

FBA Parent/Caregiver Questionnaire

Student: _____ Date: _____
Grade: _____ Age: _____ Date of Birth: _____ School: _____
Teacher: _____ Parent/Caregiver: _____

Please describe your child's behaviors away from the school environment by commenting on the following

1. How does he/she respond to requests or comments from parent(s)?
2. What types of chores/tasks/activities does he/she do at home?
3. Does he/she appear to like himself? How do you know?
4. How does he/she handle situations when things don't go his/her way?
5. How does he/she act away from home (e.g., shopping, at a restaurant, visiting others)?
6. Does he/she participate in clubs/sports/extracurricular activities?
7. How does he/she get along with siblings?
8. How does he/she get along with other children in the neighborhood?
9. Does he or she prefer to be alone? What does he or she do when alone?

10. Does he/she take care of his or her own personal needs such as bathing, dressing, etc.?
11. How does he/she cope with new situations or change in routine?
12. Does he/she share feelings and thoughts with mother/father/others?
13. How does he/she show responsibility for his or her own behavior?
14. How does he/she respond to being told he/she made a mistake?
15. When does he/she display a sense of humor?
16. Does he/she make an effort to be kind/say nice things to others?
17. Does he/she typically tell the truth?
18. Does he/she show respect for the property of others?
19. How does he/she solve conflict with others?
20. What is his/her typical mood?
22. Does he/she usually act before considering consequences?

23. How does he/she deal with failure/disappointment?

24. Does he/she sleep well at night?

25. Describe any physical or medical limitations.

26. Describe your child's typical schedule (A.M. and P.M.) when not at school.

Note best and most difficult times of the day for him/her at home.

6:00 a.m.	_____
6:30 a.m.	_____
7:00 a.m.	_____
4:00 p.m.	_____
4:30 p.m.	_____
5:00 p.m.	_____
5:30 p.m.	_____
6:00 p.m.	_____
6:30 p.m.	_____
7:00 p.m.	_____
7:30 p.m.	_____
8:00 p.m.	_____
8:30 p.m.	_____
9:00 p.m.	_____
9:30 p.m.	_____
10:00 p.m.	_____
10:30 p.m.	_____

Check all that apply.

Physical	
	Picky eater
	Skips meals
	Often times seems hungry
	Has a difficult time staying awake
	Takes medication (please list):
	Known medication side effects
	Appears or complains of illness
	Appears or complains of pain or discomfort
	Has allergy symptoms
	Seizures
	Chronic health conditions
	Others (specify):
Learning and self-regulation	
	Specific disability (specify):
	Learning difficulties (specify):
	Low frustration tolerance/impulsive
	Short attention span
	Poor organizational or planning skills
	Anger management problems
	Atypical sensory needs
	Other (specify):
Social-emotional	
	Anxious
	Irritable or agitated
	Depressed, sad, or blue
	Responds in an extreme manner to disappointment (explain):
	Atypical family relations (explain):
	Difficulty with specific peers (specify):
	Chronic/acute stress in home or community (specify)
	Other (specify):
Environment and routines	
	Routine has recently been altered; change in activity, order, pacing
	Routine is consistently disrupted
	Change in caregiver or teacher
	Absence of preferred caregiver or teacher
	Change in school placement (specify):
	Change in living environment (specify):
	Other (specify):