

Family Advocacy and Support Tool

The Family Advocacy and Support Tool (FAST) is the family version of the Child and Adolescent Needs and Strengths (CANS) family of planning and outcome management tools. A large number of individuals have contributed to the design and development of the FAST. It is an open domain tool, free for anyone to use. We recommend training and certification to ensure its proper and reliable use. For more information, please contact:

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FAMILY ADVOCACY & SUPPORT TOOL (FAST)

Type: Initial
 End of services

Family Name: _____

Region/County: _____

Assessor: _____ Date Completed: _____ Supervisor: _____ Date Reviewed: _____

“0” indicates no evidence of a need, can also indicate a **clear strength**
 “1” indicates **watchful waiting/prevention, further assessment, or opportunities for strength building**
 “2” indicates a **need for service action** (may already be in place by family or other supports)
 “3” indicates a **need for immediate or intensive service action** (may already be in place by family or other supports)

I. THE FAMILY TOGETHER

	0	1	2	3	NA
1. Caregiver Collaboration	<input type="checkbox"/>				
2. Relations among Siblings	<input type="checkbox"/>				
3. Extended Family Relations	<input type="checkbox"/>				
4. Family Conflict	<input type="checkbox"/>				
5. Family Communication	<input type="checkbox"/>				
6. Family Role Appropriateness	<input type="checkbox"/>				
7. Family Safety	<input type="checkbox"/>				
8. Financial Resources	<input type="checkbox"/>				
9. Residential Stability	<input type="checkbox"/>				
10. Physical Condition of Home	<input type="checkbox"/>				
11. Home Maintenance	<input type="checkbox"/>				

II. CAREGIVER A

Name: _____

	0	1	2	3	NA
12A. Caregiver’s Emotional Response	<input type="checkbox"/>				
13A. Caregiver’s Boundaries	<input type="checkbox"/>				
14A. Caregiver’s Involvement	<input type="checkbox"/>				
15A. Caregiver’s Supervision	<input type="checkbox"/>				
16A. Caregiver’s Discipline	<input type="checkbox"/>				
17A. Caregiver’s Partner Relationship	<input type="checkbox"/>				
18A. Caregiver’s Vocational Functioning	<input type="checkbox"/>				
19A. Caregiver’s Mental Health	<input type="checkbox"/>				
20A. Caregiver’s Substance Abuse	<input type="checkbox"/>				

II. CAREGIVER B

Name: _____

	0	1	2	3	NA
12B. Caregiver’s Emotional Response	<input type="checkbox"/>				
13B. Caregiver’s Boundaries	<input type="checkbox"/>				
14B. Caregiver’s Involvement	<input type="checkbox"/>				
15B. Caregiver’s Supervision	<input type="checkbox"/>				
16B. Caregiver’s Discipline	<input type="checkbox"/>				
17B. Caregiver’s Partner Relations	<input type="checkbox"/>				
18B. Caregiver’s Vocational Functioning	<input type="checkbox"/>				
19B. Caregiver’s Mental Health	<input type="checkbox"/>				
20B. Caregiver’s Substance Abuse	<input type="checkbox"/>				

II. CAREGIVER C

Name: _____

	0	1	2	3	NA
12C. Caregiver’s Emotional Response	<input type="checkbox"/>				
13C. Caregiver’s Boundaries	<input type="checkbox"/>				
14C. Caregiver’s Involvement	<input type="checkbox"/>				
15C. Caregiver’s Supervision	<input type="checkbox"/>				
16C. Caregiver’s Discipline	<input type="checkbox"/>				
17C. Caregiver’s Partner Relationship	<input type="checkbox"/>				
18C. Caregiver’s Vocational Functioning	<input type="checkbox"/>				
19C. Caregiver’s Mental Health	<input type="checkbox"/>				
20C. Caregiver’s Substance Abuse	<input type="checkbox"/>				

II. CAREGIVER D

Name: _____

	0	1	2	3	NA
12D. Caregiver’s Emotional Response	<input type="checkbox"/>				
13D. Caregiver’s Boundaries	<input type="checkbox"/>				
14D. Caregiver’s Involvement	<input type="checkbox"/>				
15D. Caregiver’s Supervision	<input type="checkbox"/>				
16D. Caregiver’s Discipline	<input type="checkbox"/>				
17D. Caregiver’s Partner Relations	<input type="checkbox"/>				
18D. Caregiver’s Vocational Functioning	<input type="checkbox"/>				
19D. Caregiver’s Mental Health	<input type="checkbox"/>				
20D. Caregiver’s Substance Abuse	<input type="checkbox"/>				

FAMILY ADVOCACY & SUPPORT TOOL (FAST)

III. CHILD FUNCTIONING A

Gender: M F Age: _____ Name: _____

	0	1	2	3	NA
21A. Relationship w/Bio Mother	<input type="checkbox"/>				
22A. Relationship w/Bio Father	<input type="checkbox"/>				
23A. Relationship w/Primary Caregiver	<input type="checkbox"/>				
24A. Relationship w/other Family Adults	<input type="checkbox"/>				
25A. Child High Risk Behavior	<input type="checkbox"/>				
26A. Health Status	<input type="checkbox"/>				
27A. Mental Health Status	<input type="checkbox"/>				
28A. Cognitive Skills	<input type="checkbox"/>				
29A. Self-Regulation Skills	<input type="checkbox"/>				
30A. Interpersonal Skills	<input type="checkbox"/>				
31A. Educational Status	<input type="checkbox"/>				

III. CHILD FUNCTIONING B

Gender: M F Age: _____ Name: _____

	0	1	2	3	NA
21B. Relationship w/Bio Mother	<input type="checkbox"/>				
22B. Relationship w/Bio Father	<input type="checkbox"/>				
23B. Relationship w/Primary Caregiver	<input type="checkbox"/>				
24B. Relationship w/other Family Adults	<input type="checkbox"/>				
25B. Child High Risk Behavior	<input type="checkbox"/>				
26B. Health Status	<input type="checkbox"/>				
27B. Mental Health Status	<input type="checkbox"/>				
28B. Cognitive Skills	<input type="checkbox"/>				
29B. Self-Regulation Skills	<input type="checkbox"/>				
30B. Interpersonal Skills	<input type="checkbox"/>				
31B. Educational Status	<input type="checkbox"/>				

III. CHILD FUNCTIONING C

Gender: M F Age: _____ Name: _____

	0	1	2	3	NA
21C. Relationship w/Bio Mother	<input type="checkbox"/>				
22C. Relationship w/Bio Father	<input type="checkbox"/>				
23C. Relationship w/Primary Caregiver	<input type="checkbox"/>				
24C. Relationship w/other Family Adults	<input type="checkbox"/>				
25C. Child High Risk Behavior	<input type="checkbox"/>				
26C. Health Status	<input type="checkbox"/>				
27C. Mental Health Status	<input type="checkbox"/>				
28C. Cognitive Skills	<input type="checkbox"/>				
29C. Self-Regulation Skills	<input type="checkbox"/>				
30C. Interpersonal Skills	<input type="checkbox"/>				
31C. Educational Status	<input type="checkbox"/>				

III. CHILD FUNCTIONING D

Gender: M F Age: _____ Name: _____

	0	1	2	3	NA
21D. Relationship w/Bio Mother	<input type="checkbox"/>				
22D. Relationship w/Bio Father	<input type="checkbox"/>				
23D. Relationship w/Primary Caregiver	<input type="checkbox"/>				
24D. Relationship w/other Family Adults	<input type="checkbox"/>				
25D. Child High Risk Behavior	<input type="checkbox"/>				
26D. Health Status	<input type="checkbox"/>				
27D. Mental Health Status	<input type="checkbox"/>				
28D. Cognitive Skills	<input type="checkbox"/>				
29D. Self-Regulation Skills	<input type="checkbox"/>				
30D. Interpersonal Skills	<input type="checkbox"/>				
31D. Educational Status	<input type="checkbox"/>				

III. CHILD FUNCTIONING E

Gender: M F Age: _____ Name: _____

	0	1	2	3	NA
21E. Relationship w/Bio Mother	<input type="checkbox"/>				
22E. Relationship w/Bio Father	<input type="checkbox"/>				
23E. Relationship w/Primary Caregiver	<input type="checkbox"/>				
24E. Relationship w/other Family Adults	<input type="checkbox"/>				
25E. Child High Risk Behavior	<input type="checkbox"/>				
26E. Health Status	<input type="checkbox"/>				
27E. Mental Health Status	<input type="checkbox"/>				
28E. Cognitive Skills	<input type="checkbox"/>				
29E. Self-Regulation Skills	<input type="checkbox"/>				
30E. Interpersonal Skills	<input type="checkbox"/>				
31E. Educational Status	<input type="checkbox"/>				

III. CHILD FUNCTIONING F

Gender: M F Age: _____ Name: _____

	0	1	2	3	NA
21F. Relationship w/Bio Mother	<input type="checkbox"/>				
22F. Relationship w/Bio Father	<input type="checkbox"/>				
23F. Relationship w/Primary Caregiver	<input type="checkbox"/>				
24F. Relationship w/other Family Adults	<input type="checkbox"/>				
25F. Child High Risk Behavior	<input type="checkbox"/>				
26F. Health Status	<input type="checkbox"/>				
27F. Mental Health Status	<input type="checkbox"/>				
28F. Cognitive Skills	<input type="checkbox"/>				
29F. Self-Regulation Skills	<input type="checkbox"/>				
30F. Interpersonal Skills	<input type="checkbox"/>				
31F. Educational Status	<input type="checkbox"/>				

IV. CAREGIVER ADVOCACY

	0	1	2	3	NA
32. Knowledge of Family/Child Needs	<input type="checkbox"/>				
33. Knowledge of Service Options	<input type="checkbox"/>				
34. Knowledge of Rights & Responsibilities	<input type="checkbox"/>				
35. Ability to Listen	<input type="checkbox"/>				
36. Ability to Communicate	<input type="checkbox"/>				
37. Natural Supports	<input type="checkbox"/>				
38. Satisfaction w/Youth's Living Arrangement	<input type="checkbox"/>				
39. Satisfaction w/Youth's Educational Arrangement	<input type="checkbox"/>				
40. Satisfaction w/Services Arrangement	<input type="checkbox"/>				