

**EBD Parent Interview: K-12**

Student's Name: \_\_\_\_\_

Informant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

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

1. What concerns do you have regarding your child's behavior?
  
2. Which of these concerns/behaviors are most important to you at this time?
  
3. What is it about those behaviors that make them the most problematic?
  
4. When does the behavior occur?
  
5. When doesn't the behavior occur?
  
6. What things seem to set off your child?
  
7. What do you typically do when your child exhibits the behavior?
  
8. What do your child's peers typically do when your child exhibits the problem behavior?
  
9. When did the problem first appear?
  
10. Did anything change in your child's life about that time?
  
11. What strategies have you tried in an attempt to change your child's behavior?

12. Does your child have any sensory problems of which you are aware?
  
13. Does your child have any health problems that may be contributing to the behavioral problem?
  
14. Are there other factors related to your child's behavior of which you think we should be aware?