



**South Bend Community School Corporation  
Special Education Services**

**Student Interview Form for Behavioral Assessment**

Student Name: \_\_\_\_\_ SBCSC ID#: \_\_\_\_\_ STN#: \_\_\_\_\_

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

**Section 1**

- |  |        |           |       |
|--|--------|-----------|-------|
| 1. In general, is your work too hard?  | Always | Sometimes | Never |
| 2. In general, is your work too easy?  | Always | Sometimes | Never |
| 3. When you ask for help appropriately, do you get it?                                 | Always | Sometimes | Never |
| 4. Do you think the work periods are too long?   | Always | Sometimes | Never |
| 5. Do you think the work periods are too short?  | Always | Sometimes | Never |
| 6. When you do seat work, do you do better when someone works with you?                | Always | Sometimes | Never |
| 7. Do you think people notice when you do a good job?                                  | Always | Sometimes | Never |
| 8. Do you think you get the rewards you deserve when you do good work?                 | Always | Sometimes | Never |
| 9. Do you think you would do better in school if you received more incentives/rewards? | Always | Sometimes | Never |
| 10. In general, do you find your work interesting?                                     | Always | Sometimes | Never |

**Section 2**

1. When do you think you have the fewest behavior problems in school?
  
  
  
  
  
  
  
  
  
  
2. Why do you not have problems during these times?
  
  
  
  
  
  
  
  
  
  
3. What changes could be made so you would have fewer problems?
  
  
  
  
  
  
  
  
  
  
4. What kind of rewards would you like to earn for good behavior or good school work?
  
  
  
  
  
  
  
  
  
  
5. What is your favorite subject? What do you like about it?
  
  
  
  
  
  
  
  
  
  
6. What is your least favorite subject? What do you not like about it?

**Section 3:**

**Social Activities**

1. What are your favorite activities at school?
2. What are your hobbies or interests?
3. How do you spend your free time when you are not in school?
4. What are some things you would like to do that you do not have the chance to do now?

**Peer Relationships**

1. What are some things you do with your friends?
2. Do you have a close friend? Does this friend go to the same school?
3. How do you get along with your classmates?

**Life at Home**

1. Who do you live with at home? Do you have siblings?
2. What are your responsibilities/chores at home?
3. How well do you get along with parents/siblings?
4. Do you ever have trouble sleeping at night?
5. Do you get enough sleep at night?
6. Is it difficult for you to concentrate on your schoolwork? Why?
7. Do you worry about things? What are some of the things you worry about?
8. Have you been eating regularly?
9. Have you experimented with alcohol or drugs?