Parent/Guardian Interview: Behavior Concerns

Child's name:		_ Parent/Guardian's name:	
Age:	Grade:	Date:	

1. Describe your child. What is he/she like at home?

2. What concerns do you have regarding your child's behavior?

3. Which of these concerns/behaviors are most important to you at this time?

- 4. When does this behavior occur?
- 5. When doesn't this behavior occur?
- 6. When does this behavior occur the most?

- 7. When did the problem first appear?
- 8. Are you aware of anything that appears to cause your child to start this behavior?

9. What do you typically do when your child exhibits this behavior?

10. What have you been doing to attempt to change your child's behavior?

11. What has worked?

12. What hasn't worked?

13. Does your child have any sensory problems of which you are aware?

14. Does your child have any health problems that may be contributing to the behavioral problem?

15. Are there other factors related to your child's behavior of which you think I should be aware?