

COMPREHENSIVE INTERVIEW TOOL (CIT)
Part III: Indirect Assessment (Background Information and Behavioral Interview Tools)

Student Name		Date of Interview	
DOB		Interviewer	
Age	Grade	School of Attendance	
Eligibility		Placement	

Student Profile: Please identify at least three strengths or contributions the student brings to school.

Problem Behavior(s): Identify problem behavior(s)

<input type="checkbox"/> Physical aggression	<input type="checkbox"/> Verbal/vocal outburst	<input type="checkbox"/> Disruption	<input type="checkbox"/> Elopement
<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Describe problem behavior(s) in observable terms: _____

Routine Analysis – Part A: Where, when, and with whom problem behaviors are most likely to occur:

Time of Day	Activity & Personnel Involved	Likelihood of Problem Behavior						Specific Problem Behavior	Current Intervention for the Problem Behavior
		Low 1	2	3	4	5	High 6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		

Routine Ranking: Using the Routine Analysis above, list the top 2 routines in order of priority (need of behavior support.)

Select routines with the highest ratings. Combine routines only when there is significant (a) similarity of activities (conditions), and (b) similarity of problem behaviors. Complete Routine Analysis – Part B for each routine.

Routine #	Routine/Activities/Context	Problem Behavior(s)
Routine #1		
Routine #2		

Routine Analysis – Part B: Use Routine #1 from page 1

Routine/Activities/Context	Problem Behavior(s)

Provide more detail about the problem behavior(s):

What does/do the problem behavior(s) look like? _____

How often and for how long does/do the problem behavior(s) occur? _____

For how long has the student exhibited the problem behavior(s)? _____

List any observed precursor behaviors. _____

Antecedents: Setting Events and Triggers: What are the events that predict when the problem behavior(s) will occur?

Setting Events/Distant Antecedents	Environmental Features/Immediate Antecedents
<input type="checkbox"/> illness <input type="checkbox"/> medication (missed or taken) <input type="checkbox"/> recent move <input type="checkbox"/> conflict (peer or home) <input type="checkbox"/> academic failure <input type="checkbox"/> death in family <input type="checkbox"/> divorce <input type="checkbox"/> hunger <input type="checkbox"/> lack of sleep <input type="checkbox"/> change in routine <input type="checkbox"/> other: _____ _____ _____	<input type="checkbox"/> reprimand/correction <input type="checkbox"/> physical demands <input type="checkbox"/> socially isolated <input type="checkbox"/> with peers <input type="checkbox"/> task (describe) <input type="checkbox"/> academic demand <input type="checkbox"/> social demand/attention <input type="checkbox"/> divided attention <input type="checkbox"/> structured activity <input type="checkbox"/> unstructured time <input type="checkbox"/> activity (describe) <input type="checkbox"/> request denied <input type="checkbox"/> other: _____ _____

Consequences: What consequences appear most likely to maintain the problem behavior(s)?

To Obtain	To Avoid or Escape
<input type="checkbox"/> adult attention <input type="checkbox"/> peer attention <input type="checkbox"/> preferred activity <input type="checkbox"/> money / things (describe) <input type="checkbox"/> other : _____ _____ _____	<input type="checkbox"/> task (describe) <input type="checkbox"/> reprimands <input type="checkbox"/> peer interaction (describe) <input type="checkbox"/> physical effort <input type="checkbox"/> activity (describe) <input type="checkbox"/> adult attention <input type="checkbox"/> other _____ _____

Summary of Behavior: Identify the summary that will be used to build a plan of behavior support.

Setting Events & Antecedents	Problem Behavior(s)	Maintaining Consequence(s)

How confident are you that the Summary of Behavior is accurate?

Not very confident 1 2 3 4 5 6 Very Confident

What current or past interventions have been used?

Strategies for preventing problem behavior	Strategies for responding to problem behavior
<input type="checkbox"/> schedule change <input type="checkbox"/> seating change <input type="checkbox"/> curriculum change teaching strategies: _____ reward system: _____ other: _____	<input type="checkbox"/> redirection <input type="checkbox"/> prompting replacement behavior <input type="checkbox"/> reprimand: _____ <input type="checkbox"/> referral/detention: _____ <input type="checkbox"/> other: _____

Routine Analysis – Part B: Use Routine #2 from page 1

Routine/Activities/Context	Problem Behavior(s)

Provide more detail about the problem behavior(s):

What does/do the problem behavior(s) look like? _____

How often and for how long does/do the problem behavior(s) occur? _____

For how long has the student exhibited the problem behavior(s)? _____

List any observed precursor behaviors. _____

Antecedents: Setting Events and Triggers: What are the events that predict when the problem behavior(s) will occur?

Setting Events/Distant Antecedents	Environmental Features/Immediate Antecedents
<input type="checkbox"/> illness <input type="checkbox"/> medication (missed or taken) <input type="checkbox"/> recent move <input type="checkbox"/> conflict (peer or home) <input type="checkbox"/> academic failure <input type="checkbox"/> death in family <input type="checkbox"/> divorce <input type="checkbox"/> hunger <input type="checkbox"/> lack of sleep <input type="checkbox"/> change in routine <input type="checkbox"/> other: _____ _____ _____	<input type="checkbox"/> reprimand/correction <input type="checkbox"/> physical demands <input type="checkbox"/> socially isolated <input type="checkbox"/> with peers <input type="checkbox"/> task (describe) <input type="checkbox"/> academic demand <input type="checkbox"/> social demand/attention <input type="checkbox"/> divided attention <input type="checkbox"/> structured activity <input type="checkbox"/> unstructured time <input type="checkbox"/> activity (describe) <input type="checkbox"/> request denied <input type="checkbox"/> other: _____ _____

Consequences: What consequences appear most likely to maintain the problem behavior(s)?

Things that are Obtained	Things Avoided or Escaped From
<input type="checkbox"/> adult attention <input type="checkbox"/> peer attention <input type="checkbox"/> preferred activity <input type="checkbox"/> money / things (describe) <input type="checkbox"/> other : _____ _____ _____	<input type="checkbox"/> task (describe) <input type="checkbox"/> reprimands <input type="checkbox"/> peer interaction (describe) <input type="checkbox"/> physical effort <input type="checkbox"/> activity (describe) <input type="checkbox"/> adult attention <input type="checkbox"/> environmental stimuli (describe) <input type="checkbox"/> other _____

Summary of Behavior: Identify the summary that will be used to build a plan of behavior support.

Setting Events & Antecedents	Problem Behavior(s)	Maintaining Consequence(s)

How confident are you that the Summary of Behavior is accurate?

Not very confident	1	2	3	4	5	6	Very Confident
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What current or past interventions have been used?

Strategies for preventing problem behavior	Strategies for responding to problem behavior
<input type="checkbox"/> schedule change <input type="checkbox"/> seating change <input type="checkbox"/> curriculum change teaching strategies: _____ reward system: _____ other: _____	<input type="checkbox"/> redirection <input type="checkbox"/> prompting replacement behavior <input type="checkbox"/> reprimand: _____ <input type="checkbox"/> referral/detention: _____ <input type="checkbox"/> other: _____

Skill Deficits (if applicable)

Skills that need to be targeted to improve communication, socialization, and self-care (Check all that apply):

Communication	Classroom Routines	Social and Independent Play	Self-Care
<input type="checkbox"/> Asking for things that he/she wants (Manding)	<input type="checkbox"/> Remaining in a group for at least 15 minutes	<input type="checkbox"/> Playing with peers	<input type="checkbox"/> Dressing
<input type="checkbox"/> Naming objects in the environment or expressing feelings such as pain (Tacting)	<input type="checkbox"/> Transitioning between activities	<input type="checkbox"/> Engaging in reciprocal conversation with peers	<input type="checkbox"/> Eating
<input type="checkbox"/> Repeating words or sentences (Echoic)	<input type="checkbox"/> Working independently for at least 5 minutes	<input type="checkbox"/> Perspective taking (discriminating what others see, think, and feel)	<input type="checkbox"/> Grooming
<input type="checkbox"/> Asking and answering questions	<input type="checkbox"/> Staying on task for at least 60 % of an instructional period	<input type="checkbox"/> Playing independently	<input type="checkbox"/> Toileting
<input type="checkbox"/> Engaging in conversation with others (Intraverbal)			
<input type="checkbox"/> Following one step directions (receptive language/listener skills)			

Prerequisite Skills in student repertoire

Type of Prompts Currently Used

Communication- Check the most commonly used form(s) of communication and mark the type of prompt(s) currently used	No prompt needed	Verbal/Vocal	Modeling	Physical	Visual
<input type="checkbox"/> Speaks sentences					
<input type="checkbox"/> Speaks phrases					
<input type="checkbox"/> Speaks single words					
<input type="checkbox"/> Sign language					
<input type="checkbox"/> Pictures					
<input type="checkbox"/> Communication device					
<input type="checkbox"/> Points to what he/she wants/gestures					
Attending and Following Directions- Check all that apply.	None	Verbal/Vocal	Modeling	Physical	Visual
<input type="checkbox"/> Looks at person calling his/her name					
<input type="checkbox"/> Attends to task for at least 5 minutes					
<input type="checkbox"/> Follows one step directions					
<input type="checkbox"/> Follows two step directions					
Social and Independent Play Check all that apply.	None	Verbal/Vocal	Modeling	Physical	Visual
<input type="checkbox"/> Plays games with peers					
<input type="checkbox"/> Engages in reciprocal conversation with peers					
<input type="checkbox"/> Plays independently					

Preference Survey

DIRECTIONS: Please list the most and moderately preferred tangible items/activities/edibles student chooses to engage/play with or eat.

Note: For determining preference, consider: **Tangibles/Activities:** Items student has been observed to engage the longest

Edibles: Shows preference for this item over other edible items

	Tangibles/Activities	Edible Items
Moderately Preferred		
Most Preferred		

Background Information - To Be Completed Via Parent/Guardian Interview

Parent/Guardian Name		Relationship to Student	
Interviewer		Date of Interview	

Family and Home

o Family members with whom the student lives (include relationship and age): _____

o Primary caregiver _____

o Home language _____

o Recent changes in the household (check all that apply)

Moved to a new residence When? _____

Separation / divorce / deployment / death When? _____

New people in the household (e.g., newborn) Explain: _____

Other _____

o Problem behaviors in the home:

Please describe problem behavior(s) in observable terms (1 or 2 problem behaviors of most concern).

How long have the behaviors been occurring? _____

How often do the problem behavior(s) occur(s) at home? _____

What triggers (antecedents) these behaviors at home? _____

What preventative strategies have you used and how effective were they? _____

How do adults respond to problem behaviors (consequence strategies used) and how effective were the strategies? _____

o Past and/or present home-based behavioral services (if applicable):

Service Provider/Agency: _____

Type of service (e.g. ABA, adaptive skills) _____

How many hours per week? _____

What skills and/or behaviors are being/have been targeted? _____

Type of service (e.g. ABA, adaptive skills) _____

How long have services been provided in the home? _____

o What other insight can you offer about your child or the behavior that might assist us in developing appropriate, effective interventions (e.g., student preferences, situations when the student is successful, etc.) _____

o Describe your child's strengths in :

Academic(s) _____

Social/Recreational _____

Other _____

Antecedents: Setting Events and Triggers: What are the events that predict when the problem behavior(s) will occur?

Setting Events/Distant Antecedents		Environmental Features/Immediate Antecedents	
<input type="checkbox"/> illness	<input type="checkbox"/> hunger	<input type="checkbox"/> reprimand/correction	<input type="checkbox"/> divided attention
<input type="checkbox"/> medication (missed or taken)	<input type="checkbox"/> lack of sleep	<input type="checkbox"/> physical demands	<input type="checkbox"/> structured activity
<input type="checkbox"/> recent move	<input type="checkbox"/> change in routine	<input type="checkbox"/> socially isolated	<input type="checkbox"/> unstructured time
<input type="checkbox"/> conflict (peer or home)	<input type="checkbox"/> physical impairment	<input type="checkbox"/> with peers	<input type="checkbox"/> activity (describe)
<input type="checkbox"/> academic failure	<input type="checkbox"/> appetite/diet	<input type="checkbox"/> task (describe)	<input type="checkbox"/> request denied
<input type="checkbox"/> death in family	<input type="checkbox"/> other:	<input type="checkbox"/> academic demand	<input type="checkbox"/> other:
<input type="checkbox"/> divorce	_____	<input type="checkbox"/> social demand/attention	_____

Consequences: When problem behavior occurs or worsens, does your child...?

Obtain		Avoid or Escape	
<input type="checkbox"/> adult attention	<input type="checkbox"/> activity (describe)	<input type="checkbox"/> task (describe)	<input type="checkbox"/> adult attention
<input type="checkbox"/> praise	_____	<input type="checkbox"/> reprimands	<input type="checkbox"/> other
<input type="checkbox"/> reprimands	<input type="checkbox"/> discipline (describe)	<input type="checkbox"/> peer/sibling interaction (describe)	_____
<input type="checkbox"/> peer/sibling attention	_____	<input type="checkbox"/> physical effort	_____
<input type="checkbox"/> money	<input type="checkbox"/> other	<input type="checkbox"/> activity (describe)	
<input type="checkbox"/> things (describe)	_____	<input type="checkbox"/> environmental stimuli (describe)	

Medical History

Medical or Physical Problems	
Medications, vitamins, supplements (include name of medication and condition it is used to treat, if known.)	
Allergies	
Vision and hearing	
History of hospitalizations and recent injuries	
Sleep routines and cycle	
Eating routines and diet	
Other	

Preference Survey

DIRECTIONS: Please list the <u>most</u> and <u>moderately preferred</u> tangible items/activities/edibles student chooses to engage/play with or eat.		
Note: For determining preference, consider: Tangibles/Activities: Items student has been observed to engage the longest		
Edibles: Shows preference for this item over other edible items		
	Tangibles/Activities	Edible Items
Moderately Preferred		
Most Preferred		

General Notes:

Prerequisite Skills in student repertoire

Type of Prompts Currently Used

Communication- Check the most commonly used form(s) of communication and mark the type of prompt(s) currently used	No prompt needed	Verbal/Vocal	Modeling	Physical	Visual
<input type="checkbox"/> Speaks sentences					
<input type="checkbox"/> Speaks phrases					
<input type="checkbox"/> Speaks single words					
<input type="checkbox"/> Sign language					
<input type="checkbox"/> Pictures					
<input type="checkbox"/> Communication device					
<input type="checkbox"/> Points to what he/she wants/gestures					
Attending and Following Directions - Check all that apply.	None	Verbal/Vocal	Modeling	Physical	Visual
<input type="checkbox"/> Looks at person calling his/her name					
<input type="checkbox"/> Attends to task for at least 5 minutes					
<input type="checkbox"/> Follows one step directions					
<input type="checkbox"/> Follows two step directions					
Social and Independent Play - Check all that apply.	None	Verbal/Vocal	Modeling	Physical	Visual
<input type="checkbox"/> Plays games with peers					
<input type="checkbox"/> Engages in reciprocal conversation with peers					
<input type="checkbox"/> Plays independently					

Adapted From: O'Neill, R. E., Horner, R. H., Albin, R. W., Sprague, J. R., Storey, K., & Newton, J. S. (2015). Functional Assessment and Program Development for Problem Behavior: A Practical Handbook (3rd ed.). Stamford, CT: Cengage Learning. March, Horner, Lewis-Palmer, Brown, Crone, Todd, & Carr (2000)

Adapted from the Functional Assessment Interview (FAI) (O'Neill et. al, 2015), and Efficient Functional Behavior Assessment: The Functional Assessment Checklist for Teachers and Staff: Part A and Part B (FACTS) (C. Anderson & C. Borgmeier (2007) from March, Horner, Lewis-Palmer, Brown, Crone & Todd (1999)