Establishing Operations Interview Form

Interviewer•				nt:		
Interviewer:			IIIOIIIai			
Description of problem bel	navior:					
Instructions to the intervent establishing operations that the to the problem behavior. These of the problem behavior's occube behavior. Check the box or box andicated on the <i>Checklist</i> . Con	informant(s) e are behavior arrence and m xes on this int	has/have in rs or events nay increase terview form	dicated as be that may oce the student that corres	eing "possibly cur the evenir 's need (or m	y" or "defin ng before or notivation) t	itely" relate the mornin o display th
Places Tell me about any change(s) or that may increase the likelihoo write specific comments below	od of the pro					
	Neighbor-	School	Home	No	Possibly	Definitely
D	hood			Relationship	Related	Related
Presence of toys/tangible items						
Absences of toys/tangible items Barren environment						
Enriched environment						
Inconsistency across settings						
Familiar						
Unfamiliar						
Small physical space						
Large physical space						
Alone						
Crowded						
Indoor						
Outdoor						
Weather patterns						
Seasons						
Other (please specify):						

Definitely

Possibly

Peopl	e

Tell me about any specific people, types of interactions, or behaviors/characteristics of others that may increase the likelihood of the problem behavior occurring (Check the appropriate boxes and write specific comments below).

	Relationship	Related	Related
Specific staff member(s) present			
Specific staff member(s) absent			
Specific caregiver(s) present			
Specific caregiver(s) absent			
Specific peer(s) present			
Specific peer(s) absent			
Ratio of staff to students			
Specific discipline employed			
Visitors arrived/failed to arrive			
Type of verbal interactions (tone/pitch of voice, demanding, quiet)			
Teased by peer(s)			
Physical fight with peer(s)			
Verbal argument with peer(s)			
Punished by teacher			
Punished by parent			
Proximity (proximal/not proximal) of others			
Behavior of others (e.g., inappropriate/appropriate)			
Training of staff			
Level of assistance provided			
Control/choice of interaction			
Gender			
Age			
High expectations of student			
Low expectations of student			
Unfamiliar people present (e.g., substitute teacher, aide)			
Familiar people present			
Other (please specify):			
outer (preuse speers).			
Describe in detail the affect that people appear to have on the stude	nt's problem be	havior	
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Tasks
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Tell me about any tasks, activities, or instruction styles that may increase the likelihood of the problem behavior occurring (Check the appropriate boxes and write specific comments below).

Scheduling/Routines	3
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Tell me about any schedule or daily routine characteristics, including eating and sleeping patterns that may increase the likelihood of the problem behavior occurring (Check the appropriate boxes and write specific comments below).

	No Relationship	Possibly Related	Definitely Related
Changes in transportation routes			
Changes in times of transportation			
Changes in exercise routines (sports involvement, PE class)			
Changes in diet			
Changes in eating routine (regular meal times missed or changed)			
Not given preferred food types			
Went to bed early or arose late (too much sleep)			
Went to bed late or arose early (too little sleep)			
Missed a nap			
Required to take a nap			
Amount of free/play time			
Typical activities missed			
Unscheduled events occurred			
Schedule disruptions			
Sequence of social activities altered			
Time of day:			
Before school			
Morning			
After recess			
Lunch			
Afternoon			
After school			
Other (please specify):			
Describe in detail any scheduling and/or routine variations that maproblem behavior.	ay have an	affect on the	ne student's

□ Physical

Tell me about any physical, medical, or biological conditions/factors that may increase the likelihood of the problem behavior occurring (Check the appropriate boxes and write specific comments below).

	No Relationship	Possibly Related	Definitely Related
Activity level increased			
Activity level decreased			
Diet restrictions implemented			
Eats too much			
Eats to little (hungry)			
Malnourished			
Thirsty			
Prescription medication taken (Specify:)			
Nonprescription medication taken (Specify:)			
Medication missed			
Medication changed			
Takes medication not usually taken			
Medication dosage incorrect			
Side effects of medication			
Ear Infection (either middle or outer)			
Urinary Tract Infection			
Allergies			
Diabetic			
Sinus Infection			
Asthma			
Rashes			
Dental Problems			
Headaches/Migraines			
Constipation			
Seizures			
Injury			
Menstrual/Premenstrual difficulties			
Unusual sensory stimulation			
Auditory (e.g., Noise level, Ambient noise present)			
Visual (e.g., Lighting, Decorations in room)			
Tactile (e.g., Clothing comfort, crowded)			
Olfactory (e.g., Odors)			
Kinesthetic (e.g., Aversive motor response)			
Other (please specify):			
Describe in detail any physiological factors that may have an affect of	on the student	's problem	behavior

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Em	otio	onal

Tell me about any emotional or psychological factors/states that may increase the likelihood of the problem behavior occurring (Check the appropriate boxes and write specific comments below).

	No Relationship	Possibly Related	Definitel Related
Informed of something disappointing			
Excited			
Agitated/angry			
In a bad mood			
Complained of feeling ill			
Calm			
Frustrated			
Excessively tired			
Excessively lethargic			
Experienced failure			
Experienced success			
Atypical reaction to discipline/reprimand			
Learned about a visit/vacation that will or will not occur			
Crisis event (e.g., death of loved one, illness of loved one)			
Special occasion (e.g., birthday, holiday, etc.)			
Other (please specify):			
	ffect on the student	s's problem	behavior
Describe in detail any psychological factors that may have an a	ffect on the student	s's problem	behavior
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	Commu	ınıca1	tion

Tell me about any communication difficulties that may increase the likelihood of the problem behavior occurring (Check the appropriate boxes and write specific comments below).

	No	Possibly	
	Relationship	Related	Definitely Related
Hearing aid(s) lost/not working			
Communication system lost/not working			
Inability to verbalize needs (i.e., hunger, thirst)			
Inability to communicate frustration/disagreement			
Inability to make requests			
Other (please specify):			
Describe in detail any communication factors that may have a	an affect on the studer	nt's problen	n behavior