

# Functional Assessment-Based Intervention

## Parent/Family Member Social Validity Questionnaire – Pre-Intervention

Student: \_\_\_\_\_ Rater: \_\_\_\_\_ Date: \_\_\_\_\_

The questionnaire will aid in the selection of future classroom interventions to be used by teachers of students with identified needs. Please circle the number which best describes your agreement with each statement.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. This would be an acceptable intervention for my child's needs.	1	2	3	4	5	6
2. Most families would find this intervention appropriate for children with similar needs.	1	2	3	4	5	6
3. This intervention should prove effective in supporting my child's needs.	1	2	3	4	5	6
4. I would suggest the use of this intervention to other families.	1	2	3	4	5	6
5. My child's needs are severe enough to warrant use of this intervention.	1	2	3	4	5	6
6. Most parents would find this intervention suitable for their child's needs.	1	2	3	4	5	6
7. I would be willing to use this intervention in the home setting.	1	2	3	4	5	6
8. This intervention would <i>not</i> result in negative side effects for my child.	1	2	3	4	5	6
9. This intervention would be appropriate for a variety of children.	1	2	3	4	5	6
10. This intervention is consistent with those I have used at home.	1	2	3	4	5	6
11. The intervention is a fair way to handle my child's needs.	1	2	3	4	5	6
12. This intervention is reasonable for the needs of my child.	1	2	3	4	5	6
13. I like the procedures used in this intervention.	1	2	3	4	5	6
14. This intervention would be a good way to handle my child's needs.	1	2	3	4	5	6
15. Overall, this intervention would be beneficial for my child	1	2	3	4	5	6

Comments: \_\_\_\_\_

# Functional Assessment-Based Intervention

## Parent/Family Member Social Validity Questionnaire – Post-Intervention

Student: \_\_\_\_\_ Rater: \_\_\_\_\_ Date: \_\_\_\_\_

The questionnaire will aid in the selection of future classroom interventions to be used by teachers of students with identified needs. Please circle the number which best describes your agreement with each statement.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. This was an acceptable intervention for my child's needs.	1	2	3	4	5	6
2. Most families would find this intervention appropriate for children with similar needs.	1	2	3	4	5	6
3. This intervention proved effective in supporting my child's needs.	1	2	3	4	5	6
4. I would suggest the use of this intervention to other families.	1	2	3	4	5	6
5. My child's needs were severe enough to warrant use of this intervention.	1	2	3	4	5	6
6. Most parents would find this intervention suitable for the needs of their child.	1	2	3	4	5	6
7. I would be willing to use this intervention again in the home setting.	1	2	3	4	5	6
8. This intervention did <i>not</i> result in negative side effects for my child.	1	2	3	4	5	6
9. This intervention would be appropriate for a variety of children.	1	2	3	4	5	6
10. This intervention was consistent with those I have used at home.	1	2	3	4	5	6
11. The intervention was a fair way to handle my child's needs.	1	2	3	4	5	6
12. This intervention was reasonable for the needs of my child.	1	2	3	4	5	6
13. I liked the procedures used in this intervention.	1	2	3	4	5	6
14. This intervention was a good way to handle my child's needs.	1	2	3	4	5	6
15. Overall, this intervention was beneficial for my child.	1	2	3	4	5	6

Comments: \_\_\_\_\_