

## Referral to Behavior Analyst

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

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Please be as detailed as possible when answering the following questions. Attach additional pages if necessary.

1. Describe the behavior(s) of concern (describe what the behavior looks like):

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2. How often does the behavior occur? (every day, once per week, 5 times per day, etc)

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3. How long does the behavior last?

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4. What is happening when the behavior occurs? Describe what is happening according to on-going activities and people present. Were demands presented? Was teacher attention divided? etc. Be specific.

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5. When is the behavior most likely to occur (time of day, during a particular subject, etc)?

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6. Where is the behavior most likely to occur?

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7. With whom are the behaviors most likely to occur?

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8. What activities are most likely to produce the behaviors?

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9. How can you tell the behavior is about to occur?

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10. What usually happens after the behavior? Describe what is happening according to adult(s), peer(s), and the student's responses.

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11. What is likely the function (intent) of the behavior? Why do you think the student behaves this way? What does the student get or avoid from behaving this way?

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12. What strategies have been used with this student?

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13. What are the student's interests? What does the student like to do? (e.g. computer time, listening to music, reading, drawing, helping, etc)

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14. What are the student's strengths?

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15. Has the student worked with the guidance counselor? ☐yes ☐no  
➤If yes, please briefly describe how often and what strategies have been used:

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16. Does the student receive outside counseling? ☐ yes ☐ no

➤ If yes, please list the agency/counselor:

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17. Number of conferences with parents to discuss behavior: \_\_\_\_\_

Please list any other information that would be beneficial to know about the student:

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Signatures

Parent \_\_\_\_\_  
Case Manager \_\_\_\_\_  
Student (as appropriate) \_\_\_\_\_

Teacher \_\_\_\_\_  
Administrator \_\_\_\_\_  
Other \_\_\_\_\_

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Office Use Only

☐ Approved

☐ Not Approved

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Administrator

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Behavior Analyst

Instructions: Use this form during assessment to identify situational factors related to the occurrence of a behavior problem. Each time a target behavior occurs, record the date and time. Use check marks to identify the target behavior, location, activity, and what happened immediately before and after the behavior.

[illegible]

# FAST

## Functional Analysis Screening Tool

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Behavior Problem: \_\_\_\_\_

Informant: \_\_\_\_\_ Interviewer: \_\_\_\_\_

**To the Interviewer:** The FAST identifies factors that may influence the occurrence of behavior problems. It should be used only for screening purposes as part of a comprehensive functional analysis of the problem. Administer the FAST to several individuals who interact with the client frequently. Then use the results as a guide for conducting direct observations in several different situations to verify likely behavioral functions, clarify ambiguous functions, or identify factors not included in this instrument.

**To the Informant:** Complete the section on "Informant-Client Relationship." Then read each item carefully. If a statement accurately describes the person's target behavior problem, circle "Yes." If not, circle "No."

### Informant-Client Relationship

Indicate your relationship to the person: ☐ Parent ☐ Therapist  
☐ Teacher/Instructor ☐ Residential Staff

How long have you known the person? ☐ Years ☐ Months

Do you interact with the person on a daily basis? ☐ Yes ☐ No

In what situations do you usually interact with the person?

☐ Meals ☐ Academic training  
☐ Leisure ☐ Work or vocational training  
☐ Self-care ☐ (Other)

### Scoring Summary

For each statement that was answered "Yes," circle the corresponding number below.

Items Circled "Yes"	Total	Likely Maintaining Variable
1 2 3 4 5	_____	Social reinforcement (attention/preferred items)
1 6 7 8 9	_____	Social reinforcement (escape)
10 11 12 13 14	_____	Automatic reinforcement (sensory stimulation)
10 15 16 17 18	_____	Automatic reinforcement (pain attenuation)

- The behavior usually occurs in the presence of other persons. Yes No
- The behavior usually occurs when the person is being ignored, or when preferred activities or items have been taken away. Yes No
- When the behavior occurs, you usually try to calm the person down or distract the person with preferred activities (leisure items, snacks, etc.). Yes No
- The person engages in other annoying behaviors (crying, tantrums, etc.) to get attention. Yes No
- The behavior usually does not occur while the person is getting lots of attention or when the person has his/her favorite items. Yes No
- The behavior usually occurs when the person has to perform a task. (If "Yes," identify the tasks: ☐ self-care ☐ academic ☐ vocational ☐ other) Yes No
- When the behavior occurs, you usually give the person a "break" from ongoing tasks. Yes No
- The person usually complains or resists when asked to perform a task. Yes No
- The behavior usually does not occur when no demands are placed on the person. Yes No
- The behavior usually occurs when the person is alone. Yes No
- When the person engages in the behavior, you usually ignore it (you rarely attend to it). Yes No
- The person does not engage in appropriate forms of play, social interaction, or leisure activity. Yes No
- The person engages in repetitive "self-stimulatory behaviors," such as body rocking, hand or finger waving, object twirling or mouthing, etc. Yes No
- The behavior occurs at high rates regardless of what is going on around the person. Yes No
- The behavior occurs in cycles that last for several days. During a "high cycle," the behavior occurs frequently; during a "low cycle," the behavior occurs rarely. Yes No
- The person has a history of recurrent illness (ear infections, allergies, dermatitis, etc.). Yes No
- The behavior occurs more often when the person is sick. Yes No
- When the person has medical problems and they are treated, the behavior problem usually decreases. Yes No

# ABC Analysis

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

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

Dates Summarized: From \_\_\_\_\_ to \_\_\_\_\_

Target Behavior(s): \_\_\_\_\_

Social Reinforcement (activity/tangible)	Social Reinforcement (attention)	Escape	Automatic Reinf. (sensory stim/pain attenuation)	Unknown
<u>Antecedents:</u> Staff moved leisure material Staff removed food Staff denied other request Other: _____ Other: _____	<u>Antecedents:</u> Staff walked away Staff present, talking to someone else *None (individual was alone) Other: _____ Other: _____	<u>Antecedents:</u> Staff delivered instruction Individual was provoked Other: _____ Other: _____	<u>Antecedents:</u> * None (Individual was alone) Other: _____ Other: _____	<u>Antecedents:</u>
Tally: _____	Tally: _____	Tally: _____	Tally: _____	Tally: _____
<u>Consequences:</u> Staff delivered food or leisure *Staff redirected:area/activity Other: _____ Other: _____	<u>Consequences:</u> Verbally prompted to stop Staff interrupted behavior *Staff redirected:area/activity Other: _____ Other: _____	<u>Consequences:</u> *Staff redirected:area/activity Staff terminated the request Staff walked away Other: _____ Other: _____	<u>Consequences:</u> Staff did nothing Other: _____ Other: _____	<u>Consequences:</u>
Tally: _____	Tally: _____	Tally: _____	Tally: _____	Tally: _____
Total: _____	Total: _____	Total: _____	Total: _____	Total: _____