

Beaufort County Schools

**Step 2B: Parent/Guardian Interview: FBA**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Siblings in home: \_\_\_\_\_ Interviewer: \_\_\_\_\_

**CHILD PROFILE**

**Identify 3 strengths of your child:**

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**What problem behaviors are you seeing at home?**

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**When/where/with whom do these problem behaviors occur?**

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**What consequences have you tried?**

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**Have any been successful?**

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**HEALTH INFORMATION**

Is your child on any medication? \_\_\_ Yes \_\_\_ No If so, please list names and dosage:

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**Other relevant health information:**

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**Is there any other information you feel is helpful to share?**

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