

Functional Analysis Screening Tool

Client: Student B 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

1. Indicate your relationship to the client: Parent Instructor Therapist Parapro Residential Staff Other
2. How long have you known the client? 9 years 1 months
3. Do you interact with client daily? Yes No
4. 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

1. 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

4. Situations in which the problem behavior is **most likely**:
 Days/Times: School days
 Settings/Activities: Home learning school / school activities
 Persons present: Therapist / Parents
5. Situations in which the problem behavior is **least likely**:
 Days/Times: _____
 Settings/Activities: leisure activities, PE class
 Persons present: _____
6. What is usually happening to the client right **before** the problem behavior occurs? The client turn on the computer and see the school activities for the day
7. What usually happens to the client right **after** the problem behavior occurs? The client remain doing other preferred activities on the computers (Roblox)
8. How do you handle the behavior when it occurs?
I give him a brief time to play

9. Comments:
This behavior has been more frequent during home learning school!

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 checked="" type="checkbox"/> Yes	<input 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	3	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]