

## Establishing Operations Interview Form

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Interviewer:** \_\_\_\_\_

**Informant:** \_\_\_\_\_

**Description of problem behavior:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Instructions to the interviewer:** Making use of the *Establishing Operations Checklist*, identify establishing operations that the informant(s) has/have indicated as being “possibly” or “definitely” related to the problem behavior. These are behaviors or events that may occur the evening before or the morning of the problem behavior’s occurrence and may increase the student’s need (or motivation) to display the behavior. Check the box or boxes on this interview form that corresponds to those establishing operations indicated on the *Checklist*. Conduct an interview in those areas.

**Places**

*Tell me about any change(s) or characteristic(s) in the home, school, and/or neighborhood environments that may increase the likelihood of the problem behavior occurring (Check the appropriate boxes and write specific comments below).*

	Neighbor- hood	School	Home	No Relationship	Possibly Related	Definitely 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):						

Describe in detail the affect that the indicated environmental change(s) and/or characteristic(s) appear(s) to have on the student’s problem behavior. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_







**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 too 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 on the student's problem behavior. \_\_\_\_

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