**Functional Behaviour Assessment**

**Interview (FBAI)**

**Referral Details**

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| --- | --- |
| Date of referral |  |
| Date of interview |  |
| Name of person |  |
| DOB |  |
| Address |  |
| Name of interviewee |  |
| Phone Number |  |
| Email |  |

**Behaviours of Concern**

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| --- | --- | --- | --- | --- |
| **Behaviour**  **What happens?** | **Topography**  **What does it look like?** | **Frequency**  **How often does it occur?** | **Duration**  **How long does it last for?** | **Intensity**  **Low, medium, high magnitude?** |
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| **Antecedent**  **What happens before the behaviour?** | **Behaviour**  **What happens?** | **Consequence**  **Is something removed or added to environment?** |
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| --- | --- |
| Do any of the behaviours occur together or in sequence, if so, what is the sequence? |  |

**Antecedents, triggers and setting events**

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| --- | --- |
| What medical conditions or diagnoses may impact on The person’s behaviours or functioning (illness, injury, physical disability)? |  |
| What medication is The person on, if any? |  |
| Could The person’s sleep cycle impact on their behaviours? |  |
| Could The person’s diet impact on her behaviours? |  |
| Are there particular environments where the behaviour is more likely to occur? (loud, busy, bright, moving vehicle). |  |

**Schedule and activities**

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| --- | --- |
|  | **Activities** |
| **Morning** |  |
| **Afternoon** |  |
| **Evening** |  |

|  |  |
| --- | --- |
| Are these activities predictable for The person? |  |
| Are these activities meaningful, rewarding and reinforcing for The person? |  |
| Are the behaviours likely to occur when a task is challenging for The person? |  |
| How often does The person have the opportunity to choose activities? |  |
| How does The person respond to changes in their schedule or planned activities? |  |
| Do the behaviours occur during transition between activities or waiting for the next one to start? |  |

**Events that may predict the behaviours of concern**

Time

|  |  |
| --- | --- |
| When are the behaviours most likely to occur? |  |
| When are the behaviours least likely to occur? |  |
| Behaviours look like: |  |

Place

|  |  |
| --- | --- |
| When are the behaviours most likely to occur? |  |
| When are the behaviours least likely to occur? |  |

Persons

|  |  |
| --- | --- |
| When are the behaviours most likely to occur? |  |
| When are the behaviours least likely to occur? |  |

**Communication**

|  |  |
| --- | --- |
| How does The person express their needs, wants or feelings? |  |
| Do you think that The person requires more assistance with communication? |  |
| How does The person let you know that they’ve understood a question or request? |  |
| Possible strategies: |  |

**Further Notes:**

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