:00 _____	<input type="checkbox"/>	<input type="checkbox"/>	4:00 _____
<input type="checkbox"/>	<input type="checkbox"/>	9:00 _____	<input type="checkbox"/>	<input type="checkbox"/>	5:00 _____
<input type="checkbox"/>	<input type="checkbox"/>	10:00 _____	<input type="checkbox"/>	<input type="checkbox"/>	6:00 _____
<input type="checkbox"/>	<input type="checkbox"/>	11:00 _____	<input type="checkbox"/>	<input type="checkbox"/>	7:00 _____
<input type="checkbox"/>	<input type="checkbox"/>	12:00 _____	<input type="checkbox"/>	<input type="checkbox"/>	8:00 _____
<input type="checkbox"/>	<input type="checkbox"/>	1:00 _____	<input type="checkbox"/>	<input type="checkbox"/>	9:00 _____

5b. To what extent are the activities on the daily schedule *predictable* for the person, with regard to what will be happening, when it will occur, with whom, and for how long?

5c. To what extent does the person have the opportunity during the day to *make choices* about his or her activities and reinforcing events? (e.g., food, clothing, social companions, leisure activities)

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

7. What is the pattern of *staffing support* that the person receives in home, school, work, and other settings (e.g., 1:1, 2:1)? 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 BEHAVIORS 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 not listed above that sometimes seem to "set off" the behaviors, such as particular demands, noises, lights, clothing?

6. What *one thing* could you do that would most likely make the undesirable behaviors occur?

7. Briefly describe how the person's behavior would be affected if . . .

a. You asked him or 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 or her typical routine or schedule of activities.

d. She or he wanted something but wasn't able to get it (e.g., a food item up on a shelf).

e. You didn't pay attention to the person or left her or him alone for a while (e.g., 15 minutes).

D. IDENTIFY THE CONSEQUENCES OR OUTCOMES OF THE PROBLEM BEHAVIORS THAT MAY BE MAINTAINING THEM (I.E., THE FUNCTIONS 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 the person gets when the behaviors occur in different situations.

<i>Behavior</i>	<i>Particular situations</i>	<i>What exactly does he or she get?</i>	<i>What exactly does she or he avoid?</i>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____
g.	_____	_____	_____
h.	_____	_____	_____
i.	_____	_____	_____
j.	_____	_____	_____

E. CONSIDER THE OVERALL *EFFICIENCY* OF THE PROBLEM BEHAVIORS. 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

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 generate the same outcomes or reinforcers produced by the problem behaviors?

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

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

2. On the following chart, indicate the behaviors the person uses to achieve the communicative outcomes listed:

<i>Communicative Functions</i>	Complex speech (sentences)	Multiple-word phrases	One-word utterances	Echolalia	Other vocalizing	Complex signing	Single signs	Pointing	Leading	Shakes head	Grabs/reaches	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 or he wants something, wants to go somewhere, and so on?

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?

I. WHAT ARE THINGS THE PERSON LIKES AND ARE REINFORCING FOR HIM OR HER?

1. *Food items:* _____

2. *Toys and 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?

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

K. DEVELOP SUMMARY STATEMENTS FOR EACH MAJOR PREDICTOR AND/OR CONSEQUENCE.

Distant

Setting

Event

*Immediate Antecedent
(Predictor)*

*Problem
Behavior*

*Maintaining
Consequence*

