

Functional Analysis Screening Tool

Client: Student A Date: _____
 Informant: Caregiver Interviewer: _____

To the Interviewer: The FAST identifies environmental and physical factors that may influence problem behaviors. It should be used only for screening purposes as part of a comprehensive functional analysis of the behavior. Administer the FAST to several individuals who interact with the client frequently. Then use the results as a guide for conducting a series of direct observations in different situations to verify behavioral functions and to identify other factors that may influence the problem behavior.

To the Informant: Complete the sections below. Then read each question carefully and answer it by circling "Yes" or "No". If you are uncertain about an answer, circle "N/A".

Informant-Client Relationship

- Indicate your relationship to the client: Parent Instructor Therapist Parapro Residential Staff Other
- How long have you known the client? 9 years 4 months
- Do you interact with client daily? Yes No
- In what situations do you usually interact with the client?
 Meals Academic training Leisure activities
 Work or vocational training Self care
 Other _____

Problem Behavior Information

- Problem behavior [check and describe]:
 Aggression: _____
 Self-injury: _____
 Stereotypy: _____
 Property destruction: _____
 Disruptive behavior: off task behavior

2. Frequency:

<input type="checkbox"/> Hourly	<input checked="" type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Less
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3. Severity:

<input checked="" type="checkbox"/>	mild: disruptive but little risk to property or health
<input type="checkbox"/>	moderate: property damage or minor injury
<input type="checkbox"/>	severe: significant threat to health or safety

- Situations in which the problem behavior is **most likely**:
 Days/Times: School days
 Settings/Activities: Academic activities at home-school
 Persons present: Parents / Therapists

- Situations in which the problem behavior is **least likely**:
 Days/Times: _____
 Settings/Activities: Music class, art class, leisure activities
 Persons present: _____

6. What is usually happening to the client right **before** the problem behavior occurs? The parents ask the student to sit down and complete a school activity

- What usually happens to the client right **after** the problem behavior occurs?
The client engage in preferred activities
- How do you handle the behavior when it occurs?
I gave him a break

9. Comments: _____

1. Does the client usually engage in the problem behavior when he/she is being ignored or when caregivers are paying attention to someone else?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
2. Does the client usually engage in the problem behavior when requests for preferred activities [games, snacks] are denied or when these items are taken away?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
3. When the problem behavior occurs, do you or other caregivers usually try to calm the client down or try to engage the client in preferred activities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Is the client usually well behaved when he/she is getting lots of attention or when preferred items or activities are freely available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Is the client resistant when asked to perform a task or to participate in group activities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Does the client usually engage in the problem behavior when asked to perform a task or to participate in group activities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. When the problem behavior occurs, is the client usually given a break from tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Is the client usually well behaved when he/she is not required to do anything?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Does the problem behavior seem to be a "ritual" or habit, repeatedly occurring the same way?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
10. Does the client usually engage in the problem behavior even when no one is around or watching?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
11. Does the client prefer engaging in the problem behavior over other types of leisure activities?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
12. Does the problem behavior appear to provide some sort of sensory stimulation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
13. Does the client usually engage in the problem behavior more often when he/she is ill?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
14. Is the problem behavior cyclical, occurring at high rates for several days and then stopping?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
15. Does the client have recurrent painful conditions such as ear infections or allergies? If so, please list: _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
16. If the client is experiencing physical problems, and these are treated, does the problem behavior usually go away?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

Scoring Summary - Circle the number from above of each question answered "Yes".

Items circled "Yes"		Total	Potential Source of Reinforcement		
1	2	(3) (4)	2	Attention/Preferred Items [Social]	
(5)	(6)	(7) (8)	4	Escape [Social]	
9	10	11	12	0	Sensory Stimulation [Automatic]
13	14	15	16	0	Pain Attenuation [Automatic]