

Functional Assessment Checklist for Parents (FACTS – Part A)

Student: _____ Grade: _____ Date: _____

Parent _____ Interviewer _____

- Describe your child. What is he/she like at home?
- How often does the behavior occur at home?
- Describe your student’s strengths in:
 - Academic s--
 - Social/Recreational --
 - Other –
- What positive or preventative strategies have you used with this student and how effective were they?
- What consequence strategies have you used with this student and how effective were they?
- What other insight can you offer about this student or the behavior that might assist us in developing appropriate, effective interventions (e.g., student preferences, situations when the student is successful, etc.)

ROUTINES ANALYSIS: Where, When and with Who are Problem Behaviors Most Likely:

Time	Activity & Staff Involved	Likelihood of Problem Behavior	Specific Problem Behavior	Current Intervention for the Problem Behavior
		Low 1 2 3 4 5 6 High		
		Low 1 2 3 4 5 6 High		
		Low 1 2 3 4 5 6 High		
		Low 1 2 3 4 5 6 High		
		Low 1 2 3 4 5 6 High		
		Low 1 2 3 4 5 6 High		

List the Routines in order of Priority for Behavior Support: Select routines with ratings of 5 or 6. Only combine routines when there is significant (a) similarity of activities (conditions) and (b) similarity of problem behavior(s).

	Routines/Activities/Context	Problem Behavior(s)
Routine # 1		
Routine # 2		

Behavior(s): Rank order the top priority problem behaviors occurring in the targeted routine above:

<input type="checkbox"/> Tardy	<input type="checkbox"/> Fight/physical Aggression	<input type="checkbox"/> Disruptive	<input type="checkbox"/> Theft
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Self-injury	<input type="checkbox"/> Verbal Harassment	<input type="checkbox"/> Work not done	<input type="checkbox"/> Other _____

Describe prioritized problem behavior(s) in observable terms: _____

Functional Assessment Checklist for Parents (FACTS – Part B)

ANTECEDENTS: Rank in ORDER the strongest triggers/predictors of problem behavior in the routine above. Then ask corresponding follow-up question(s) to get a detailed understanding of triggers ranked #1 and #2.

Does the problem behavior occur more often when:	Yes	No	Some	If you answered yes to any of these please explain in detail.
A certain type of task/request is given?				
An easy tasks/requests is given?				
A difficult tasks/requests is given?				
Certain activities are presented?				
New activities are presented?				
A request is made during an activity?				
The child is asked to start a task?				
The child is asked to stop a task?				
The child's request has been denied?				
The normal routine is disrupted?				
Do you believe any of the following could contribute to the behavior problem				
Currently on medications?				
Sleep Problems?				
Medical conditions?				
Physical impairments?				
Appetite/diet?				

CONSEQUENCE(s): Rank Order the strongest pay-off for student that appears most likely to maintain the problem behavior in the routine above. Then ask follow-up questions to detail consequences ranked #1&2

When a problem behavior occurs or worsens, does your child obtain to any of the following?	Yes	No	Some	If you answered yes to any of these please explain in detail.
Attention from a sibling				
Attention from parent(s) in the form of....				
Praise				
Time Out				
Reprimands/Lectures				
Games				
Toys				
Food				
Money				
A certain task/activity				
When a problem behavior occurs or worsens, does your child loose to any of the following?				
Phone				
Friends over, or social event				
Computer, video games, etc				
Television, movies, etc				
Extra-Curricular activity (sport, etc)				
Other _____				

When a problem behavior occurs, does your child get out of any of the following?	Yes	No	Some	
Parent/adult demands				
Parent/adult reprimands				
Specific activity or task?				
Other _____				

What is the frequency of the Problem Behavior in the targeted routine (# x's /day or hour)?					
What is the duration of the Problem Behavior in the targeted routine (in seconds or min)?					
Behavior is immediate danger to self and others?			Y	N	If Yes, refer case to behavior specialist **
		1 2 3 4 5 6			
		1 2 3 4 5 6			
		1 2 3 4 5 6			

List the Routines in order of Priority for Behavior Support: Select routines with ratings of 5 or 6. Only combine routines when there is significant (a) similarity of activities (conditions) and (b) similarity of problem behavior(s). Complete the FACTS-Part B for each of the prioritized routine(s) identified.

	Routines/Activities/Context	Problem Behavior(s)
Routine # 1		
Routine # 2		
If more than 2 routines where problem behaviors occur, refer case to behavior specialist.		

BEHAVIOR(s): What are some things you do in <identify routine above> that get you in trouble? Rank:

___ Tardy	___ Fight/physical Aggression	___ Disruptive	___ Theft
___ Unresponsive	___ Inappropriate Language	___ Insubordination	___ Vandalism
___ Self-injury	___ Verbal Harassment	___ Work not done	___ Other _____
Describe what the problem behavior(s) look like: _____			

Functional Assessment Checklist for Students (FACTS-Part B)

Identify the Target Routine: Select ONE of the prioritized routines from FACTS-Part A for assessment.

Routine/Activities/Context	Problem Behavior(s) – make description observable

ANTECEDENT(s): Rank Order the strongest triggers/predictors of problem behavior in the routine above. Then ask corresponding follow-up question(s) to get a *detailed* understanding of triggers ranked #1 & 2.

Environmental Features (<i>Rank order strongest 3t</i>)	Follow Up Questions – <i>Get as Specific as possible</i>
<p>___ a. when I'm not sure what to do or there is nothing to do</p> <p>___ b. my classmates are bugging me</p> <p>___ c. I sit by a certain classmate</p> <p>___ d. when I work alone</p> <p>___ e. teacher tells me what to do or not do</p> <p>___ f. teacher gives me work that's too hard</p> <p>___ g. work is too boring or too long</p> <p>___ h. when work is too easy</p> <p>___ i. when I need to talk to teacher or need help</p> <p>___ j. Other, describe _____</p> <p>_____</p>	<p>If b or c -- what classmates? _____</p> <p>_____</p> <p>If d – what work do you do alone that leads to problem? _____</p> <p>_____</p> <p>If e –what don't you like about how the teacher tells you _____</p> <p>_____</p> <p>If f, g, h -- describe what is too hard/easy/long/boring? What assignments or activities? _____</p> <p>_____</p> <p>If i –why do you need to talk to the teacher? _____</p> <p>_____</p>

CONSEQUENCE(s): Rank Order the strongest pay-off for student that appears most likely to maintain the problem behavior in the routine above. Then ask follow-up questions to detail consequences ranked #1 & 2.

Consequences/Function	As applicable -- Follow Up Questions – <i>Get as Specific as possible</i>
<p>___ a. get adult attention/ to talk to me</p> <p>___ b. get peer attention/get peers to look /talk/laugh at me</p>	<p>If a or b -- Whose attention is obtained? _____</p> <p>How is the attention provided? _____</p> <hr/> <p>If c or d -- What specific items or activities are obtained? _____</p> <p>_____</p>

<p><input type="checkbox"/> c. get preferred activity/ something I like to do</p> <p><input type="checkbox"/> d. get money/things</p> <p><input type="checkbox"/> e. get other, describe _____ _____</p> <p><input type="checkbox"/> f. avoid work that's too hard</p> <p><input type="checkbox"/> g. avoid activities I don't like</p> <p><input type="checkbox"/> h. avoid boring or easy work</p> <p><input type="checkbox"/> i. avoid peers I don't like</p> <p><input type="checkbox"/> j. avoid adults I don't want to talk to</p> <p><input type="checkbox"/> k. avoid adults telling me what to do</p> <p><input type="checkbox"/> l. avoid other, describe _____ _____</p>	<p><u>If f, g or h</u> – Describe specific task/ activity avoided? _____ _____</p> <p>Be specific, DO NOT simply list subject area, but specifically describe type of work within the subject area (be precise)? _____ _____</p> <p>_____ Can the student perform the task independently? Y N</p> <p>Is academic assessment needed to ID specific skill deficits? Y N</p> <hr/> <p><u>If i, j or k</u> -- Who is avoided? _____ Why avoiding this person? _____ _____</p>
<p>SETTING EVENT(s): Rank Order any events that happen outside of the immediate routine (at home or earlier in day) that commonly make problem behavior more likely or worse in the routine above.</p>	
<p><input type="checkbox"/> hunger <input type="checkbox"/> conflict at home <input type="checkbox"/> conflict at school <input type="checkbox"/> missed medication <input type="checkbox"/> illness <input type="checkbox"/> failure in previous class</p> <p><input type="checkbox"/> lack of sleep <input type="checkbox"/> change in routine <input type="checkbox"/> homework not done <input type="checkbox"/> not sure <input type="checkbox"/></p> <p>Other _____</p>	

SUMMARY OF BEHAVIOR

Fill in boxes below using top ranked responses and follow-up responses from corresponding categories above.

ANTECEDENT(s) / Triggers	Problem Behavior(s)	CONSEQUENCE(s)/ Function
<p style="text-align: center;">SETTING EVENTS</p>		