

# Functional Assessment Questionnaire



**Parent Training and Information for Families of Children with Disabilities in Nebraska is a statewide resource for families of children with disabilities and special health care needs.**

- **PTI Nebraska's staff are parent/professionals who are available to talk to parents and professionals about special education, other services and disability specific information.**
- **PTI Nebraska conducts relevant workshops across the state. Parents, professionals and others are encouraged to attend at no cost. Requests for specific workshops are welcome.**
- **PTI Nebraska has printed and electronic resources available at no cost.**
- **PTI Nebraska encourages and supports parents in leadership roles locally and statewide.**

**You are encouraged to contact us or visit the office if:**

- **You would like information about your child's disability**
- **You have a question about your child's special education program**
- **You would like to schedule a workshop in your community**
- **You would like to talk to another parent**

**Workshops and materials are available in alternate languages and formats upon request.**

PTI Nebraska

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## Functional Assessment Questionnaire

Focus Person: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date: \_\_\_\_\_

Respondent(s):

**Purpose:** This comprehensive questionnaire is designed to be a tool for you to use to understand why \_\_\_\_\_ has behavior that might be considered a problem, inappropriate, or somehow not good for him or her. It might also be a good tool to tell new people (new staff, teachers, day care providers) about \_\_\_\_\_. It appears long and detailed, but there is a lot of room to write, so it looks longer than it really is. People say that it takes about 20 minutes to complete. Do not feel like you have to complete the entire questionnaire. Use the sections which will be most helpful for you.

**About** \_\_\_\_\_ (Focus person's name)

1. Describe \_\_\_\_\_'s strengths.

2. Describe the circumstances under which \_\_\_\_\_'s behavior is the most appropriate and functional.

3. List \_\_\_\_\_'s preferences

- People:
  
- Activities:
  
- Toys or objects:
  
- Food or snacks:
  
- Other:

4. Describe what \_\_\_\_\_ and you (his or her family and friends) view as appropriate behavior. Consider \_\_\_\_\_'s age, culture, circumstances, and the vision for \_\_\_\_\_'s future.

5. Identify the behaviors which are barriers to enabling \_\_\_\_\_ to live his or her desired lifestyle.

<b>Behavior</b>	<b>How Often</b>	<b>How Long It Lasts</b>
• <i>Example: <u>Head banging</u></i>	<i><u>5 times daily</u></i>	<i><u>2-5 minutes, up to 20 min.</u></i>
Intensity (check one) ___ bothersome	<input checked="" type="checkbox"/> disruptive	<input checked="" type="checkbox"/> violent
• _____		
Intensity (check one) ___ bothersome	___ disruptive	___ violent
• _____		
Intensity (check one) ___ bothersome	___ disruptive	___ violent
• _____		
Intensity (check one) ___ bothersome	___ disruptive	___ violent
• _____		
Intensity (check one) ___ bothersome	___ disruptive	___ violent
• _____		
Intensity (check one) ___ bothersome	___ disruptive	___ violent

6. Describe interventions, strategies or techniques that have been used in the past to reduce \_\_\_\_\_'s problem behavior. How well did these work?

**About \_\_\_\_\_'s Environment**

7. To help answer some of the questions below, it might be helpful to chart out \_\_\_\_\_'s daily routine with settings, activities and people present in each time block.

<b>Time</b>	<b>Place</b>	<b>Activity</b>	<b>People</b>	<b>Appropriate Behavior</b>	<b>Problem Behavior</b>
<b>(Check one)</b>					
<i>Example: Home putting on shoes Mom X</i>					
6:00 am					
7:00 am					
8:00 am					
9:00 am					
10:00 am					
11:00 am					
12:00 pm					
1:00 pm					
2:00 pm					
3:00 pm					
4:00 pm					
5:00 pm					
6:00 pm					
7:00 pm					
8:00 pm					
9:00 pm					
10:00 pm					
11:00 pm					
12:00 am					
1:00 am					
2:00-5:00 am					

8. Identify the context and describe the environmental relationships for factors that might affect \_\_\_\_\_'s behavior both positively (appropriate behavior) and negatively (problem behavior). These are factors which may affect him or her quite a long time (days, weeks or months) before problem behavior occurs. Sometimes these factors are called "Setting Events".

a. Medication type and dosage: How might it affect \_\_\_\_\_'s behavior?

b. Medical or other physical conditions: How might they affect \_\_\_\_\_'s behavior (for example: asthma, seizures, menstrual cycles)?

c. Sleep patterns: How might they affect \_\_\_\_\_'s behavior?

d. Eating routines and diet: How might they affect \_\_\_\_\_'s behavior?

e. Number of people around \_\_\_\_\_ at home, school, work or in the community. What roles (parent, friend, staff person) do they have, how much training or experience do they have, and how do they interact with \_\_\_\_\_? How might this affect \_\_\_\_\_'s behavior?

f. Physical environment of \_\_\_\_\_ at home, school, work or community area: How might this affect \_\_\_\_\_'s behavior (noisy or quiet, hot, crowded, inside or outside)?



11. For each activity of function (for example - asks for something), check the way(s) \_\_\_\_\_ might communicate the message.

	Grab or Reach	Give Something	Point	Lead	Look or gaze	Head nod or shake	Facial expression	Move closer	Move away	Hurt self	Hurt others	Damage things	Tantrum	Vocalize	Cry or whine	Single sign	Multiple signs	Immediate echo or repeat	Delayed echo or repeat	One word	Multiple words	Other	
Request an object																							
Request an action																							
Request help																							
Request a break																							
Request social interaction																							
Request attention																							
Request comfort																							
Show pain or illness																							
Show object																							
Show activity																							
Protest or escape																							

**Results of \_\_\_\_\_'s behavior:**

12. Think of the behaviors listed in questions 5 & 7. Try to identify what happened when the behavior occurred. This is sometimes referred to as the benefit a child received or the “consequence”.

<b>Behavior avoid</b>	<b>Particular Situation</b>	<b>Other people's response - What does he or she get or</b>
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<i>Example: Head banging</i>	<i>asked to put on shoes</i>	<i>Mom tries to stop head banging, AJ gets help with shoes</i>
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

13. What are the things you can do to make situations and activities go well for \_\_\_\_\_?

14. What are things you should avoid, or that might cause a situation or activity to go poorly for \_\_\_\_\_?



*PTI Nebraska  
Mission & Vision*

*Providing  
Training,  
Information and  
Support  
To parents in Nebraska  
Who have children  
With disabilities  
Or special health care needs;  
Enabling parents to have the capacity  
To improve the  
Educational  
And health care outcomes  
For their children.*

*Resources are made available  
To parents and others  
Who have an interest  
In children with  
Disabilities or  
Special health care needs.*

*Parents will develop the skills necessary  
To effectively participate in  
Planning and  
Decision making  
Relating to  
Early intervention,  
Educational  
Transitional and  
Health care services.*

*As a result children will be  
Prepared to lead  
Productive,  
Independent adult lives,  
To the  
Maximum extent possible.*