

Division of Special Education

Structured Interview

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Participants: \_\_\_\_\_

1. What are the problem behaviors?	How often do they occur?	What motivates the behavior?	With whom does it occur most frequently?	In what setting?	During what time of day?	During what tasks or activities?	During what tasks or activities?

2. Does the student have a medical or physical condition that includes known behavioral features? \_\_\_\_\_

3. Are there situations in which the behaviors never or rarely occur? What are they? \_\_\_\_\_

4a. What appropriate behavior should the student be exhibiting instead of the problem behavior? \_\_\_\_\_

4b. Have you ever seen the student exhibit that appropriate behavior? \_\_\_\_\_

5. Can the child communicate his/her needs to the teachers or students? \_\_\_\_\_

6. What skills does the student lack that might contribute to this problem? \_\_\_\_\_

7. How do you and others respond to the student's problem behavior? \_\_\_\_\_

8. How do you and others respond to the student's appropriate behavior? \_\_\_\_\_

9. Does the student's problem behavior allow him/her to get things ? If so, what? \_\_\_\_\_

10. Does the student's problem behavior allow him/her to avoid things ? If so, what? \_\_\_\_\_

11. Is there any other information that you feel is important in considering this student's behavior? Please Describe: \_\_\_\_\_

**Action Plan:**

DATA COLLECTION TOOL	STAFF TO COMPLETE TOOL	SETTING	NOTES

Follow-up meeting scheduled for (Date/Time/Place): \_\_\_\_\_

**Tool Reminder:** Latency; Duration; Time Sampling; Frequency; Problem Behavior Questionnaire;  
Motivation Assessment Scale; Student Interview; ABC Form;  
Natural Data (attendance; point/level information; grades, etc.)