



# **CHILDREN'S SYSTEM OF CARE**

## **CRISIS ASSESSMENT TOOL**



### ***Manual***

Children's System of Care  
New Jersey Department of Children and Families  
State of New Jersey

**RUTGERS**  
University Behavioral  
Health Care

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A large number of individuals have collaborated in the development of the CANS-Crisis Assessment Tool (CAT) Information Management Decision Support (IMDS) Tools. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual care planning and the planning/evaluation of service systems. The CANS-CAT is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Praed Foundation. For more information on the **CANS** assessment tool contact:

**John S. Lyons, Ph.D.**

Senior Policy Fellow  
Chapin Hall at the University of Chicago  
1313 East 60th Street  
Chicago, IL 60637  
[jlyons@chapinhall.org](mailto:jlyons@chapinhall.org)

**New Jersey Department of Children & Families  
Division of Children's System of Care**

<http://www.state.nj.us/dcf/>

**Rutgers University Behavioral Health Care**

Behavioral Research Training Institute  
151 Centennial Avenue  
Piscataway, NJ 08854  
<http://www.state.nj.us/dcf/providers/csc/training/>

**Praed Foundation**

550 N. Kingsbury Street, Ste 101  
Chicago, IL 60654  
[www.praedfoundation.org](http://www.praedfoundation.org)  
[Praedfoundation@yahoo.com](mailto:Praedfoundation@yahoo.com)

## **INTRODUCTION**

The **CANS** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the **CANS** is to accurately represent the shared vision of the child serving system—child and families. As such, completion of the **CANS** is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the **CANS** is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the **CANS**.

### **Six Key Principles of the CANS**

1. Items were selected because they are each relevant to service/care planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the individual, not the individual in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. “2” or “3”).
4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the individual’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the individual’s developmental age.
5. The ratings are generally “agnostic as to etiology”. In other words this is a descriptive tool. It is about the “what” not the “why”. Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child or youth’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

## Action Levels for “Need” Items

**0 – No Evidence of Need** – This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, “does Johnny smoke weed?” He says he doesn’t, his mother says he doesn’t, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

**1 - Watchful Waiting/Prevention** – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. an individual who has been suicidal in the past). We know that the best predictor of future behavior is past behavior, and that such behavior may recur under stress, so we would want to keep an eye on it from a preventive point of view.

**2 - Action Needed** – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the individual’s or family’s life in a notable way.

**3 - Immediate/Intensive Action Needed** – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. An individual who is not attending school at all or an acutely suicidal youth would be rated with a “3” on the relevant need.

## Action Levels of “Strengths” Items

**0 - Centerpiece Strength.** This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.

**1 - Useful Strength.** This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of the plan.

**2 - Identified Strength.** This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.

**3 - No Strength Identified.** This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

## **Introduction to the IMDS Tools and Using the Tools to Increase Youth and Families Involvement Throughout Care Planning:**

Sometimes we are unsure about when and how to introduce the IMDS Tools, specifically the Crisis Assessment Tool (CAT), to the youth/family, as well as how to engage them in the process of completing them. Likewise individuals are unsure how the IMDS Tools may be used to discuss their clinical formulation of the treatment needs and care planning with the youth/family. While there is no one way to complete the tool, the pointers in this guide are meant to give Mobile Workers, therapists and others ideas about how to engage the family in crisis planning with the use of the Crisis Assessment Tool.

**When do we introduce the IMDS Tools to the youth/families?** It is recommended that Mobile Response Crisis Intervention Specialists, Therapists and/or other individuals introduce the IMDS Tools early in the engagement process, either shortly after the first face-to-face meeting but before submitting the Individual Crisis Plan (ICP). In the completion of Individual Crisis Plan (ICP) you are encouraged to either complete the IMDS Tool together with youth/family or discuss scoring the items in an effort to do *collaborative crisis planning* with youth/family. The information gathered from all family members, as part of the initial intake and assessment over time, should be reflected in the IMDS Tool scores which can be done in a number of ways. The IMDS Tool is *a flexible assessment strategy* and *an information integration tool*, and the process for completion is meant to be adapted based upon the most effective strategy for that particular family.

For example, Mobile Workers sometimes show the Crisis Assessment Tool (CAT) scoring sheet and/or the CAT Interview Format to the family (either with the caregiver alone and/or with the youth). If this is the case, the CAT can be completed during that meeting, with the family present. While this approach is optimal, it may be best to go over once there is a rapport established with the family and once the “crisis” has been deescalated and everyone is safe.

Alternatively, the IMDS Tools may be completed by the Mobile Worker, with their supervisor, after meeting with family. In this case, the Mobile Worker would review the CAT scores with the family, after the CAT has been scored, as a concise way of illustrating the child/youth’s immediate needs, as well as to discuss particular areas of needs that may lead the Mobile Worker to refer to the child/youth and family to supports and services such as the Care Management Organization for longer term treatment. This sharing of information offers an opportunity for discussing around the challenges and possible opportunities for care planning solutions. If there are areas of disagreement after discussing scores on CAT, some of the scores may be adjusted based upon this feedback if this makes sense, but this also presents an important opportunity for engagement and collaborative treatment planning. Sharing CAT scores also can be an opportunity to get the family’s feedback and begin a discussion about treatment (e.g. Are any of these scores surprising? What are their ideas, and your ideas, about how the needs on the CAT might fit together?).

**Benefits of the IMDS Tools-Why is using the Crisis Assessment Tool (CAT) /other IMDS Tools critical to ensuring the best services for my child?**

Listed below are some of the greatest benefits of the IMDS Tools. These are ideas that can be shared with families to help them better understand the usefulness of the IMDS Tools. Mobile Workers should feel free to use the exact language below, or to adjust it in a way that is more natural for them, in discussing the IMDS Tool with the youth/families.

**DECISION MAKING:** Some individuals simply use their clinical intuition or their “gut” to assess and make decisions about children/youth and families as well as which types of treatment or therapy would work best. We sometimes also use our “gut” to decide whether or not the treatment is helping the children/youth and families. In many environments (Mobile Workers, Family Support, and/or Therapy) no formal assessment is conducted initially or repeated over time. This makes it difficult to plan appropriately for crisis planning/care planning and monitor progress in therapy in a way that can be shared with the youth/caregivers and other team partners in their lives.

- You can use the Crisis Assessment Tool (CAT) to **show families *how and why* ‘the team’ makes decisions** regarding specific treatment goals and types of treatment interventions and why certain areas are chosen to be worked on initially (e.g. safety, school, etc.).
- You can also **review the Crisis Assessment Tool (CAT) Scores *together with the family over time*** to see how their child/youth’s emotional and behavioral needs change and/or improve.

**COMMUNICATION & TRANSPARENCY:** Remind the family the Crisis Assessment Tool (CAT) is a way of summarizing how the child/youth is doing over all, across a broad range of areas so that we, the “team”, don’t overlook something important or spend time in crisis planning working on areas where the child/family has no challenges. It also helps us recognize areas where the child/youth/family is doing particularly well and has strengths-which are important for both children/youth and caregivers to be aware of so they can be emphasized not only when Mobile Response is involved, but afterward while at home and in their school/community.

- **IN SUMMARY** Make sure families understand that the CAT Tool helps you, in your role as a Mobile Worker, in the following way:
  - To ensure the families you work with understand that you use the CAT because you recognize the ***importance of being open and transparent*** with them about what is going on with their child.
  - To see the ‘big picture,’ of a child/youth and family’s needs-while staying focused on, and ***prioritizing the child/youth/family’s most important areas of concern.***
  - To ***work with the child/youth and family*** to come up with ideas about how the different types of needs the child/youth has might be related or might fit together, so that if you focus on one area you might see improvements in other areas. Also, to look at and highlight which areas the parents/caregivers might be able to ***focus on at home***, with guidance from supportive people and/or services.

**INTEGRATING INFORMATION:** The Crisis Assessment Tool (CAT) is a place where all of the different information a Mobile Worker gets (from the child/youth, the family, other professionals in the child/youth's life) can be integrated in one place.

- By combining all of the information about a child/youth/family in one place the Mobile Worker is able to get the most accurate picture of the child/youth and see the family in a holistic way. By completing the CAT with the family and others in the child/youth's life, the Mobile Worker learns that different people in the child/youth's life may have different information or even different opinions about the child/youth's needs.
- Likewise, by completing the Crisis Assessment Tool (CAT) at the beginning of the crisis intervention process, and again during the stabilization management period (or if the Mobile Worker is planning to refer to the Care Management Organization-CMO), the Mobile Worker along with the caregiver(s) will likely learn things about the child/youth that they would not otherwise have known or even asked about the child/youth.

On the following page is a simple summary of the Crisis Assessment Tool (CAT) scoring and many of the points made in the previous pages.

**Feel Free to Copy and Share the Following Page with Families.**

# The Crisis Assessment Tool (CAT)

## A Brief Introduction:

Here are some of the Benefits of using the Crisis Assessment Tool or CAT:

- It is **COMPREHENSIVE!** It includes specific items in all areas (home, school and community) and also asks about the strengths a child/youth and family may have, which makes it pretty unique.
- It **INTEGRATES A LOT OF INFORMATION.** It helps Mobile Workers put all of the information they have in one place. This way a lot of information can be considered, and shared (with other professionals or family members-with permission) quickly.
- It **HELPS TO INFORM GOALS AND PLANS FOR CRISIS INTERVENTIONS.** It guides the Mobile Worker to work **with YOU** in making decisions about what to focus on in crisis planning and where to start, or how to prioritize interventions/care planning.
- It can be used to **TRACK PROGRESS** over time. If the CAT is used more than once while a child/youth is with Mobile Response, we have a way of seeing how his/her needs and strengths change over time. This provides a way of seeing how and if crisis intervention/treatment is working!
- The CAT keeps things **TRANSPARENT!** The CAT is purposely direct and clear. It has simple scoring so that all important people in the child/youth's life can review and use this measure as a way to communicate information about the child/youth/family.

## CAT Scores-Level of Needs

**0** = always stands for the best possible functioning in an area; either it means there is no “need” or challenge in a particular area OR there is no indication based on the information gathered/available.

**1** = a score of 1 indicates an area that might require a little attention. It represents an area of need that we want to keep our eye on or we may want to take some preventive measure based on anticipated need.

**2 and 3** = Scores of 2 and 3 always need attention of some type, as both indicate a significant need or a lack of strengths in a particular area. Items scored 2 and 3 should be addressed in the goals for a child/youth's treatment. A score of 3 indicates a need for intensive and/or immediate attention.

## CAT Scores-Level of Strengths

**0** = A zero represents a significant area of strengths for a child/youth/caregiver; it is the best rating you can have in the areas of strengths.

**1** = a score of 1 implies a good strength that can be made even stronger.

**2 and 3** = Scores of 2 and 3 indicate a lack of strength in a particular area. A score of 2 means the child/youth/caregiver have some potential for strength in this area but this strength is not yet fully developed. A score of 3 indicates that a child/youth/caregiver has no identified strength in this area.



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## LIFE DOMAIN FUNCTIONING

<b>Check</b>	<b>LIVING ENVIRONMENT</b> <i>This item refers to the youth's functioning in his/her current living arrangement.</i>
0	No evidence of challenges with functioning in current living environment, and no evidence of problems in caregiver-youth interaction.
1	Mild challenges with functioning in current living environment. Caregivers concerned about youth's behavior in living situation and/or mild impairment in caregiver-youth interaction.
2	Moderate to severe challenges with functioning in current living situation. Youth has challenges maintaining his/her behavior in this setting creating significant problems for others in the residence, or a moderate degree of impairment in caregiver-youth interaction.
3	Profound challenges with functioning in current living situation, or significant impairment in caregiver-youth interaction. Youth is at immediate risk of being removed from living situation due to his/her behaviors.

<b>Check</b>	<b>INTERPERSONAL</b> <i>This rating refers to the interpersonal skills of the youth both with peers and non-related adults.</i>
0	Significant interpersonal strengths. Youth has excellent ability to form and maintain positive relationships with both peers and adults. Relates and interacts well with all ages. A youth with strong leadership skills would be rated here.
1	Moderate level of interpersonal strengths. Youth has shown ability to make and keep friends and shows evidence of having formed positive interpersonal relationships with both peers and adults (i.e., has one best friend, relates well to adults).
2	Mild levels of interpersonal strengths. Youth has some social skills that facilitate positive relationships (i.e., can be kind, caring, generous) but currently has only very limited positive relationships (i.e., with one adult or with a much younger peer).
3	This level indicates a youth with limited evidence of interpersonal strengths. Youth currently does not have any friends nor has he/she had any significant friendships in the past. Youth does not have positive relationships with adults.

<b>Check</b>	<b>DEVELOPMENTAL DELAY*</b> <i>This item rates the presence of Intellectual Disability or Developmental Disabilities only and does not refer to broader issues of healthy development. Autism Spectrum Disorder, Cerebral Palsy, Down's Syndrome, intellectual disability or other developmental delay would be rated here.</i>
0	Youth's development appears within normal range. There is no reason to believe that the youth has any developmental problems.
1	Evidence of a mild developmental delay. Youth may have low IQ.
2	Evidence of a pervasive developmental disorder including Autism Spectrum Disorder, Cerebral Palsy, Down's Syndrome, moderate intellectual disability or other significant developmental delay.
3	Severe developmental disorder or severe to profound intellectual disability.

<b>Check</b>	<b>SCHOOL BEHAVIOR</b> <i>This item describes the youth's disruptive behavior while in class, nursery school, daycare, or early childhood learning center.</i>
NA	This item is not applicable to this youth.
0	Youth is behaving well in school.
1	Youth is behaving adequately in school although some behavior challenges exist.
2	Youth is having moderate behavioral challenges at school. He/she is disruptive and may have received sanctions including suspensions.
3	Youth is having severe challenges with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

<b>Check</b>	<b>ACADEMIC ACHIEVEMENT</b> <i>This item describes academic achievement based on school grades and compares this student to other classmates in that school, rather than comparing to national norms.</i>
NA	This item is not applicable to this youth.
0	Youth is doing well in school academically.
1	Youth struggles with some academics but is progressing.
2	Youth is having problems with school academically. His/her grades are declining/regressing.
3	Youth is having severe academic problems. He/she is failing more than one subject or is more than a year behind his/her peers at this school in academic achievement.

<b>Check</b>	<b>SCHOOL ATTENDANCE</b> <i>This item describes the student's attendance at school.</i>
NA	This item is not applicable to this youth.
0	Youth attends school regularly and there are no tardiness concerns.
1	Youth is currently having problems with attendance/tardiness. He/she may have one or two unexcused absences in a month.
2	Youth is having challenges with school attendance. He/she is missing at least one to two days each week on average and/or is tardy most days.
3	Youth is generally truant or refusing to go to school.

<b>Check</b>	<b>LEARNING DISABILITY</b> <i>The item rates the limitations that impact academic learning. A history or suspicion of, or evidence of mild learning disability would receive a rating of '1.' Learning disabilities would be rated as a '2' or '3' depending on the severity. These conditions require special educational strategies to ensure that the youth is in an environment where he or she can learn. Does he/she have difficulty reading, writing, spelling, reasoning, recalling and/or organizing information? Has the youth ever been tested for or diagnosed with a learning disability? Are there concerns that the youth may have a learning disability?</i>
0	No evidence of learning disability. The youth has no difficulties with academic achievement and is doing well in school.
1	History, suspicion of mild learning disability. The youth is doing adequately in school, although some problem with achievement exists which may be due to a mild learning disability. Or a child/youth with a learning disability who is achieving well with supports in place.
2	Moderate learning disability. Youth is struggling to learn and unless challenges are addressed learning will remain impaired. The youth is having moderate problems with school achievement and is unable to manage expected work. This would include a child/youth with a diagnosed learning disability that is struggling with achievement. Youth may require modifications in the youth's educational plan by the school or be referred to the Child Study Team for further assessment and testing.
3	Severe learning disability. Youth is currently unable to learn. Current challenges are preventing any learning. The youth is having severe achievement problems. He/she may be failing most subjects or is more than one year behind same age peers in school achievement. Youth may require immediate intervention by the school to provide changes in the youth's educational plan.

<b>Check</b>	<b>EDUCATIONAL AGENCY INVOLVEMENT</b> <i>This item is used to evaluate the nature of the school's relationship with the youth and family, as well as the level of support the youth receives from the school. If the school is an active participant with the youth and family this item would be rated '0.' If the school is not able to address the youth's needs this item would be rated a '2'.</i>
0	The school works closely with the youth and family to identify and successfully address the youth's educational needs.
1	The school works with youth and family to identify and address the youth's educational needs.
2	The school is currently unable to adequately address the youth's academic or behavioral needs.
3	There is no evidence of the school working to identify or successfully address the youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the youth's needs and/or there is no school to partner with at this time.

<b>Check</b>	<b>MEDICAL*</b> <i>This rating describes both health problems and chronic/acute physical conditions, such as asthma and obesity.</i>
0	Youth is healthy.
1	Youth has some medical challenges that may require medical treatment, such as asthma and obesity.
2	Youth has chronic illness that requires ongoing medical intervention.
3	Youth has life threatening illness or medical condition.

<b>Check</b>	<b>PHYSICAL*</b> <i>This item describes any physical limitations the youth may experience due to health or other factors as well as the youth's abilities to use sense of vision and hearing.</i>
0	Youth's vision/hearing appears normal and he/she has no physical limitations.
1	Youth has mild impairment in a single sense (e.g. mild hearing deficits, correctable vision problems) and/or youth has some physical condition that places mild limitations on activities (e.g. treatable medical conditions, that result in physical limitations).
2	Youth has moderate impairment in a single sense or mild impairment in multiple senses or has a physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Youth has significant impairment in one or more senses (e.g. profound hearing or vision loss) or youth has severe physical limitations due to multiple situations.

<b>Check</b>	<b>SLEEP</b> <i>This item assesses the youth's ability to receive a full night's sleep easily, remain asleep throughout the night, and awaken easily in the morning.</i>
0	Youth gets a full night's sleep each night.
1	Youth has some problems sleeping. Generally, youth gets a full night's sleep but at least once a week problems arise.
2	Youth is having problems with sleep. Sleep problems are interfering with functioning in at least one other life domain.
3	Youth is experiencing significant sleep problems with result in sleep deprivation. Sleep problems are disabling.

<b>Check</b>	<b>EATING</b> <i>This item describes any needs involving the youth's food intake. This may include under-eating, overeating, unusual eating patterns, eating disturbances related to body image (such as refusal to maintain normal body weight and recurrent episodes of binge eating), and excessive eating resulting in being overweight or obese.</i>
0	No evidence of problems related to eating.
1	Mild problems with eating that have been present in the past or are currently present some of the time causing mild impairment in functioning. This could include mild preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This includes a youth that has a poor appetite, is a picky eater, a youth that frequently overeats, or has occasional binge eating patterns.
2	Moderate problems with eating are present and result in moderate impairment in the youth's functioning. This rating is for a youth whose appetite/intake or lack thereof may require further assessment and/or treatment (refuses to eat, consistently overeating resulting in being overweight). This could also include a more intense preoccupation with weight gain or becoming fat when overweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. Youth may have very few food preferences and no clear pattern of what they eat, binge eating and /or purging episodes several times per month, to prevent weight gain.
3	Severe problems with eating which are putting the youth at risk developmentally or physically that may result with potential need for medical intervention. This rating is for a youth with a more severe form of eating disturbance requiring medical care and potentially leading to a need for hospitalization. This could include significantly low weight, obesity, significant weight loss or weight gain, misuse of laxatives or diuretics, or excessive binge-purge behaviors one or more times per week or excessive restriction of food. The youth and family may be very distressed and unable to overcome challenges in this area.

<b>Check</b>	<b>SEXUAL HEALTH</b> <i>This rating describes the individual's state of physical, emotional, mental, and social well-being in relation to sexuality, Sexuality underlies important behaviors and outcomes related to sexual health and encompass sex, gender identities and roles, sexual orientation, and intimacy. Perpetrating sexual behavior does <b>not</b> apply here.</i>
0	No evidence of any problems related to sexual health. Youth appears to have a positive and respectful approach to sexuality and sexual relationships.
1	Mild to moderate problems related to sexual health. This level would include concerns about sexual identity or anxiety about the reaction of others. These concerns do <b>not</b> interfere with the youth's functioning in other life domains.
2	Significant problems exist related to sexual health. This level would include challenges with risky sexual behavior (e.g. promiscuity, masturbation in public, engaging in unhealthy relationships) <b>or</b> distress due to gender identity and/or some experiences of negative reactions of others that interfere with his/her functioning in other life domains.
3	Profound problems exist related to sexual health. This level would include very frequent risky sexual behavior, multiple sexual partners, or sexual encounters that involve coercion and/or violence. Human trafficking would be rated here. Youth may be experiencing harassment by others which profoundly interferes with his/her functioning in other life domains.

<b>Check</b>	<b>BULLIED BY OTHERS</b> <i>This rating describes the degree to which a youth has been or is being bullied by others. Bullying may occur at school, in the community, at home, or through electronic devices such as a cell phone texting, smart phones and the internet. Bullying encompasses a range of non-verbal, verbal, and physical behaviors that may be overt and/or covert such as teasing, ridicule, inappropriate touching and gesturing, posturing, social exclusion, mocking, distribution of unauthorized illicit private behaviors through electronic social networks, and/or unwanted physical contact that is conducted intentionally and purposefully.</i>
0	No evidence that the youth has been bullied.
1	Youth has been bullied in the past or reports bullying behavior for which youth has coped adequately, been empowered in the response, and managed with minimal distress.
2	Youth has been bullied in the past or reported bullying that created distress where daily functioning was negatively impacted. For example, a youth may skip classes or express reluctance to go to school for fear of bullying encounters that would cause feelings of shame and embarrassment or social isolation. There may be/is evidence that the family or school needs assistance in effectively intervening.
3	Youth reports current or recent bullying that is causing severe distress which is substantially effecting daily functioning. An example would include the distribution of images of a private nature through electronic social media resulting in the youth having suicidal or aggressive ideation.

<b>Check</b>	<b>CULTURAL STRESS</b> <i>Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives, including language barriers. This includes age, gender, ethnicity, physical disability, and the culture of having a youth with autism and/or challenging behaviors.</i>
0	No evidence of stress between a youth or family's cultural identity and current living situation.
1	Some mild or occasional stress resulting from friction between the youth or family's cultural identity and his/her current living situation.
2	Youth or family is experiencing cultural stress that is causing problems of functioning in at least one life domain.
3	Youth or family is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances.

## CHILD STRENGTHS

<b>Check</b>	<b>OPTIMISM</b> <i>This item refers to the youth's sense of his/her future and self.</i>
0	Youth has a strong and stable optimistic outlook on his/her life.
1	Youth is generally optimistic.
2	Youth has difficulties maintaining a positive view of him/herself and his/her life. Youth may vary from overly optimistic to overly pessimistic.
3	Youth has difficulties seeing <i>any</i> positives about him/herself or his/her life.

<b>Check</b>	<b>TALENTS/INTEREST</b> <i>This rating should be based broadly on any talent or creative/ artistic skill a youth may have including art, theatre, music, athletics, etc.</i>
0	This level indicates a youth with significant creative/artistic/athletic strengths. A youth who currently receives a significant amount of personal benefit from activities surrounding a talent would be rated here.
1	This level indicates a youth with a notable talent. For example, a youth who is (or who was) involved in athletics or plays a musical instrument, etc. would be rated here.
2	This level indicates a youth who has expressed interest in developing a specific talent or talents even if they have not developed that talent to date.
3	This level indicates a youth with no known identified talents or interests in developing talents.

<b>Check</b>	<b>RESILIENCY</b> <i>This rating should be based on the psychological strengths that the youth might have developed including both the ability to enjoy positive life experiences and manage negative life experiences. This should be rated independent of the youth's current level of distress.</i>
0	This level indicates a youth who is able to both identify and use strengths to better him/her self and successfully manage difficult challenges. Both coping and skills for enjoying pleasurable events skills are well developed.
1	This level indicates a youth who is able to identify most of his/her strengths and is able to partially utilize them. The person has solid coping skills for managing distress or solid skills for enjoying pleasurable events.
2	This level indicates a youth who is able to identify strengths but is not able to utilize them effectively. This level indicates a youth with limited psychological strengths. For example, a person with very low self-esteem would be rated here.
3	This level indicates a youth who is not yet able to identify personal strengths. This level indicates a youth with no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.



## CHILD BEHAVIORAL/EMOTIONAL NEEDS

<b>Check</b>	<b>PSYCHOSIS</b> <i>This rating is used to describe symptoms including hallucinations, delusions, unusual thought processes, strange speech, and bizarre/idiosyncratic behavior.</i>
0	This rating indicates a youth with no evidence of thought disturbances. Both thought processes and content are within normal range.
1	This rating indicates a youth with evidence of mild disruption in thought processes or content. The youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age inappropriate). This also includes a history of hallucinations but none currently.
2	This rating indicates a youth with evidence of moderate disturbance in thought process or content. The youth may be somewhat delusional, have brief intermittent hallucinations, or speech may be at times quite tangential or illogical.
3	Youth is fully delusional, has ongoing hallucinations, high levels of paranoia. Unable to engage in meaningful conversation. Symptoms are dangerous to the youth or others.

<b>Check</b>	<b>IMPULSIVITY AND ATTENTION</b> <i>This rating is used to indicate a youth who demonstrates challenges with impulse control. These challenges may overlap with attention issues.</i>
0	Youth demonstrates developmentally appropriate impulse control and attention.
1	Youth demonstrates mild challenges with impulse control; distractible or hyperactive behavior that places the youth at risk of future functioning difficulties. The youth may have occasional difficulties sustaining developmentally appropriate behavior.
2	Youth demonstrates evidence of moderate challenges with impulse control; distractible or hyperactive behavior that interferes with the youth's ability to function in at least one life domain. The youth may have frequent difficulties sustaining developmentally appropriate behavior for limited periods of time.
3	Youth demonstrates evidence of severe challenges with impulse control. The youth is displaying frequent impulsive, distractible, or hyperactive behavior that carries considerable safety risk (e.g. running into the street or hitting other children without thinking about it) that can place the youth at risk of physical harm.

<b>Check</b>	<b>DEPRESSION</b> <i>Symptoms included in this dimension are irritable or depressed mood, sadness, preoccupied with sadness/or guilty thoughts, social withdrawal, hopelessness, sleep disturbances, weight/eating disturbances, and loss of motivation.</i>
0	No evidence.
1	History or suspicion of depression or mild to moderate depression which may be associated with a recent negative life event with minimal impact on life domain functioning.
2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in youth's ability to function in at least one life domain.
3	Clear evidence of disabling level of depression that makes it virtually impossible for the youth to function in any life domain.

<b>Check</b>	<b>ANXIETY</b> <i>Symptoms included in this dimension are those of social anxiety, panic attacks, obsessive-compulsive traits, phobias, worries, irrational behavior, and separation anxiety.</i>
0	No evidence.
1	History or suspicion of anxiety challenges or mild to moderate anxiety which may be associated with a recent negative life event.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in youth's ability to function in at least one life domain.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the youth to function in any life domain.

<b>Check</b>	<b>OPPOSITIONAL BEHAVIOR (compliance with authority)</b> <i>This rating is intended to capture how the youth relates to authority. Oppositional behavior is different from antisocial behaviors in that the emphasis of the behavior is on non-compliance to authority rather than on seriously breaking social rules, norms and laws.</i>
0	This rating indicates that the youth is generally compliant.
1	This rating indicates that the youth has mild problems with compliance to some rules or adult instructions.
2	This rating indicates that the youth has moderate problems with compliance to rules or adult instructions.
3	This rating indicates that the youth has severe problems with compliance to rules and adult instructions. They would be virtually always disobedient.

<b>Check</b>	<b>CONDUCT</b> <i>These symptoms include antisocial behaviors like shoplifting, lying, vandalism, cruelty to animals, and assault. This item refers to the youth's capacity to comply with societal rules. Youth has a lack of empathy or remorse for others. Youth does not accept responsibility.</i>
0	No evidence
1	History or suspicion of challenges associated with antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals.
2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
3	Evidence of a severe level of conduct problems as described above that places the youth or community at significant risk of physical harm due to these behaviors.

<b>Check</b>	<b>EXPOSURE AND RESPONSE TO IMPLICIT TRAUMA*</b> <i>Implicit trauma indicators involve situations and experiences that may <b>not</b> produce an explicit memory of a specific traumatic event and/or result in overt reactive behaviors. Such indicators may include, but are not limited to: in utero/infant trauma, adoption; chronic/terminal illness; caregiver separation/grief/loss; cultural trauma; multiple placements; and multiple system involvement. However, these experiences are prone to cause reaction by the individual at some point and should be taken under consideration during assessment.</i>
0	No evidence of implicit trauma.
1	History or suspicion of implicit trauma. Presently, youth is not exhibiting overt behaviors reflective of adjustment challenges. However, further assessment, monitoring, and/or engagement in preventive action are recommended.
2	Suspicion or clear evidence of implicit trauma <u>and</u> youth is exhibiting mild to moderate adjustment challenges, which may include grief, mild to moderate dysregulation, disruption in sleep/eating patterns, physical symptoms (stomach aches, headaches, etc.), trauma reenactment, or avoidance of activities. Adjustment is interfering with youth's functioning in at least one life domain.
3	Suspicion or clear evidence of implicit trauma <u>and</u> youth is exhibiting symptoms of intrusive thoughts, hyper vigilance, severe dysregulation, constant anxiety, and dissociation. Symptoms are overwhelming and impede day-to-day functioning in many areas.

<b>Check</b>	<b>EXPOSURE AND RESPONSE TO EXPLICIT TRAUMA*</b> <i>This item covers the youth's reaction to any potentially traumatic or adverse childhood experience. This item should be rated as 1-3 for children who are exhibiting any symptoms related to a traumatic or adverse childhood experience, even if this experience was in their past. Traumatic experiences may include, but are not limited to: physical/sexual/emotional abuse; physical/emotional neglect; medical trauma; witness to family violence; school and community violence; peer-on-peer violence; bullying; public humiliation; natural or man-made disasters; victim/affected by terrorism; witness/victim of criminal activity; war affected; parental criminal behavior; and disruptions in caregiver/attachment losses. This item will be rated a 0 for any youth who has never been exposed to potentially traumatic events/situations.</i>
0	Youth has no known exposure to trauma <u>or</u> has adjusted well to traumatic/adverse childhood experiences.
1	Youth has some mild problems with adjustment due to trauma exposure. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.
2	Youth presents with a moderate level of trauma-related symptoms. Symptoms can vary widely and may include grief, mild to moderate dysregulation, disruption in sleep/eating patterns, physical symptoms (stomach aches, headaches, etc.), trauma reenactment, or avoidance of activities. Adjustment is interfering with youth's functioning in at least one life domain.
3	Youth has severe symptoms as a result of exposure to traumatic or adverse childhood experiences that require intensive and immediate attention. Youth may have several symptoms consistent with complex trauma which may include intrusive thoughts, hyper vigilance, severe dysregulation, constant anxiety, and dissociation. Symptoms are overwhelming and impede day-to-day functioning in many areas.

<b>Check</b>	<b>ANGER CONTROL</b> <i>This item captures the youth's ability to identify and manage their anger.</i>
0	No evidence of any significant anger control challenges.
1	Some challenges with controlling anger. Youth may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
2	Moderate anger control challenges. Youth's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
3	Severe anger control challenges. Youth's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

<b>Check</b>	<b>GAMBLING</b> <i>This item includes all forms of gambling-legal and illegal, organized and social.</i>
0	Individual has no evidence of any problem gambling.
1	Individual has either a history or suspicion of problems with gambling; however, currently, gambling behavior is not known to impact his/her functioning.
2	Individual has problems with gambling that impact his/her functioning and well being.
3	Individual has problems with gambling that dramatically impacts his/her life and makes functioning difficult or impossible in at least one life domain.

<b>Check</b>	<b>TECHNOLOGY</b> <i>This item refers to the use of any electronic device such as television, computer, tablet, smart phone, video game, etc. This item rates the youth's use of technology as it causes interference in significant peer and family relationships or is at the expense of other social activities, chores, and/or school work.</i>
0	No evidence of challenges; the youth engages in technology use without interference in relationships with peers, family, or at the expense of school work and routine activities.
1	Mild challenges; the youth engages in technology use with mild interference in relationships with peers, family, or at the expense of school work and routine activities.
2	Moderate challenges; the youth engages in over use of technology with moderate interference in relationships with peers, family, or at the expense of school work and routine activities.
3	Severe challenges; the youth engages in over use of technology with severe interference in relationships with peers, family, or at the expense of school work and routine activities.

## CHILD RISK BEHAVIORS

<b>Check</b>	<b>SUICIDE RISK</b> <i>This item includes suicidal thoughts, plans or behaviors.</i>
0	No evidence of suicidal thoughts, plans or behaviors.
1	The youth has a history of suicidal behavior but is not expressing any current intent.
2	The youth expresses occasional thoughts about injuring self or seems preoccupied by death.
3	The youth has significant problems with suicidal behaviors. The youth may be engaging in suicidal planning or experience a recent attempt.

<b>Check</b>	<b>SELF-INJURIOUS BEHAVIOR</b> <i>This rating is used for any intentional self-harming behavior (e.g. head banging, biting) that does not have a suicidal intent. A rating of 3 indicates need for a safety plan.</i>
0	No history of self-injurious behavior.
1	A history of self-injurious behavior but none within the past 30 days or minor self-injuring behavior (i.e., scratching) in the last 30 days that does not require any medical attention.
2	Moderate self-injurious behavior in the past 30 days requiring medical assessment (cutting, burns, piercing skin with sharp objects, repeated head banging) that has potential to cause safety risk to youth.
3	One or more incidents of self-injurious behavior in the last 30 days requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put youth's health at risk.

<b>Check</b>	<b>OTHER SELF HARM</b> <i>This item is used to describe potentially harmful behaviors to self (e.g. reckless driving, subway surfing) not covered by either Suicide Risk or Self-Injurious Behavior that places a youth at risk of physical injury. Youth is promiscuous and /or gravitates towards abusive relationships.</i>
0	No evidence of behaviors other than suicide or self-injurious that place the youth at risk of physical harm.
1	History of behavior other than suicide or self-injurious that places youth at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the youth.
2	Engaged in behavior other than suicide or self-injurious that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
3	Engaged in behavior other than suicide or self-injurious that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.

<b>Check</b>	<b>DANGER TO OTHERS</b> <i>This rating includes actual and threatened violence. Imagined violence, when extreme, may be rated here. A rating of 2 or 3 would indicate the need for a safety plan.</i>
0	No evidence.
1	History of homicidal ideation, physically harmful aggression or fire setting that has put self or others in danger of harm.
2	Recent homicidal ideation, physically harmful aggression, or dangerous fire setting but not in past 24 hours.
3	Acute homicidal ideation with a plan or physically harmful aggression OR command hallucinations that involve the harm of others. Or, youth set a fire that placed others at significant risk of harm.

<b>Check</b>	<b>PROBLEMATIC SEXUAL BEHAVIOR*</b> <i>Problematic sexual behavior includes behavior in which the youth takes advantage of a younger or less powerful youth through seduction, coercion, or force. This rating refers to <b>perpetrating</b> sexual behavior.</i>
0	No evidence of any history of problematic sexual behavior. No sexual activity with younger youth, non-consenting others, or youth not able to understand consent.
1	History of problematic sexual behavior. (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk or excessive masturbation.
2	Youth is engaged in problematic sexual behavior in the past year but not in the past 30 days.
3	Youth has engaged in problematic sexual behavior in the past 30 days.

<b>Check</b>	<b>FLIGHT RISK</b> <i>This rating refers to any planned or unplanned wandering, impulsive running, or “bolting” behavior that presents a risk to the safety of the youth. Factors to consider in determining level of risk include age of youth, frequency, and duration of escape episodes, timing and context, and other risky activities while wandering, bolting, or running.</i>
0	This rating is for a youth with no history of wandering, running away or bolting and no ideation involving escaping from the present living situation.
1	This rating is for a youth with a history of running away but none in the past month, or a youth who expresses ideation about escaping present living situation or has threatened to run. A youth who wanders or bolts occasionally might be rated here.
2	This rating is for a youth that has engaged in escape behaviors during the past 30 days. Repeated wandering, running away or bolting would be rated here.
3	This rating is for a youth who has engaged in escape behaviors; wandering, running away, or bolting, that places the safety of the youth at significant risk.

<b>Check</b>	<b>LEGAL/JUVENILE JUSTICE*</b> <i>This rating includes behavior that may result in involvement with legal system.</i>
0	Youth has no known legal challenges.
1	Youth has a history of legal challenges but currently is not involved with the legal system.
2	Youth has some legal challenges and is currently involved in the legal system.
3	Youth has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home treatment.

<b>Check</b>	<b>JUDGMENT</b> <i>This item is intended to describe the youth’s ability to make decisions. If the youth shows poor decision making that places he/she or others at risk of physical harm, then a rating of ‘3’ is indicated. A ‘2’ is used to indicate poor decision-making that can lead to functional impairment or challenges with development or well-being. For example, hanging out with a group of other youth who are shoplifting would suggest this level of judgment challenge. A ‘1’ is used either for a history of challenges that haven’t been fully resolved or concern about decision making that might require monitoring or further assessment.</i>
0	No evidence of challenges with judgment or poor decision making that result harm to development and/or well-being.
1	History of challenges with judgment in which the youth makes decisions that are in some way harmful to his/her development and/or well-being. For example, a youth who has a history of hanging out with other youth who shoplift.
2	Challenges with judgment in which the youth makes decisions that are in some way harmful to his/her development and/or well-being.
3	Challenges with judgment that place the youth at risk of significant physical harm.

<b>Check</b>	<b>FIRE SETTING*</b> <i>This item describes whether the youth intentionally starts fires using matches or other incendiary devices.</i>
0	No evidence
1	History of fire setting. Most recent incident occurred over 6 months ago and did not endanger the lives of others.
2	Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past 6 months.
3	Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

<b>Check</b>	<b>SUBSTANCE USE*</b> <i>These symptoms include use of alcohol, tobacco, and illegal drugs, the misuse of prescription medications, and the use of any substance for recreational purposes (e.g. inhalation of household products).</i>
0	There is no evidence or suspicion of substance use.
1	There is a suspicion of use <u>or</u> the youth exhibits mild problems with substance use that might occasionally present problems of living for the person (e.g., intoxication, loss of money, reduced school performance, parental concern).
2	The youth exhibits moderate problems with substance use that may require further assessment and treatment. Substance use problems consistently interfere with the youth's life domain functioning, which may include, but are not limited to: school performance; legal involvement; physiological functioning (e.g. sleeping and eating); and family/social relationships.
3	The youth presents with a severe substance dependence condition that presents the need for immediate coordination of care (e.g. detoxification) of the individual. The youth is unable to function appropriately in life domain functioning.

## **CAREGIVER STRENGTHS/NEEDS** (*Caregiver is defined as parent and/or guardian*)

<b>Check</b>	<b>NATURAL SUPPORTS</b> <i>This item refers to unpaid individuals who help out the caregivers in times of need.</i>
0	Caregiver has significant natural supports. Multiple friends and neighbors routinely provide support for the family.
1	Caregiver has some natural supports. Unpaid others will help out in times of need.
2	Caregiver has friends and neighbors but it is not known whether they would be willing to help.
3	Caregiver has no natural supports.

<b>Check</b>	<b>CAREGIVER RESOURCEFULNESS</b> <i>This item refers to the caregivers' ability to recognize their environmental strengths and apply them to support a healthy development for their youth. This includes ways of getting their needs met in a positive manner. Examples include: accessing community and other resources for self, the youth, or the family, including access to healthcare.</i>
0	Caregiver is quite skilled at finding and using the necessary resources required to aid the youth in managing challenges.
1	Caregiver has some skills in finding and using necessary resources required to aid the youth's healthy lifestyle, but sometimes requires assistance at identifying or accessing these resources.
2	Caregiver has limited skills at finding necessary resources required to aid the youth in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
3	Caregiver has no skills at finding the necessary resources to aid the youth in achieving a healthy lifestyle and requires ongoing assistance both with identifying and accessing these resources.

<b>Check</b>	<b>SUPERVISION</b> <i>This rating is used to determine the caregiver's capacity to provide the level of monitoring and discipline needed by the youth.</i>
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports challenges monitoring and/or disciplining youth. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the youth. Caregiver requires immediate and continuing assistance. Youth is at risk of harm due to absence of supervision.

<b>Check</b>	<b>INVOLVEMENT WITH CARE</b> <i>This rating should be based on the level of involvement the caregiver(s) has in planning and provision of services.</i>
0	This level indicates a caregiver(s) who is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the youth.
1	This level indicates a caregiver(s) who is consistently involved in the planning and/or implementation of services for the youth.
2	This level indicates a caregiver(s) who is only somewhat or inconsistently involved in the implementation and planning of the care of the youth.
3	This level indicates a caregiver(s) who is uninvolved with the care of the youth. Caregiver likely wants the youth out of home or fails to visit youth in an out of home setting or acute care setting.

<b>Check</b>	<b>KNOWLEDGE OF THE YOUTH'S STRENGTHS/NEEDS</b> <i>This rating should be based on caregiver's knowledge of the specific strengths of the youth and any problems experienced by the youth and their ability to understand the rationale for the treatment or management of these problems.</i>
0	This level indicates that the present caregiver is fully knowledgeable about the youth's strengths, needs, and limitations.
1	This level indicates that the present caregiver, while being generally knowledgeable about the youth, has some mild needs in knowledge or understanding of either the youth's condition or his/her needs and assets.
2	This level indicates that the caregiver does not know or understand the youth's needs/strengths well and requires help with building capacity to the caregiver's ability to relate to the youth's needs and strengths.
3	This level indicates that the present caregiver requires significant assistance in understanding the youth's current condition. They are unable to cope with the youth, given his/her status at the time, not because of the youth's needs but because the caregiver does not understand the situation.

<b>Check</b>	<b>CAREGIVER OPTIMISM (HOPEFULNESS)</b> <i>This item refers to the caregiver's sense of their youth's future regardless of how overwhelmed they may feel in the present.</i>
0	Caregiver has a strong and stable optimistic outlook on his/her youth's life.
1	Caregiver is generally optimistic regarding his/her youth.
2	Caregiver has difficulties maintaining a positive view of his/her youth and the youth's life. Caregiver may vary from overly optimistic to overly pessimistic.
3	Caregiver has difficulties seeing <i>any</i> positives about his/her youth or the youth's life.



<b>Check</b>	<b>RESIDENTIAL STABILITY</b> <i>This item rates the caregiver's current and likely future housing circumstances.</i>
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.

<b>Check</b>	<b>FAMILY STRESS</b> <i>This item reflects the degree of stress or burden experienced by the family as a result of the youth's needs as described elsewhere in the tool.</i>
0	Family is able to manage the stress of youth's needs.
1	Family has some problems managing the stress of youth's needs.
2	Family has notable problems managing the stress of youth's needs. This stress interferes with the functioning of the family.
3	Family is unable to manage the stress associated with youth's needs. This stress creates severe problems of family functioning.

<b>Check</b>	<b>PHYSICAL/MEDICAL</b> <i>Physical and medical challenges currently faced by the caregiver(s).</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical challenges.
2	Caregiver has medical/physical challenges that interfere with their capacity to parent.
3	Caregiver has medical/physical challenges that significantly interferes with their capacity to parent which impacts multiple life domains and requires immediate support.

<b>Check</b>	<b>MENTAL HEALTH</b> <i>This item relates to the identification of serious mental illness among caregivers that might limit caregiver capacity.</i>
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health challenges.
2	Caregiver has some mental health challenges that interfere with their capacity to parent.
3	Caregiver has mental health challenges that significantly interfere with their capacity to parent which impacts multiple life domains and requires immediate support.

<b>Check</b>	<b>SUBSTANCE USE</b> <i>This item includes substance abuse or dependence by either biological parent or any stepparent living with the youth.</i>
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use challenges.
2	Caregiver has some substance use challenges that interfere with their capacity to parent.
3	Caregiver has substance use challenges that significantly interferes with their capacity to parent which impacts multiple life domains and requires immediate support.

<b>Check</b>	<b>DEVELOPMENTAL</b> <i>This item describes the presence of intellectual/developmental disability among caregivers. A caregiver with limited cognitive capacity that challenges their ability to provide parenting would be rated here.</i>
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that significantly interfere with their capacity to parent which impacts multiple life domains and requires immediate support.

<b>Check</b>	<b>CHILD/ADOLESCENT PROTECTION*</b> <i>This rating refers to the safety of the assessed youth. It does not refer to the safety of other family or household members based on any danger presented by the assessed youth.</i>
0	This level indicates that the present environment is as safe or safer for the youth (in his or her present condition) as could be reasonably expected.
1	This level indicates that the present environment presents some mild risk of emotional abuse, neglect, exposure to undesirable environments or occasional presence of questionable role models but no immediate risk is present.
2	This level indicates that the present environment presents a moderate level of risk to the child/youth including such things as the risk of neglect or abuse, few appropriate role models or exposure to individuals who potentially pose a risk to the safety of the youth.
3	This level indicates that the present environment presents a significant risk to the well-being of the youth. Neglect or abuse is occurring or is at imminent risk to occur. Individuals in the environment are or have the potential to, significantly harm the youth.

**\*All are legally required to report suspected child abuse or neglect to DCP&P at 877-NJ-ABUSE.**

<b>Check</b>	<b>MILITARY TRANSITIONS</b> <i>This item rates transitions experienced by caregiver(s) due to involvement in military service.</i>
0	Caregiver not experiencing any transitions related to military service. Caregiver not involved in military service should be rated here.
1	Caregiver anticipating a transition related to military service in the near future or a caregiver experienced a transition in the past year which was challenging.
2	Caregiver experiencing a transition related to military service.
3	Caregiver experiencing a transition related to military service that has a major impact on their care giving roles.

**Crisis Assessment Tool & the Child/Youth & Family.**



*Since all assessments are a communication tool, input from the child and family is essential. Listen and ask questions for clarification. Share information with the child and family.*

## **INDIVIDUALIZED ASSESSMENT MODULES**

Complete any specific module only if indicated on the initial page(s)

<b><u>Module</u></b>	<b><u>Page</u></b>
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## I/DD MODULE

### **Self-Care\***

The ability to take medication as prescribed or the ability to meet basic bodily needs (e.g. bathe, dress, eat or use a toilet).

Check	<b>SELF-CARE DAILY LIVING SKILLS</b> <i>These skills are defined as needed skills necessary for fundamental functioning related to daily self-care activities such as: hygiene, dressing, eating or toileting.</i>
0	Youth's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the youth has any problems performing daily living skills.
1	Youth requires verbal prompting on self-care tasks or daily living skills.
2	Youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
3	Youth requires attendant care on more than one of the self-care tasks-eating, bathing, dressing and toileting.

Check	<b>ELIMINATION</b> <i>This item describes any needs related to the process of eliminating bodily wastes.</i>
0	There is no evidence of elimination problems.
1	Youth may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.
2	Youth demonstrates problems with elimination on a consistent basis. This is interfering with functioning as youth may experience encopresis and enuresis.
3	Youth demonstrates significant difficulty with elimination to the extent that youth and caregiver are in significant distress or interventions have failed.

### **Communication**

#### **Receptive and Expressive Language\***

The ability to understand others and to fully express oneself in own language (including sign language) with adaptive communication devices if uses them.

Check	<b>RECEPTIVE LANGUAGE</b> <i>This rating describes the youth's ability to understand others' oral communication at an age-appropriate or developmentally appropriate level.</i>
0	Youth's receptive communication appears developmentally appropriate.
1	Youth's receptive communication can be appropriate in many, but not all, natural situations.
2	Youth's receptive communication is below expected norms, but can understand some language.
3	Youth is unable to understand any spoken language.

Check	<b>EXPRESSIVE LANGUAGE</b> <i>This rating describes the youth's ability to communicate through spontaneous verbalizations / vocalizations at a developmentally or age-appropriate level. Non-verbal language is addressed elsewhere.</i>
0	Youth's expressive communication appears appropriate.
1	Youth's expressive communication can be appropriate in many, but not all, natural situations.
2	Youth's expressive communication is below expected norms, but has some language.
3	Youth is unable to communicate intent/interest by verbalization or vocalization.

Check	<b>AUGMENTED COMMUNICATION</b> <i>This rating describes the youth's ability to use sign language, PECS, and other communication strategies to improve communication with others.</i>
0	Youth has good augmented communication skills or does not require augmented communication.
1	Youth has some augmented communication skills that facilitate communication with others.
2	Youth has limited augmented communication skills and requires the development of these skills in order to communicate effectively.
3	Youth has no augmented communication skills and is unable to communicate with them.

Check	<b>PRAGMATIC USE OF LANGUAGE</b> <i>This rating describes the youth's ability to understand and communicate in a pragmatic (practical) way in unstructured, naturally occurring situations and environments.</i>
0	The youth uses language for a variety of social and functional purposes (e.g., requesting, protesting, greeting, asking questions, etc.). The youth's social/ pragmatic language is known or expected to be within normal limits at this time.
1	The youth uses language for a variety of functional purposes, but not in all situation/environments.
2	The youth has substantial problems using words in a functional way.
3	The youth rarely, if ever, communicates in a functional or social manner despite having evidence of some language ability (this rating would include youth with no verbal speech).

Check	<b>GESTURES</b> <i>This rating describes the youth's ability to communicate effectively and appropriately through gestures (e.g. hand and head movements, facial expressions).</i>
0	Youth complements verbal communication, at whatever level established, through age-appropriate use of gestures.
1	Youth inconsistently or awkwardly complements verbal communication, at whatever level established, through age-appropriate use of gestures.
2	Youth rarely complements verbal communication, at whatever level established, through age-appropriate use of gestures or choices of gestures create communication challenges.
3	Youth has no communication system through gestures established or choices of gestures create significant difficulties in other life domains.

### Learning\*

The ability to apply reasoning and problem solving, learn new tasks, apply to new situations or adapt to change.

Check	<b>COGNITIVE</b>
0	Youth's intellectual functioning appears to be in normal range. There is no reason to believe that the youth has any problems with intellectual functioning.
1	Youth has low IQ (70 to 85) or has identified learning challenges.
2	Youth has mild intellectual disability. IQ level is between 50-55 to approximately 70.
3	Youth has moderate intellectual disability. IQ level is between 35-40 to approximately 50-55.
4	Youth has severe intellectual disability. IQ is between 20-25 to approximately 35-40.
5	Youth has profound intellectual disability. IQ level is below 20 or 25.

Check	<b>SPECIAL EDUCATION</b> <i>This item describes the involvement of the youth with Special Education services. A youth who is rated a 3 would generate a written request for changes in the current IEP, either through review, special meeting, or re-evaluations. Conversely, a youth who is rated a 0 and functioning well in school requires no action; however, a youth who is not involved in Special Education services and struggling in school may require a written request for an evaluation for Special Education services.</i>
0	Youth is not involved with Special Education services.
1	Youth has been referred for an evaluation for Special Education services.
2	Youth is receiving Special Education services.
3	Youth is not responding to current Special Education services.

<b>Check</b>	<b>PERSISTENCE</b> <i>This item rates the ability of the youth to continue attempting a difficult task when challenged.</i>
0	Significant level of persistence. The youth consistently demonstrates strong skills in this area.
1	Moderate level of persistence. The youth usually demonstrates good skills in persistence but continues to need development in this area.
2	Mild level of persistence. The youth usually demonstrates only marginal skills in persistence but can cope with caregiver support.
3	This level indicates a youth with no known skills in persistence. Adults are minimally able to impact youth's skills in this area.

<b>Check</b>	<b>ATTENTION</b> <i>This item rates the youth's ability to focus and attend to tasks or interactions with others; to maintain consistent behavioral responses during continuous or repeating activities; to maintain focus in the face of competing stimuli (freedom from distractibility); to shift attention between tasks, people, or events with different cognitive requirements; to respond simultaneously to multiple tasks or demands.</i>
0	No evidence of challenges with attention.
1	Mild degree of challenges with attention.
2	Moderate degree of challenges with attention. Youth's difficulties attending impair functioning in at least one life domain.
3	Significant degree of challenges with attention. Youth's inability to attend is disabling in at least one life domain.

<b>Check</b>	<b>ADAPTATION TO CHANGE</b> <i>This item rates the ability of the youth to adapt to new situations or experiences and to shift from one activity/person/environment to another without disruptions.</i>
0	No evidence of problems with environmental changes. The youth adapts across places, people and activities without difficulty.
1	Mild problems with environmental changes. The youth is generally good with changes but may experience some difficulties with specific individuals, environments, or activities.
2	Moderate problems with environmental changes. Youth has difficulties with smoothly adapting to changes from places, people and/or activities.
3	Severe problems with environmental changes. Changes in places, people, or activities are very disrupting and can be disabling for the youth.

## Home Living

<b>Check</b>	<b>AGITATION</b>
0	Youth does not exhibit agitated behavior.
1	Youth becomes agitated on occasion but can be calmed relatively easily.
2	Youth becomes agitated often and/or can be difficult to calm.
3	Youth exhibits a dangerous level of agitation. He/she becomes agitated often and easily and becomes aggressive towards self and/or others.

Check	<b>SEXUAL BEHAVIOR</b> <i>This rating describes issues around sexual behavior including developmentally inappropriate sexual behavior and problematic sexual behavior, predatory sexual behavior also would be rated here.</i>
0	Youth shows no evidence of problems with sexual behavior over the past year.
1	Youth has mild problems with sexual behavior, including occasional inappropriate sexual behavior, language, or dress. Mild forms of sexualized behavior and poor boundaries with regards to physical/sexual contact may be rated here.
2	Youth has moderate to serious problems. For example, frequent inappropriate sexual behavior or disinhibition, including public disrobing, multiple older sexual partners, or frequent sexualized language. Age inappropriate sexualized behaviors, or lack of physical/sexual boundaries would be rated here.
3	Youth exhibits severe problems, including prostitution, exhibitionism, or other severe sexualized or sexually reactive behavior. This would include youth with extremely poor sexual boundaries who engage in recurrent sexual behaviors that are highly disturbing to others in home, school and/or community settings.

Check	<b>REPETITIVE BEHAVIORS</b> <i>This item describes ritualized or stereotyped motor behaviors; “stereotypies” (e.g. spinning, head banging, twirling, hand flapping, finger-flicking, rocking, toe walking, repetitively asking questions, etc.)</i>
0	No evidence of repetitive or stereotypies in the youth.
1	Repetitive behavior or Stereotypies occasionally noticed by familiar caregiver but may have only mild or occasional interference in functioning.
2	Repetitive behaviors or stereotypies generally noticed by unfamiliar people and have notable interference in functioning.
3	Repetitive behavior or stereotypies occur with high frequency, and are disabling or dangerous.

Check	<b>SENSORY RESPONSIVENESS/INTEGRATION</b> <i>This rating describes the youth's responses to sensory stimuli including both hyper or hypo sensitivities, e.g., tactile (touch), oral, auditory, olfactory (smell), vestibular (body equilibrium, vertigo), and proprioceptive (maintain one's balance).</i>
0	The youth's sensory integration appears normal. There is no reason to believe that the youth has any problems with atypical responses to stimuli.
1	The youth has mildly atypical reactions to one or more sensory stimuli.
2	The youth has moderately atypical reactions to one or more sensory stimuli.
3	The youth has severely atypical reactions to one or more sensory stimuli. Social, emotional and/or behavioral difficulties related to sensory integration problems are/can be extreme.

Check	<b>AGGRESSION</b> <i>This item describes the youth's behavior that is dangerous to others.</i>
0	No evidence that the youth is aggressive beyond normal developmental expectations.
1	Youth has a history of aggressive behavior that has hurt others or youth engages in somewhat elevated levels of aggression relative to normal developmental expectations.
2	Youth engages in aggressive behavior that places other at risk of injury.
3	Youth engages in frequent and/or severe aggressive behavior that places others at risk of injury requiring medical attention.

Check	<b>TRANSPORTATION</b> <i>This rating reflects the level of <u>unmet</u> transportation needs that are required to ensure that the youth could effectively participate in his/her treatment.</i>
0	Youth has no unmet transportation needs.
1	Youth has occasional transportation needs (e.g. appointments) but access to appropriate transportation is a challenge. These needs would be no more than weekly and not require a special vehicle. Youth with a caregiver(s) who needs transportation assistance to visit a youth would be rated here.
2	Youth has either occasional transportation needs that require a special vehicle or frequent transportation needs (e.g. daily) that do not require a special vehicle but access to transportation is difficult.
3	Youth requires frequent (e.g. daily) transportation in a special vehicle and access to appropriate transportation is difficult.

## Social/Interpersonal Skills

Check	<b>SOCIAL-EMOTIONAL DEVELOPMENT</b>
0	Youth's social interactions and emotional responses appear within normal range.
1	Some concerns that youth's social interactions and/or emotional responses are not developing normally.
2	Clear evidence of impaired social interactions (failure to develop peer reaction to others) and/or a lack of emotional reciprocity (failure to express empathy, pleasure, curiosity) and/or repetitive, stereotyped patterns of behaviors, interests (hand flapping, preoccupation with parts of toys rather than playing with toys).
3	Clear evidence of severely impaired social interactions, lack of emotional reciprocity, and/or repetitive, stereotyped patterns of behaviors or interests to the degree that the youth is unable to participate in a wide range of age appropriate activities and settings.

## Self-Direction\*

The ability to make decisions that match one's own values and desires.

Check	<b>AUTONOMY</b> <i>This item describes the youth's developmentally appropriate judgment and ability to function and/or pursue activities independently.</i>
0	Youth shows developmentally appropriate autonomy. There is no reason to believe that the youth has any problems with developmentally appropriate independence or self-governed behavior.
1	Youth shows some mild difficulties with pursuing age-appropriate activities independently, and requires some monitoring.
2	Youth requires consistent assistance with pursuing age appropriate activities independently and/or does not appear to be developing the needed skills in this area.
3	Youth is not able to function independently.

Check	<b>EXECUTIVE FUNCTIONING</b> <i>This item describes key characteristics of age appropriate executive functioning which include planning, organizational skills, goal directed behavior, and inhibitory control.</i>
0	Youth's executive functioning is effective in managing most life domains.
1	Youth's executive functioning is adequate and has a limited impact on his/her functioning in at least one life domain.
2	Youth's executive functioning is interfering in more than one life domain.
3	Youth's executive functioning is interfering in multiple life domains and or disabling in one or more life domain.

Check	<b>DECISION-MAKING SKILLS</b> <i>This item refers to the youth's ability to demonstrate decision-making skills and responsible behaviors in personal, school, and social situations.</i>
0	The youth makes decisions that are at a level consistent with age and developmental level. He/she manages well in school and activities.
1	The youth usually makes decisions that are at a level consistent with age and developmental level. He/she may have occasional difficulties managing in school or activities.
2	The youth does not usually make decisions that are at a level consistent with age and developmental level. He/she regularly has difficulty managing in school or activities but responds to guidance.
3	The youth makes decisions that are below a level consistent with age and developmental level. He/she is unable to manage in school or activities and does not appear to respond to guidance.



## Mobility\*

The physical movement of one's body from place to place in their residence, with adaptive aids if a youth uses them. This includes the ability to transfer, to walk, or is reliant on a wheelchair or scooter for mobility. This item does not include vehicle transportation.

<b>Check</b>	<b>GROSS MOTOR</b> <i>This rating describes the youth's gross motor functioning (e.g. sitting, standing, and walking).</i>
0	Youth's gross motor functioning appears normal. There is no reason to believe that the youth has any problems with gross motor functioning.
1	The youth has mild gross motor skill deficits. The youth may have exhibited delayed sitting, standing, or walking, but has since reached those milestones.
2	The youth has moderate gross motor deficits. A non-ambulatory youth would be rated here.
3	The youth has severe or profound gross motor deficits. A non-ambulatory youth with additional movement deficits would be rated here, as would any youth older than 6 months who cannot lift his or her head.

<b>Check</b>	<b>FINE MOTOR</b> <i>This rating describes the youth's fine motor functioning (e.g. hand grasping and manipulation).</i>
0	Youth's fine motor functioning appears normal. There is no reason to believe that the youth has any problems with fine motor functioning.
1	The youth has mild fine (e.g. using scissors) motor skill deficits. The youth may have trouble with fine motor tasks such as buttons, zippers, utensil use, etc.
2	The youth has moderate fine motor deficits. Severe fine motor deficits such as marked impairment of age appropriate fine motor skills would be rated here.
3	The youth has severe or profound fine motor deficits. Complete absence of manual skills would be rated here.

## Leisure

<b>Check</b>	<b>RESTRICTED INTERESTS</b> <i>This item describes highly circumscribed (limited or confined, especially narrowly) or unusual/bizarre interests that are not usually seen.</i>
0	Youth has varied and age-appropriate interests in objects and the environment. No evidence of preoccupations in the youth.
1	Youth has some age-appropriate interests in objects and the environment, but can also demonstrate preoccupations that have mild or occasional interference with functioning.
2	Youth frequently demonstrates excessive preoccupations, or odd interests, but may have some age-appropriate interests in objects and the environment which interferes in a notable way with functioning.
3	Youth's interests are almost completely preoccupied with a specific focus that is disabling or dangerous.

<b>Check</b>	<b>PLAYFULNESS WITH OTHERS</b> <i>This rating describes the youth's enjoyment of play with others based on observable or verbalized interest.</i>
0	This level indicates a youth with substantial ability to play with others. Youth enjoys varied interactive play with peers or caregivers.
1	This level indicates a youth with good play abilities. Youth may enjoy play inconsistently with others, or in only highly supported situations.
2	This level indicates a youth with limited ability to enjoy play. Youth may remain preoccupied with other youth or adults to the exclusion of engaging in play, or show inhibition.
3	This level indicates a youth who has significant difficulty with play with others. Youth is averse/oblivious to the presence of others.

## Safety

<b>Check</b>	<b>MONITORING</b> <i>This dimension describes the level of adult monitoring needed to address the safety and functioning need of the youth.</i>
0	Youth has minimal monitoring needs. For example, caregiver could leave the house to run an errand of at least 30 minutes.
1	Youth has some monitoring needs. For example, a caregiver would need to check on the individual more than every 30 minutes or so during awake hours, but not during asleep hours.
2	Youth has significant monitoring needs. For example, a caregiver would need to be in the same room or nearby most of the time during awake hours and nearby during asleep hours.
3	Youth needs 24-hour awake monitoring.

<b>Check</b>	<b>EXPLOITATION</b> <i>This rating is used to examine a history and level of current risk for exploitation (victimization) which includes being taken advantage of by others, physical or sexual abuse.</i>
0	This rating indicates a youth with no evidence of recent exploitation and no history of significant exploitation within the past year. The youth may have been exploited in the past, but no pattern of exploitation exists. Youth is not presently at risk for exploitation.
1	This rating indicates a youth with a history of exploitation but who has not been exploited to any significant degree in the past year. Youth is not presently at risk for re-exploitation.
2	This rating indicates a youth who has been recently exploited within the past year but is not in acute (very serious or dangerous; requiring serious attention or action) risk for re-exploitation.
3	This rating indicates a youth who has been recently exploited and is in acute (very serious or dangerous; requiring serious attention or action) risk for re-exploitation.

<b>Check</b>	<b>INDEPENDENT LIVING (Age 16-21)</b> <i>Please rate the highest level from the past 30 days.</i>
N/A	This item is not applicable; youth is < 16 years of age.
0	Youth/young adult is maturing at an average or advanced pace to eventually live on his/her own. There is no evidence of deficits in learning independent living skills at this time.
1	Youth/young adult is somewhat delayed in acquiring information about independent living and/or delayed in demonstrating age appropriate independent living skills. Some problems exist in maintaining reasonable cleanliness, diet, finances, or time management, etc. youth/young adult needs to learn additional independent living skills. These problems are generally addressable with training or supervision.
2	Youth/young adult is moderately delayed in acquiring information about independent living skills and/or moderately delayed in demonstrating those skills. Notable problems exist in maintaining reasonable cleanliness, diet, finances, time management, etc. These problems are generally addressable with in-home services and supports.
3	Youth/young adult is clearly delayed in acquiring information about independent living skills and/or is clearly not demonstrating those skills. Given his/her current age and impairments, the youth/young adult will almost certainly need a structured and supervised living environment in young adulthood.

**\* DD eligibility requires that the youth's disability results in substantial functional limitations in three or more of the following areas of major life activity:**

**Self-Care; Receptive and Expressive Language; Learning; Mobility; Self-Direction; Capacity for Independent Living; or Economic Self-Sufficiency and the following which are in Transition Module- Use of Community Resources; Work; Capacity for Independent Living or Economic Self-Sufficiency.**

## MEDICAL MODULE

### Current Medical Conditions

Check all that apply

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Allergies                   | <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Cerebral Palsy                | <input type="checkbox"/> Diabetes     |
| <input type="checkbox"/> Genetic Disorders (specify) | <input type="checkbox"/> Heart Disease          | <input type="checkbox"/> Juvenile Rheumatoid Arthritis | <input type="checkbox"/> Obesity      |
| <input type="checkbox"/> Pregnancy                   | <input type="checkbox"/> Seizure Disorder       | <input type="checkbox"/> Sleep Disorder                | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Thyroid Disorder            | <input type="checkbox"/> Traumatic Brain Injury |  |                                       |
| <input type="checkbox"/> Other                       |   |  |                                       |

Other current medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is youth receiving treatment for medical conditions listed above?

- Yes       No

If no, describe reason and any barriers accessing medical care (e.g. transportation, insurance, etc.)

\_\_\_\_\_  
\_\_\_\_\_

If yes, please list name and medical provider type, along with medications prescribed.

\_\_\_\_\_  
\_\_\_\_\_

Does youth have 3 or more medical providers managing care and/or prescribing medications?

- Yes       No

Do you anticipate future needs based upon on the youth's chronic and/or progressive medical condition? (If yes, please describe):

\_\_\_\_\_  
\_\_\_\_\_

Does youth require any special assistive devices or special accommodations for communication, learning, or mobility needs?

- Yes       No

If yes, please describe

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<b>Check</b>	<b>PAIN</b> <i>Please respond to the following inquiry: What is the youth's tolerance level to physical discomfort of medical condition? This item describes the youth's experience of pain or the caregiver's perception of the youth's pain experience.</i>
0	No evidence that the youth is experiencing pain.
1	Youth appears to be experiencing some pain, but it is either mild or intermittent and manageable.
2	Youth appears to be experiencing pain that interferes with his/her functioning or causes caregiver(s) a distress.
3	Youth appears to be experiencing pain that is severe and/or persistent. Pain is life limiting or caregiver(s) experience of the youth's pain is interfering with their ability to cope with the youth's health status.

<b>Check</b>	<b>IMPAIRMENT IN FUNCTIONING</b> <i>Please respond to the following inquiry: How stable is youth's medical condition? Could youth's medical condition distract youth from recovery and treatment? What intervention is required to support youth to overcome distraction of biomedical condition?</i>
0	Youth's medical condition is not interfering with his/her functioning in other life domains.
1	Youth's medical condition is having a limited impact on his/her functioning in at least one other life domain.
2	Youth's medical condition is interfering with functioning in more than one life domain or is disabling in at least one.
3	Youth's medical condition has disabled him/her in all other life domains.

<b>Check</b>	<b>ACCESS TO HEALTH CARE</b> <i>This item refers to anything in the past that served as an obstacle, hindering the family's access to healthcare. This can include, but is not limited to financial/insurance problems, geographical location, family issues, and language or cultural barriers.</i>
0	Adequate access to care with insurance coverage stability.
1	Some limitations in access to health care due to financial/insurance problems, geographic reasons, family issues, language or cultural barriers.
2	Difficulties in accessing care due to financial/insurance problems, geographic reasons, family issues, language or cultural barriers.
3	No adequate access to care due to financial/insurance problems, geographic reasons, family issues, language or cultural barriers.

<b>Check</b>	<b>YOUTH ACCOUNTABILITY FOR MEDICAL CARE PLAN</b> <i>This question rates the degree to which the youth takes responsibility that is appropriate to his/her developmental level to follow the prescribed medical care plan, take prescribed medications, comply with self-care and health monitoring tasks, adhere to dietary and physical activity instructions, appropriately use assistive device(s) and/or carry needed medications, devices or supplies.</i>
0	Youth almost always demonstrates responsibility appropriate to his/her developmental level for the medical care plan, and requires only occasional adult prompts and reminders.
1	Youth frequently demonstrates responsibility appropriate to his/her developmental for the medical care plan, but requires repeated adult prompts and reminders.
2	Youth sometimes demonstrates responsibility appropriate to his/her developmental level for the medical care plan and responds sporadically to adult prompts and reminders.
3	Youth seldom demonstrates responsibility appropriate to his/her developmental level for the medical care plan and rarely responds to adult prompts and reminders.

<b>Check</b>	<b>FAMILY MANAGEMENT OF MEDICAL CONDITION</b> <i>This item reflects the degree of family resiliency and coping skills in managing the day to day needs of the youth's medical condition as well as managing exacerbations of acute illness without major impact in family functioning</i>
0	Family demonstrates highly effective management skills in handling the youth's medical condition with rare disruption in family functioning.
1	Family demonstrates moderately effective management skills in handling the youth's medical condition with only intermittent disruption in family functioning.
2	Family demonstrates minimally effective management skills in handling the youth's medical condition and there is frequent disruption in family functioning.
3	Family does not demonstrate effective management skills in handling the youth's medical condition and there is nearly continuous disruption in family functioning.

## TRAUMA MODULE

### Section I

#### Traumatic/Adverse Childhood Experiences

*Section 1 of Trauma Module does not contain outcomes questions, rather information gathering. Please note that some of the items in Section 1 can happen during course of CSOC involvement and therefore may impact on other outcome items.*

What Trauma Treatment/Services have been tried in the past and have been helpful?

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What Trauma Treatment/Services have been tried in the past and not been helpful?

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Recommendations for Treatment Approach:

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<i>Check</i>	<b>SEXUAL ABUSE</b> <i>This rating describes the youth's experience of sexual abuse.</i>
0	There is no evidence that youth has experienced sexual abuse.
1	There is a suspicion that the youth has experienced sexual abuse with some degree of evidence or the youth has experienced "mild" sexual abuse including but not limited to direct exposure to sexually explicit materials. Evidence for suspicion of sexual abuse could include evidence of sexually reactive behavior as well as exposure to a sexualized environment or Internet predation. Children who have experienced secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) also would be rated here.
2	Youth has experienced one to two incidents of sexual abuse that were not chronic or severe. This might include a youth who has experienced molestation without penetration on a single occasion.
3	Youth has experienced severe or chronic sexual abuse with multiple episodes or lasting over an extended period of time. This abuse may have involved penetration, multiple perpetrators, and/or associated physical injury.

<i>Check</i>	<b>PHYSICAL ABUSE</b> <i>This rating describes the youth's experience of physical abuse.</i>
0	There is no evidence that the youth has experienced physical abuse.
1	There is a suspicion that the youth has experienced physical abuse but no confirming evidence. Spanking that does not leave marks or does not use items such as cords or belts would be included here. The threat of physical harm without actual harm inflicted also qualifies here.
2	Youth has experienced a "moderate" level of physical abuse. This may include one or more incidents of physical punishment (e.g., hitting, punching) or intentional harm that results in injuries, such as bruises or marks. It may also include the use of items such as cords or belts.
3	Youth has experienced "severe and repeated" physical abuse with intent to do harm and/or that causes sufficient physical harm to necessitate hospital treatment.

<b>Check</b>	<b>EMOTIONAL ABUSE</b> <i>This rating describes the degree of severity of emotional abuse, including verbal and nonverbal forms. This item includes psychological maltreatment such as insults or humiliation towards a youth.</i>
0	There is no evidence that the youth has experienced emotional abuse.
1	Youth has experienced mild emotional abuse. For instance, youth may experience some insults or is occasionally referred to in a derogatory manner by caregivers or may have been at times denied emotional support/attention by caregivers.
2	Youth has experienced a moderate degree of emotional abuse. For instance, youth may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.
3	Youth has experienced significant or severe emotional abuse over an extended period of time (at least one year). For instance, youth is completely ignored by caregivers, or threatened/terrorized by others.

<b>Check</b>	<b>NEGLECT</b> <i>This rating describes the severity of neglect an individual has experienced. Neglect can refer to a lack of food, shelter, or supervision (physical neglect), lack of access to needed medical care (medical neglect), denial of emotional attention and/or support from caregivers (emotional neglect), or failure to receive academic instruction (educational neglect).</i>
0	There is no evidence that the youth has experienced neglect.
1	Youth has experienced minor or occasional neglect. Youth may have been left at home alone for a number of hours with no adult supervision or there may be occasional failure to provide adequate supervision of youth.
2	Youth has experienced a moderate level of neglect. Youth may have been left home alone overnight or there may be occasional failure to provide adequate food, shelter, clothing, or emotional support with corrective action.
3	Youth has experienced a severe level of neglect including multiple and/or prolonged absences (e.g., a day or more) by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

<b>Check</b>	<b>EMOTIONAL CLOSENESS TO PERPETRATOR (S)</b> <i>This rating describes the level of relationship between the youth and the perpetrator(s). If multiple perpetrators exist, please rate the closest relationship and specify relationship in the comment section.</i>
0	Perpetrator was a stranger at the time of the traumatic event(s).
1	Perpetrator was known to the youth at the time of event(s) but only as an acquaintance.
2	Perpetrator had a close relationship with the youth at the time of the event(s) but was not an immediate family member.
3	Perpetrator was an immediate family member (e.g., parent, sibling).

<b>Check</b>	<b>MEDICAL TRAUMA</b> <i>This rating describes the severity of medical trauma. Not all medical procedures are experienced as traumatic. Medical trauma results when a medical experience is perceived by the youth as mentally or emotionally overwhelming. Potential medical traumas may include, but are not limited to, the following examples: the onset of a life threatening illness; sudden painful medical event; chronic medical condition resulting from an injury or illness or another type of traumatic event.</i>
0	There is no evidence that the youth has experienced medical trauma.
1	Youth had a medical experience that was perceived by the youth as mildly overwhelming. Examples include events that were acute in nature and did not result in ongoing medical needs and associated distress such as minor surgery, stitches, or a bone setting.
2	Youth had a medical experience that was perceived by the youth as moderately emotionally or mentally overwhelming. Such events might include acute injuries and moderately invasive medical procedures such as major surgery that require only short term hospitalization.
3	Youth had a medical experience that was perceived by the youth as extremely emotionally or mentally overwhelming. The event itself may have been life threatening and may have resulted in chronic health problems that alter the youth's physical functioning.

<b>Check</b>	<b>WITNESS TO FAMILY VIOLENCE</b> <i>This rating describes the severity of exposure/observation of family violence.</i>
0	There is no evidence that youth has witnessed family violence.
1	Youth has witnessed one episode of family violence and there was no lasting injury.
2	Youth has witnessed repeated episodes of family violence but no significant injuries (i.e., those requiring emergency medical attention) have been witnessed.
3	Youth has witnessed repeated and severe episodes of family violence <u>or</u> has intervened in one or more episodes of family violence. Significant injuries have occurred and have been witnessed (i.e., seen or heard) by the youth as a direct result of the violence.

<b>Check</b>	<b>WITNESS TO SCHOOL AND COMMUNITY VIOLENCE</b> <i>This rating describes the severity of exposure to school/community violence.</i>
0	There is no evidence that the youth has witnessed or experienced violence at school or in the community.
1	Youth has witnessed occasional fighting or other forms of violence at school or in the community. Youth has not been directly impacted by the school or community violence (i.e., violence not directed at self, family, or friends) and exposure has been limited.
2	Youth has witnessed multiples instances of school or community violence and/or the significant injury of others in his/her community, or has had friends/family members injured as a result of violence or criminal activity at school or in the community, or is the direct victim of violence/criminal activity that was not life threatening.
3	Youth has witnessed or experienced severe and repeated instances of school or community violence and/or the death of another person in his/her school or community as a result of violence, or is the direct victim of violence/criminal activity at school or in the community that was life threatening, <u>or</u> has experienced chronic/ongoing impact as a result of school or community violence (e.g. family member/fellow student injured and no longer able to work or attend school).



<b>Check</b>	<b>NATURAL OR MAN-MADE DISASTERS</b> <i>This rating describes the severity of exposure to either natural or man-made disasters.</i>
0	There is no evidence that the youth has been exposed to natural or man-made disasters.
1	Youth has been exposed to disasters second-hand (e.g., on television, hearing others discuss disasters). This would include second-hand exposure to natural disasters such as a fire or earthquake or man-made disasters, including a car accident, plane crash, or bombing.
2	Youth has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, a youth may observe a caregiver who has been injured in a car accident or fire or watch his neighbor's house burn down.
3	Youth has been directly exposed to multiple and severe natural or man-made disasters and/or a disaster that caused significant harm or death to a loved one or there is an ongoing impact of life disruption due to the disaster (e.g., house burns down, caregiver loses job).

<b>Check</b>	<b>WITNESS/VICTIM TO CRIMINAL ACTIVITY</b> <i>This rating describes the severity of exposure to criminal activity. Criminal activity includes any behavior for which an adult could go to prison including drug dealing, prostitution, human trafficking, illegal gang activity, assault, or battery.</i>
0	There is no evidence that the youth has been victimized or witnessed significant criminal activity.
1	There is a strong suspicion or evidence that the youth is a witness of at least one significant criminal activity. For instance, a youth may have been exposed to one type of criminal event but without necessarily having a direct impact on the youth.
2	Youth has witnessed multiple incidents or a type of criminal activities, is a direct victim of criminal activity, and/or witnessed the victimization of a family member or friend. This could include exposure to more than one type of criminal activity, or exposure to ongoing drug use, drug dealing, or prostitution without causing injury or harm to the youth.
3	Youth has been exposed to chronic and/or severe instances of criminal activity and/or is a direct victim of criminal activity that was life threatening or caused significant physical harm or youth witnessed the death of a loved one. This could include chronic or significant exposure to criminal activity in multiple forms or direct involvement in these activities which may put them at significant risk of harm (e.g., in middle of drug dealing, may be forced into human trafficking, etc.).

<b>Check</b>	<b>PARENTAL CRIMINAL BEHAVIOR</b> <i>(Birth parents and legal guardians only) This item rates the criminal behavior of both biological and stepparents, and other legal guardians, <u>not</u> foster parents.</i>
0	There is no evidence that the youth's parents have ever been engaged in the criminal justice system.
1	One of the youth's parents has a history of criminal behavior AND involvement in the criminal justice system but youth has not been in contact with this parent for at least one year.
2	One of the youth's parents has a history of criminal behavior resulting in a conviction or incarceration and youth has been in contact with this parent within the past year.
3	Both of the youth's parents have a history of criminal behavior resulting in incarceration.

<b>Check</b>	<b>DISRUPTIONS IN CAREGIVER/ATTACHMENT LOSSES</b> <i>This item describes the extent to which the youth has been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses. Children who have had placement changes including stays in resource family care, out-of-home treatment programs, or juvenile justice settings should be rated here. Short term hospital stays or brief juvenile detention stays, during which the youth's caregiver remains the same, would <u>not</u> be rated here.</i>
0	There is no evidence that the youth has experienced disruptions in caregiving and/or attachment losses.
1	Youth may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, such as a relative (e.g., youth shifted from care of biological mother to maternal grandmother). Youth may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may be temporary or permanent.
2	Youth has been exposed to two or more disruptions in caregiving with known alternate caregivers, <u>or</u> the youth has had at least one disruption involving placement with an unknown caregiver. Children who have been placed in resource family care or other out-of-home care such as out-of-home treatment settings would be rated here.
3	Youth has been exposed to multiple/repeated placement changes (i.e., 3+ placements with a known caregiver or 2+ with unknown caregiver) resulting in caregiving disruptions in a way that has disrupted various domains of a youth's life (i.e. loss of community, school placement, peer group). Examples would include a youth in several short-term unknown placements (i.e. moved from emergency care to additional resource family care placements, multiple transitions in and out of the family-of-origin (i.e. several cycles of removal and reunification), or multiple episodes of out-of-home treatment.

## **Section II**

### **Traumatic Stress Symptoms**

<b>Check</b>	<b>TRAUMATIC GRIEF</b> <i>This rating describes the level of traumatic grief the youth is experiencing due to the death or loss/separation from significant caregivers, siblings, or other significant figures.</i>
0	There is no evidence that the youth is experiencing traumatic grief reactions or separation from the loss of significant caregivers. Either the youth has not experienced a traumatic loss (e.g. death of a loved one) or the youth has adjusted well to separation.
1	Youth is experiencing a mild level of traumatic grief due to the death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation.
2	Youth is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in some, but not all areas of daily functioning. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
3	Youth is experiencing significant traumatic grief reactions. Youth exhibits impaired functioning across most or all areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

<i>Check</i>	<b>AFFECTIVE AND/OR PHYSIOLOGICAL DYSREGULATION</b> <i>These symptoms are characterized by difficulties with arousal regulation. This can include difficulties modulating or expressing emotions and energy states such as emotional outbursts or marked shifts in emotions, overly constricted emotional responses, and intense emotional responses, and/or evidence of constricted, hyper-aroused, or quickly fluctuating energy level. The youth may demonstrate such difficulties with a single type or a wide range of emotions and energy states. This can also include difficulties with regulation of body functions, including disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. The youth’s behavior likely reflects their difficulty with affective and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities. NOTE: This item should be rated in the context of what is normative for a youth’s age and developmental stage.</i>
0	Youth has no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.
1	Youth is exhibiting some minor and occasional difficulties with affect/physiological regulation. This youth could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hyper vigilant in general or have some difficulties with regulating body functions (e.g., sleeping, eating, or elimination). This youth may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.
2	Youth is exhibiting moderate problems with affect/physiological regulation. This youth has difficulty/may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. This youth may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). This youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or have persistent physical or somatic complaints. This youth’s behavior likely reflects difficulties with affective or physiological over-arousal or reactivity (e.g. silly behavior, loose active limbs) or under-arousal (e.g., lack of movement and facial expressions, slowed walking and/or talking).
3	Youth is exhibiting severe and chronic problems with highly dysregulated affective and/or physiological responses. This youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). This youth may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, this youth may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally “shut down”). This youth may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or with elimination problems.

<b>Check</b>	<b>RE-TRAUMATIZATION</b> <i>These symptoms consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of events, and repetitive play with themes of specific traumatic experiences.</i>
0	There is no evidence of intrusive symptoms.
1	Youth is exhibiting some problems with re-traumatization symptoms, such as occasional intrusive thoughts, distressing memories, and/or nightmares about traumatic events.
2	Youth is exhibiting moderate difficulties with re-traumatization, such as frequent intrusive symptoms/distressing memories. This youth may have recurrent frightening dreams (i.e., multiple times a week) with or without recognizable content or recurrent distressing thoughts, images, perceptions, or memories of traumatic events. This youth may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions (i.e. racing heart, somatic complaints) to exposure to traumatic cues. These symptoms interfere with youth's functioning in at least one area.
3	Youth is exhibiting significant problems with re-traumatization, such as frequent and overwhelming intrusive symptoms/distressing memories. This youth may exhibit trauma-specific reenactments that include sexually or physically harmful behavior that could be traumatizing to other children or sexual play with adults or related behaviors that put the safety of the youth or others at risk. This youth may also exhibit persistent flashbacks, delusions, or hallucinations related to the trauma that impedes the youth's functioning in multiple areas.

<b>Check</b>	<b>HYPER-AROUSAL</b> <i>These symptoms include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Children may also commonly manifest physical symptoms such as stomach aches and headaches.</i>
0	There is no evidence of hyper-arousal symptoms.
1	Youth exhibits mild hyper-arousal that does not significantly interfere with his or her day-to-day functioning. Children may also occasionally manifest distress-related physical symptoms such as stomach aches and headaches.
2	Youth is exhibiting moderate symptoms of hyper-arousal or physiological reactivity associated with the traumatic event(s). The youth may exhibit one significant symptom or a combination of two or more of the following symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Children who commonly manifest distress-related physical symptoms such as stomach aches and headaches would be rated here. Symptoms are distressing for the youth and/or caregiver(s) and negatively impact day-to-day functioning.
3	Youth is exhibiting multiple and or severe hyper-arousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. The intensity or frequency of these symptoms are overwhelming for the youth and impede day-to-day functioning in many areas.

<b>Check</b>	<b>AVOIDANCE</b> <i>These symptoms include efforts to avoid stimuli associated with traumatic experiences.</i>
0	There is no evidence of avoidance symptoms.
1	Youth is exhibiting some avoidance. This youth may exhibit one primary avoidant symptom, including efforts to avoid thoughts, feelings, or conversations associated with the trauma.
2	Youth is exhibiting moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, the youth may also avoid activities, places, or people that arouse recollections of the trauma.
3	Youth is exhibiting significant or multiple avoidant symptoms. This youth may avoid thoughts and feelings as well as situations and people associated with the trauma and may be unable to recall important aspects of the trauma.

<b>Check</b>	<b>NUMBING</b> <i>These responses were not present before the trauma.</i>
0	No evidence of numbing responses.
1	Youth is exhibiting some problems with numbing. This youth may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).
2	Youth is exhibiting moderately severe numbing responses. This youth may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
3	Youth is exhibiting significant numbing responses or multiple symptoms of numbing. This youth may have a markedly diminished interest or participation in significant activities and a sense of foreshortened future.

<b>Check</b>	<b>DISSOCIATION</b> <i>Symptoms included in this dimension are daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences.</i>
0	No evidence of dissociation.
1	Youth is exhibiting minor dissociative problems, including some emotional numbing, avoidance of detachment, and some difficulty with forgetfulness, daydreaming, spacing, or blanking out.
2	Youth is exhibiting a moderate level of dissociation. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g. loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorder NOS or another diagnosis that is specified “with dissociative features”.
3	Youth is exhibiting severe dissociative disturbances. This can include significant memory difficulties associated with trauma that also impede day-to-day functioning. Youth is frequently forgetful or confused about things he/she should know about (e.g. no memory about activities or whereabouts of previous day or hours). Youth shows rapid changes in personality or evidence of distinct personalities. Youth who meets criteria for Dissociative Identity Disorder (DID) or a more severe level of Dissociative Disorder NOS would be rated here.

<b>Check</b>	<b>REACTIVE SEXUAL BEHAVIOR</b> <i>Please rate using time frames provided in the anchors.</i>
0	Youth has not engaged in any sexual behavior that appears to be imitating previous sexual abuse.
1	Youth has a history of sexual abuse that places him or her at risk of sexually reactive behavior or has a history of sexual behavior that appears to imitate or mirror prior abuse but has not engaged in such behavior for more than one year.
2	Youth engages in sexual behavior that imitates/mirrors or is related to previous sexual abuse in the past year.
3	Youth engages in sexual behavior that mirrors or is related to previous sexual abuse that places either the youth or others in significant danger of harm in the past year.

## SUBSTANCE USE MODULE

<b><u>SUBSTANCE USE</u></b>					
<i>Please check off the youth's substance(s) use and indicate active or history of use:</i>					
<b><u>DRUG</u></b>	<b><u>ACTIVE</u></b> <small>(defined as within 30 days)</small>	<b><u>HISTORY</u></b>	<b><u>AGE OF 1<sup>ST</sup></u></b> <b><u>USE</u></b>	<b><u>LAST USE</u></b>	<b><u>AMOUNT USED</u></b>
Alcohol					
Amphetamine					
Barbiturates					
Benzodiazepines					
Cannabis					
Synthetic Cannabis					
Cocaine					
Ecstasy					
Hallucinogens					
Inhalants					
Tobacco					
Opiates-Heroin					
Other Opiates					
Rx Prescriptions					
OTC Medications					
Other (specify) _____					
Other (specify) _____ _____					

<b>Check</b>	<b>ACUTE INTOXICATION OR WITHDRAWAL POTENTIAL</b> <i>This rating assesses symptoms of intoxication and/or withdrawal. Please specify substance(s) of use within the comment section.</i>
0	No evidence that the youth is experiencing acute intoxication or withdrawal. Youth is currently stable.
1	Youth is at minimal risk of severe withdrawal. Youth can tolerate and cope with the withdrawal discomfort (if withdrawal symptoms are present), mild intoxication, or signs or symptoms pose no imminent danger.
2	Youth is experiencing moderate signs and symptoms of severe withdrawal. Poor ability to tolerate and cope with withdrawal. Could pose an imminent danger to self or others. Please specify any presenting withdrawal symptoms (e.g., insomnia, cold sweats, anxiety, headaches, etc.).
3	Youth is experiencing signs and symptoms of withdrawal and poses a danger. Youth is incapacitated and is in need of medically monitored detoxification treatment.

<b>Check</b>	<b>FREQUENCY</b> <i>This rating assesses the frequency of the youth's substance use. Please specify substance(s) of use within comment section.</i>
0	Youth is currently abstinent and has maintained abstinence for at least six months.
1	Youth is currently abstinent, but only in the past 30 days or has been abstinent for more than 30 days, but is living in an environment that makes substance use difficult.
2	Youth actively uses substances, but not daily.
3	Youth uses substances on a daily basis.

<b>Check</b>	<b>DURATION OF USE</b> <i>This rating assesses the amount of time that the youth has used substances. Please specify substance(s) of use within comment section.</i>
0	Youth is either currently abstinent and has maintained abstinence for at least one year.
1	Youth has been using substances within the past year, but has had periods of at least 30 days where he/she did not have any use.
2	Youth has been using substances for at least one year (but less than five years), but not daily.
3	Youth has been using substances daily for more than the past year or intermittently for at least five years.

<b>Check</b>	<b>ENVIRONMENTAL INFLUENCES</b> <i>This rating should be considered for any environment that the youth interacts with, which may include, but not limited to, peer group, school, work, community, and home/family environment.</i>
0	No evidence that the youth's environment stimulates or exposes the youth to any alcohol or drug use.
1	Mild problems in the youth's environment that might expose the youth to alcohol and drugs.
2	Moderate problems in the youth's environment that clearly exposes the youth to alcohol and drug use.
3	Severe problems in the youth's environment that stimulates the youth to engage in alcohol and drug use.

<b>Check</b>	<b>SUBSTANCE USE AND RISK BEHAVIOR</b> <i>Refers to the degree of which the youth's substance use is linked to high risk behaviors.</i>
0	No evidence that the youth engaged in additional risk behavior when using/abusing substances.
1	Some evidence that the youth made poor decisions such as truancy or declining grades when using/abusing substances.
2	Evidence that the youth engaged in moderate risk behavior such as stealing, arguing, and/or fighting when using/abusing substances.
3	Youth engaged in more severe risk behavior including violent acts/aggression when using/abusing substances.

## PROBLEMATIC SEXUAL BEHAVIOR MODULE

### Section I

**Date of most recent problematic sexual behavior:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- a) Note: Problematic sexual behavior is defined as non-consenting sexual activity initiated by the youth in which one of the following conditions apply: use or threat of physical force, age differential, power differential. A youth is only assessed on this dimension if they were an active abuser in this form of sexual abuse of another person. Please complete this module based on information provided in the youth's psychosexual evaluation or treatment plan.

Describe the most recent behavior (include activity, circumstances, reasons and results):

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Was sexual act against a family member? (Circle Response) Yes No Identify \_\_\_\_\_

Is the youth currently subject to the provisions of Megan's Law? (Circle response) YES NO TIER  
I II III

What treatment/services have been tried in the past and have been helpful?

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What treatment/services have been tried in the past and not been helpful?

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Recommendations for Treatment Approach:

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<b>Check</b>	<b>RELATIONSHIP</b> <i>Refers to the relationship between the parties involved in a sexual act. This rating includes any position of power as well as the level of consent between the youth and the other party.</i>
0	No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.
1	Although parties appear to be consenting, there is a significant power differential between parties in the sexual activities with this youth being in the position of authority.
2	Youth has clearly victimized at least one other individual with sexually abusive behavior.
3	Youth has severely victimized at least one other individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with the sexual behavior.



<b>Check</b>	<b>PHYSICAL FORCE/THREAT</b> <i>This rating describes any threat of <u>or</u> use of force towards a victim during a sexual act.</i>
0	No evidence of the use of any physical force or threat of force in either the commission of the sexual act or in attempting to hide it.
1	Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sexual act.
2	Evidence of the use of mild to moderate force in the sexual act. There is some physical harm or risk of physical harm.
3	Evidence of severe physical force in the commission of the sexual act. Victim was harmed or is at risk of physical harm from the use of force.

<b>Check</b>	<b>PLANNING</b> <i>This rating refers to any planning that was involved in relation to a sexual act.</i>
0	No evidence of any planning. Sexual activity appears entirely opportunistic.
1	Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity is enhanced.
2	Evidence of some planning of sex act.
3	Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.

<b>Check</b>	<b>AGE DIFFERENTIAL</b> <i>This rating describes the age difference between the youth and the victim of a sexual act.</i>
0	Ages of the youth and victim and/or participants essentially equivalent (less than 3 years apart).
1	Age differential between youth and victim and/or participants is 3 to 4 years.
2	Age differential between youth and victim at least 5 years, but youth less than 13 years old.
3	Age differential between youth and victim at least 5 years and youth is 13 years old or older.

<b>Check</b>	<b>TYPE OF SEX ACT</b> <i>This rating refers to the type(s) of sexual act that was involved between the youth and victim.</i>
0	Sex act(s) involve touching or fondling only.
1	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.
2	Sex act(s) involve penetration into genitalia or anus with body part.
3	Sex act involves physically dangerous penetration due to differential size or use of an object.

<b>Check</b>	<b>TEMPORAL CONSISTENCY</b> <i>This rating refers to the duration of the youth's problematic sexual behavior.</i>
0	The youth has not engaged in problematic sexual behavior or has developed this behavior only within the past three months following a clear stressor.
1	The youth has engaged in problematic sexual behavior during the past two years OR within the past three months despite the absence of any clear stressors.
2	The youth has engaged in problematic sexual behavior for an extended period of time (e.g. more than two years), but who has had significant symptom-free periods.
3	The youth has engaged in problematic sexual behavior for an extended period of time (e.g. more than two years) without significant symptom-free periods.

<b>Check</b>	<b>HISTORY OF PROBLEMATIC SEXUAL BEHAVIOR TOWARDS OTHERS</b> <i>This rating refers to the frequency of the youth's problematic sexual behavior.</i>
0	Youth has only one incident of problematic sexual behavior that has been identified and/or investigated.
1	Youth or adolescent has two or three incidents of problematic sexual behavior that have been identified and/or investigated.
2	Youth or adolescent has four to ten incidents of problematic sexual behavior that have been identified and/or investigated with more than one victim.
3	Youth or adolescent has more than ten incidents of problematic sexual behavior with more than one victim.

<b>Check</b>	<b>SEVERITY OF SEXUAL ABUSE</b> <i>This rating should be considered if there is a suspicion or evidence that the youth is a victim of past sexual abuse, which includes the type of sexual abuse as well as the relationship between the youth and their abuser.</i>
0	No history of any form of sexual abuse.
1	History of occasional fondling or being touched inappropriately, however, not occurring on a regular basis or by someone in a caregiver capacity or suspicion of history of sexual abuse without confirming evidence.
2	This level is to indicate a moderate level of sexual abuse. This may involve a youth who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.
3	This level is to indicate a severe level of sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the youth.

<b>Check</b>	<b>PRIOR TREATMENT</b> <i>This rating refers to the youth's history and outcome of treatment for problematic sexual behavior. Please specify treatment intervention and outcome in comment section.</i>
0	No history of prior treatment or history of outpatient treatment with notable positive outcomes.
1	History of outpatient treatment which has had some degree of success.
2	History of out-of-home treatment where there has been successful completion of program.
3	History of out-of-home or outpatient treatment condition with little or no success.

## **Section II**

<b>Check</b>	<b>RESPONSE TO ACCUSATION</b> <i>This rating assesses the youth's response to the allegation of problematic sexual behavior.</i>
0	Youth admits to behavior and expresses remorse and desire to not repeat.
1	Youth partially admits to behaviors and expresses some remorse.
2	Youth admits to behavior but does not express remorse.
3	Youth neither admits to behavior nor expresses remorse. Youth is in complete denial.

<b>Check</b>	<b>MANAGEMENT OF RISK</b> <i>This item is used to examine the youth's ability and willingness to identify with his/her problematic sexual behavior and their compliance in following a risk management plan that will decrease their risk of future problematic sexual behavior.</i>
0	Youth displays the ability and willingness to fully identify with his/her problematic sexual behavior and is consistently following a clear risk management plan to decrease this behavior.
1	Youth displays the ability and willingness to identify with his/her problematic sexual behavior and follows their risk management plan most of the time.
2	Youth displays some ability and willingness to identify with his/her problematic sexual behavior and inconsistently follows their risk management plan in order to decrease their risk for future behavior.
3	Youth displays minimal to no ability or willingness to identify with his/her problematic sexual behavior and does not follow their risk management plan in order to decrease their risk for future behavior.

<b>Check</b>	<b>TREATMENT COMPLIANCE</b> <i>This item is used to examine the youth's overall cooperation and compliance with treatment expectations.</i>
0	Youth is consistently cooperative and compliant with treatment expectations.
1	Youth is generally cooperative and compliant with treatment expectations. There are sporadic occasions by which the youth is late to treatment meetings and/or does not complete treatment-related tasks and exercises.
2	Youth is inconsistently cooperative and compliant with treatment expectations. Youth is frequently late to treatment meetings and/or consistently does not complete treatment-related tasks and exercises.
3	Youth is non-compliant with treatment expectations. Youth refuses to attend treatment meetings and refuses to complete treatment-related tasks and exercises.

## LEGAL/JUVENILE JUSTICE (JJ) MODULE

### **Section I**

Date of most recent incident resulting in legal charges: \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe any current court orders, including dates and status of charges.

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During the past year, has the youth received charges related to property destruction? **YES NO**  
If YES, include date(s) of incident(s), provide a clear description of behaviors and specify if injury occurred. \_\_\_\_\_

Has the youth used a weapon in the commission of an act of delinquency? **YES NO**  
If YES, include date(s) of the incident(s), type of weapon used and whether injuries occurred.

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Has the youth received any charges related to the possession or distribution of illegal substances?  
**YES NO**  
If YES, include date(s) of the incident(s), type of substance. \_\_\_\_\_

Juvenile Justice Commission Contact Person (for youth currently incarcerated):  
Telephone: \_\_\_\_\_

Probation/Parole Officer: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Current living situation of youth and date of admission, if applicable (include detention, JJC-Secure Location, JJC-Non Secure Location, County ACC (Adult Correction Center), Other (please specify))

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Provide details if youth is home with electronic monitoring and/or active court restrictions:  
Comments: \_\_\_\_\_

Prior and Current Interventions:

Type	Program(s) / Modality(ies)	Prior/Current (must be indicated for each type of intervention)
Court Intervention / Sanction (In-home detention; Electronic monitoring, Day programs, probation supervision etc.)		
Treatment Intervention through MDT/Court/County contracts, JISP (Juvenile Intensive Supervision Program), CRIS (Community Reintegration Services), Other (Please specify)		

<i>Check</i>	<b>SERIOUSNESS</b> <i>This rating describes the degree of severity of active / pending charges.</i>
0	Youth has engaged only in status violations (e.g. curfew, violation of probation, etc.).
1	Youth has engaged in behavior resulting in legal charges with no identified victim (e.g. theft, property damage).
2	Youth has engaged in behavior resulting in legal charges with an identified victim (e.g. assault).
3	Youth has engaged in behavior resulting in legal charges with an identified victim with serious injuries.

<i>Check</i>	<b>HISTORY</b> <i>This rating describes any behaviors youth has exhibited that led to court involvement.</i>
0	This incident led to youth's first involvement with the juvenile justice system.
1	Youth has received charges related to multiple incidents in the last year.
2	Youth has engaged in multiple delinquent acts for more than one year but has had periods of at least 3 months where he/she did not engage in delinquent behavior.
3	Youth has engaged in multiple criminal or delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in criminal or delinquent behavior.

**Section II**

<i>Check</i>	<b>COMMUNITY SAFETY</b> <i>This rating describes behaviors that may require a plan for added supervision to address community safety risks.</i>
0	Youth presents no risk to the community. He/she could be unsupervised in the community.
1	Youth engages in behavior that represents a risk to community property.
2	Youth engages in behavior that places community residents in some danger of physical harm. This may include a victim residing within or in close proximity to the youth's home.
3	Youth engages in behavior that directly places community members in danger of significant physical harm

<b>Check</b>	<b>PEER INFLUENCES</b> <i>This rating describes youth's needs related to positive socialization activities in youth's ISP.</i>
0	Youth's primary peer social network does not engage in delinquent behavior.
1	Youth has peers in his/her primary peer social network who do not engage in delinquent behavior but has some peers who do.
2	Youth predominantly has peers who engage in delinquent behavior but youth is not a member of a gang.
3	Youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

<b>Check</b>	<b>PARENTAL CRIMINAL BEHAVIOR</b> <i>This rating describes level of parental influence and impact of family dynamics / influence in youth's treatment goals.</i>
0	There is no evidence that youth's parents have ever engaged in criminal behavior.
1	One of youth's parents has history of recent criminal behavior, including parental gang activity, but youth has not been in contact with this parent for at least one year.
2	One of youth's parents has history of recent criminal behavior, including parental gang activity, and youth has been in contact with this parent in the past year.
3	Both of youth's parents have history of recent criminal behavior, including parental gang activity.

<b>Check</b>	<b>ENVIRONMENTAL INFLUENCES</b> <i>This rating describes the impact of both home and school environment on delinquent behaviors.</i>
0	No evidence that the youth's environment stimulates or exposes the youth to any delinquent behavior.
1	Mild problems in the youth's environment that might expose the youth to delinquent behavior.
2	Moderate problems in the youth's environment that clearly expose the youth to delinquent behavior.
3	Severe problems in the youth's environment that stimulate the youth to engage in delinquent behavior.

# FIRE SETTING MODULE

## Section I

Date of most recent fire-setting behavior \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe the incident including circumstances, reasons, frequency and results/damage:

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Was the youth alone at the time of the incident or were other children involved?  
 (Circle response) ALONE WITH OTHERS

**Explain your assessment of the youth's likelihood of future fire setting:**

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<i>Check</i>	<b>SERIOUSNESS</b> <i>Please rate most recent incident</i>
0	Youth has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).
1	Youth has engaged in fire setting that resulted only in some property damage that required repair.
2	Youth has engaged in fire setting which caused significant damage to property (e.g. burned down house).
3	Youth has engaged in fire setting that injured self or others.

<i>Check</i>	<b>HISTORY</b> <i>Please rate using time frames provided in the anchors</i>
0	Only one known occurrence of fire setting behavior.
1	Youth has engaged in multiple acts of fire setting in the past year.
2	Youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where he/she did not engage in fire setting behavior.
3	Youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where he/she did not engage in fire setting behavior.

<i>Check</i>	<b>PLANNING</b> <i>Please rate most recent incident</i>
0	No evidence of any planning. Fire setting behavior appears opportunistic or impulsive.
1	Evidence suggests that youth places him/herself into situations where the likelihood of fire setting behavior is enhanced.
2	Evidence of some planning of fire setting behavior.
3	Considerable evidence of significant planning of fire setting behavior. Behavior is clearly premeditated.

<b>Check</b>	<b>USE OF ACCELERANTS</b> <i>Please rate most recent incident</i>
0	No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or a lighter.
1	Evidence suggests that the fire setting involved some use of mild accelerants (e.g. sticks, paper) but no use of liquid accelerants.
2	Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
3	Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.

<b>Check</b>	<b>INTENTION TO HARM</b> <i>Please rate most recent incident</i>
0	Youth did not intend to harm others with fire. He/she took efforts to maintain some safety.
1	Youth did not intend to harm others but took no efforts to maintain safety.
2	Youth intended to seek revenge or scare others but did not intend physical harm, only intimidation.
3	Youth intended to injure or kill others.

## **Section II**

<b>Check</b>	<b>COMMUNITY SAFETY</b>
0	Youth presents no risk to the community. He/she could be unsupervised in the community.
1	Youth engages in fire setting behavior that represents a risk to community property.
2	Youth engages in fire setting behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
3	Youth engages in fire setting behavior that intentionally places community members in danger of significant physical harm. Youth attempts to use fires to hurt others.

<b>Check</b>	<b>RESPONSE TO ACCUSATION</b>
0	Youth admits to behavior and expresses remorse and desire to not repeat.
1	Youth partially admits to behaviors and expresses some remorse.
2	Youth admits to behavior but does not express remorse.
3	Youth neither admits to behavior nor expresses remorse. Youth is in complete denial.

<b>Check</b>	<b>REMORSE</b>
0	Youth accepts responsibility for behavior and is truly sorry for any damage/risk caused. Youth is able to apologize directly to effected people.
1	Youth accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, youth is unable or unwilling to apologize to effected people.
2	Youth accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.
3	Youth accepts no responsibility and does not appear to experience any remorse.

<b>Check</b>	<b>LIKELIHOOD OF FUTURE FIRE SETTING</b>
0	Youth is unlikely to set fires in the future. Youth able and willing to exert self-control over fire setting.
1	Youth presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.
2	Youth remains at risk of fire setting if left unsupervised. Youth struggles with self-control.
3	Youth presents a real and present danger of fire setting in the immediate future. Youth unable or unwilling to exert self-control over fire setting behavior.



## READINESS FOR ADULTHOOD MODULE

### Capacity for Independent Living or Economic Self-Sufficiency\*

*These skills are not necessary for fundamental functioning, but they enable an individual to live independently in the community. The ability to prepare food, manage money, clean house, do laundry, work independently OR use the telephone with assistive devices if uses them.*

<b>Check</b>	<b>AUTONOMY/ INDEPENDENT LIVING SKILLS</b> <i>This item describes the youth's developmentally appropriate judgment and ability to function and/or pursue activities independently.</i>
0	Youth shows developmentally appropriate autonomy. There is no reason to believe that the youth has any problems with developmentally appropriate independence or self-governed behavior, such as time-management, cleaning, cooking, and managing personal finances. Youth is maturing at an average or advanced pace to eventually live on his/her own.
1	Youth shows some mild difficulties with pursuing age-appropriate activities independently, and/or delayed in demonstrating age appropriate independent living skills. Some problems exist in maintaining reasonable cleanliness, diet, finances, or time management, etc. Youth may require some monitoring and/or prompting.
2	Youth requires consistent assistance with pursuing age appropriate activities independently and/or does not appear to be developing the needed skills in this area. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level.
3	This level indicates a youth with profound challenges with regard to independent living skills. This individual would be expected to be unable to live independently at the time of transition and may require a structured living environment.

<b>Check</b>	<b>COMMUNITY RESOURCES</b> <i>This rating should be based upon the youth's ability to access and utilize community resources in managing his/her life such as food shopping, banking, public transportation, medical care and social services.</i>
0	Youth is able to access and utilize community resources.
1	Youth is generally capable in accessing and utilizing these services but sometimes requires assistance.
2	Youth requires temporary assistance or periodic coaching for accessing and utilizing these services.
3	Youth requires ongoing assistance for accessing and utilizing these resources.

<b>Check</b>	<b>JOB SKILLS</b>
0	This level indicates a youth/young adult who has job skills consistent with his/her career interests.
1	This level indicates a youth/young adult who is working towards the development of job skills consistent with his/her career interests.
2	This level indicates a youth/young adult who has some job skills, but they are general skills and may not be specific to his/her career interests.
3	This level indicates a youth/young adult who currently has no job skills.

<b>Check</b>	<b>JOB ATTAINMENT</b>
0	Youth/young adult has achieved all job related goals.
1	Youth/young adult has set job related goals and is currently making progress towards achieving them.
2	Youth/young adult has set job related goals but is currently not making progress towards achieving them.
3	Youth/young adult has no job related goals, is not in school or other educational setting, and the lack of job attainment is interfering with his/her lifetime vocational functioning.

<b>Check</b>	<b>JOB FUNCTIONING</b>
N/A	This item is not applicable (e.g. youth is under age 16), OR Youth/young adult is not currently working due to developmental level.
0	Youth/young adult is doing fine in a job.
1	Youth/young adult is employed and generally does well but has occasional problems with attendance, relationships, and/or productivity.
2	Youth/young adult is having problems at work with attendance, relationships, and/or productivity that are impacting his/her functioning at work.
3	Youth/young adult is having severe problems at work. Youth/young adult may have been recently fired or currently under the threat of dismissal.

<b>Check</b>	<b>RESOURCEFULNESS</b> <i>This item rates a youth's ability to identify and utilize external resources in times of need to support their own healthy functioning and development.</i>
0	Youth is quite skilled at finding the necessary resources required to aid him/her in his/her transition to adulthood.
1	Youth has some skills at finding necessary resources required to aid him/her in his/her transition to adulthood but sometimes requires assistance at identifying or accessing these resources.
2	Youth has limited skills at finding necessary resources required to aid him/her in his/her transition to adulthood and requires temporary assistance both with identifying and accessing these resources.
3	Youth has no skills at finding the necessary resources to aid in his/her transition to adulthood and requires ongoing assistance with both identifying and accessing these resources.

<b>Check</b>	<b>INTIMATE RELATIONSHIPS</b> <i>This item is used to rate the individual's current status in terms of romantic/intimate relationships.</i>
0	Individual has a strong, positive, partner relationship with another person. Youth who are not currently involved in an intimate relationship would be rated here.
1	Individual has a generally positive partner relationship with another person.
2	Partner relationship interferes with the individual's functioning. Individual may have a pattern of brief partnerships that end in conflict within a few weeks or months.
3	Significant difficulties with partner relationships. Individual is currently involved in a negative, unhealthy relationship with another person. This relation is either dangerous or disabling.

<b>Check</b>	<b>RESIDENTIAL STABILITY</b> <i>This item is used to rate the caregiver's current and likely future housing circumstances for the youth. If the youth lives independently, their history of residential stability can be rated. NOTE: If individual's caregiver's age is 55 years or older, independent living arrangements should be explored.</i>
0	There is no evidence of residential instability. The individual has stable housing for the foreseeable future.
1	The individual has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, a mild degree of residential instability if living independently, characterized by the potential loss of housing due to the person's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful would be rated here.
2	The individual has moved multiple times in the past year. Also, a moderate degree of residential instability if the person is living independently, characterized by recent and temporary lack of permanent housing. This level would also indicate concerns about instability in the immediate future.
3	The individual has experienced periods of homelessness in the past six months. Also, significant degree of residential instability if living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.

<b>Check</b>	<b>TRANSPORTATION</b> <i>This item is used to rate the level of transportation required to ensure that the individual could effectively participate in his/her own treatment and in other life activities. This may include the need to get a driver's license, learn how to negotiate public transportation, or knowledge about arranging medical or other transport services.</i>
0	The individual has no transportation needs.
1	The individual has occasional transportation needs (e.g., appointments). These needs would be no more than weekly and not require more than direction to resources (e.g. bus schedule). Generally able to get where they need to be.
2	The individual has occasional transportation needs that require a special transport (medical van) or frequent transportation needs (e.g., daily to work or therapy) that do not require special vehicle.
3	The individual requires frequent (e.g., daily to work or therapy) transportation, requiring special transportation vehicle. You would rate here if youth/adult has no means of transportation.

<b>Check</b>	<b>EDUCATIONAL ATTAINMENT</b> <i>This rates the degree to which the individual is making progress toward or has completed his/her planned education. For youth under 16 years of age, the educational goal should be to succeed in school. At some point between adolescence and early adulthood, many young people complete their education. This can happen at very different times for different people, depending on their career plans and educational aspirations. Evaluation of educational attainment allows the assessor to indicate whether or not the young person has completed his/her planned education. This item may also be used to refer to the strengths of the school/vocational environment and may or may not reflect any specific educational/work skills possessed by the individual.</i>
0	This level indicates an individual who is in school and is working towards completing their planned educational goals and/or individual has achieved all educational goals.
1	This level indicates an individual who is school, however, the individual may be struggling to remain in school or may not have a clear educational plan consistent with personal aspirations.
2	This level indicates a youth who has set educational goals but is currently not making progress towards achieving them, is out of school but attempting to return, or may be struggling to get admitted to educational program consistent with career aspirations.
3	This level indicates a youth who has no educational goals, has dropped out of school, or is in a school setting that does not further his/her education goals, and this lack of educational attainment interferes with individual's lifetime vocational functioning.

<b>Check</b>	<b>CAREER INTERESTS</b>
0	Youth has clear and feasible career interests.
1	Youth has some career interests but they either need to be clarified or made more realistic.
2	Youth has interests in developing a career but does not yet know what direction she would like to take.
3	Youth has no career aspirations or interests.

**If youth has an Individualized Education Program (IEP) or is involved with the Division of Vocational Rehabilitation (DVR):**

<b>Check</b>	<b>VOCATIONAL/TECHNICAL TRAINING</b> <i>This is where vocational/technical trainings are at in regards to the youth's vocational planning. This is where you would rate all needed vocational/technical training after graduation from secondary education (high school) or completing GED.</i>
N/A	Individual does not have an IEP and is not involved with the Division of Vocational Rehabilitation.
0	Individual's DVR Plan, which outlined all needed vocational training, is completed or no vocational/technical training, or supportive employment is needed. No further action is necessary.
1	Individual's DVR Plan, which outlined all needed vocational/technical training or supportive employment, will be completed within the next 6 months.
2	Individual needs to follow through with completing vocational/technical training and/or supportive employment training within the next 3 months.
3	Individual's DVR Plan, has been completed with no known DVR vocational/ technical or supportive education training scheduled.

## Health Maintenance

<i>Check</i>	<b>MAINTAINING PHYSICAL AND PSYCHOLOGICAL TREATMENT</b> <i>This item rates the presence of treatment needs and the ability of the young adult to independently manage these needs.</i>
0	The young adult has no behavioral, physical, or medical treatment needs.
1	The young adult has behavioral, physical, and/or medical treatment needs but is able to effectively manage these needs.
2	The young adult has behavioral, physical, and/or medical treatment needs and has mild to moderate difficulty managing these needs.
3	The young adult has behavioral, physical, and/or medical treatment needs, and her inability to manage these needs interferes with daily life functioning.

<i>Check</i>	<b>KNOWLEDGE OF NEEDS</b> <i>This rating is intended to capture an individual's awareness and understanding for their psychiatric symptoms and diagnosis, intellectual/developmental disability and/or physical health needs, and is able to advocate for themselves.</i>
0	This level indicates a person who is aware of his/her psychiatric diagnosis and can verbalize an understanding of the nature, symptoms, and course of the illness. Any person who is sub-threshold on psychiatric diagnoses would be rated here.
1	This level indicates a person who is aware that he/she has an illness but is not clear about its implications
2	This level indicates a person who is unaware that he/she has an illness but recognizes that there is a problem.
3	This level indicates a person who refuses to accept his/her illness despite clear evidence of a psychiatric disorder.

<i>Check</i>	<b>MEDICATION ADHERENCE</b> <i>This item focuses on the individual's level of willingness or ability to collaborate and participate in taking prescribed medications. As youth transition to adulthood, they become responsible for their own medical care. Thus while medication adherence is the responsibility of caregivers for children, youth need to begin to take responsibility for their personal management of any prescribed medications. This item is used to describe any challenges youth experience following prescribed medication regimens.</i>
N/A	Youth is under age 14 years.
0	A youth who is not currently taking medication would have a rating of '0.' This level indicates a person who is not currently on any medication and/or there is no evidence of unwillingness or noncompliance to taking medications as prescribed and without reminders and/or the youth collaborates in taking medication as prescribed.
1	This level indicates a person who usually collaborates and will take prescribed medications routinely, but who sometimes needs reminders to take medication regularly. Also, a history of inability or unwillingness to take medication as prescribed, but no current problems would be noted here.
2	This level indicates a person who is periodically unable or unwilling to collaborate or take medication as prescribed. This person may be resistant to taking prescribed medications, or this person may tend to overuse his or her medications. He/she might adhere to prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication following the prescribed dose or protocol

3	This level indicates a person who does not collaborate and has refused to take prescribed medications during the past 30-day period. A person who has abused his or her medications to a significant degree (i.e., overdosing or over using medications to a dangerous degree) would be noted here.
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<i>Check</i>	<b>ACCESS TO HEALTH CARE AND OTHER BENEFITS</b> <i>This item is intended to rate the individual's ability to access healthcare services (for physical, psychological, or dental care, prescription coverage) and identify any anticipated obstacles. For example, if a youth is currently being covered under parental insurance but soon will become of an age that they will no longer be covered would be rated here. This rating describes the degree of concerns about whether there are any problems with either eligibility or funding for needed services, including governmental benefits such as SSI and Medicare.</i>
0	Adequate access to care with insurance coverage stability and/or other benefits. There is no foreseen change in the future.
1	Some limitations in access to health care or benefits due to financial/insurance problems, eligibility requirements, geographic reasons, family issues, language or cultural barriers, or because of age or other factors may lose coverage in the next year.
2	Youth/adult will lose current health insurance coverage or benefits within the next month, or difficulties in accessing care due to financial/insurance problems, eligibility requirements, geographic reasons, family issues, language or cultural barriers.
3	No adequate access to care due to financial/insurance problems, eligibility requirements, geographic reasons, family issues, language or cultural barriers.

Is Youth/Young Adult a Parent? Yes \_\_\_ No \_\_\_

### PARENTING MODULE

<i>Check</i>	<b>INDEPENDENT PARENTING SKILLS</b> <i>This rating refers to the young parent's ability to meet the needs of their child without constant prompts/assistance/interventions.</i>
0	Young parent independently meets the needs of their child.
1	Young parent is able to meet the needs of their child with minimal assistance.
2	Young parent requires assistance often to meet the needs of their child.
3	Young parent requires constant assistance to meet the needs of their child.

<i>Check</i>	<b>DEMONSTRATED PARENTING ABILITY*</b> <i>This item refers to the young parent's ability to learn or acquire new information and retain it over time.</i>
N/A	Child is currently not living with the young parent.
0	Young parent's parenting ability is adequate and shows continuous learning and progress.
1	Young parent's parenting ability is adequate and requires support towards continuous learning and progress.
2	Young parent's parenting ability requires continual support for learning and progress to happen.
3	Young parent's parenting ability would put the child at-risk without support in the home or a parenting program with education and supervision.

<b>Check</b>	<b>BALANCE/ORGANIZATION</b> <i>This rating measures the young parent's ability to effectively prioritize and manage both their needs as a caregiver and their child's needs on a day to day basis.</i>
N/A	Child is currently not living with the young parent.
0	Young parent independently demonstrates the ability to balance their and child's daily needs.
1	Young parent is able to balance their and child's daily needs with minimal assistance.
2	Young parent requires assistance often with balancing their and child's daily needs.
3	Young parent requires frequent assistance with balancing their and child's daily needs.

<b>Check</b>	<b>HAZARDS</b> * <i>This rating relates to the physical environment in which the young parent and child live and whether it is safe and free of hazards.</i>
N/A	Child is currently not living with the young parent.
0	Living space of the young parent and their child are free from safety hazards.
1	Living space of the young parent and their child partially meet safety requirements.
2	Living space of the young parent and their child require support to ensure they are free from safety hazards.
3	Living space of the young parent and their child are hazardous and requires third party assistance in meeting safety requirements.

<b>Check</b>	<b>SUPERVISION*</b> <i>This rating measures the young parent's ability to provide adequate supervision and monitoring of their child. This includes the young parent's ability to effectively parent, monitor, and intervene with their child, as necessary.</i>
N/A	Child is currently not living with the young parent.
0	Young parent displays adequate monitoring and disciplining skills.
1	Young parent provides generally adequate supervision. May need occasional help or technical assistance.
2	Young parent has had reports of difficulties monitoring and/or disciplining their child. Young parent requires assistance to improve supervision skills.
3	Young parent is unable to monitor or discipline their youth. Young parent requires immediate and continuing assistance. Young parent is at risk due to absence of supervision.

<b>Check</b>	<b>IDENTIFICATION OF COMMUNITY RESOURCES</b> <i>This rating relates to the young parent's ability to identify and access community resources without outside assistance.</i>
0	Young parent independently knows how to access community resources such as housing, emergency personnel, employment, transportation, medical, child care, and social services.
1	Young parent has general knowledge of how to access community resources.
2	Young parent requires minimal assistance on how to access community assistance.
3	Young parent is unaware of community resources and needs total assistance on how to access them.

<b>Check</b>	<b>INVOLVEMENT*</b> <i>This rating relates to the young parent's receptiveness to parenting their own child and participating in services that will assist them with building on those skills. This also measures the young parent's ability to effectively advocate for their child.</i>
0	Young parent is able to act as an effective advocate for their child.
1	Young parent has a history of seeking help for their child. Young parent is open to receiving parenting support, education, and information.
2	Young parent does not wish to participate in parenting services and/or interventions intended to assist their child.
3	Young parent wishes for child to be removed from their care.

<b>Check</b>	<b>SUPPORT</b> <i>This rating describes the supportive network available to the young parent in raising their child.</i>
0	Young parent has significant family and friend network that actively helps with raising the child.
1	Young parent has some family or friend network that actively helps with raising the child.
2	Young parent has some family or friend network that may be able to help with raising the child.
3	Young parent has no family or friend network.

<b>Check</b>	<b>JUDGMENT*</b> <i>This rating describes the young parent's ability to make healthy choices for their child's development and/or well-being. This includes, but is not limited to, risk of physical harm.</i>
0	No evidence of problems with judgment or poor decision making that result harm to development and/or well-being of child.
1	History of problems with judgment in which the young parent makes decisions that are in some way harmful to his/her child's development and/or well-being.
2	Problems with judgment in which the young parent makes decisions that are in some way harmful to his/her child's development and/or well-being.
3	Problems with judgment that place the young parent's child at risk of significant physical harm.

<b>Check</b>	<b>COLLABORATION WITH OTHER PARENT</b> <i>This item refers to the youth's relationship with the other parent with regard to working together in child rearing activities.</i>
0	Youth works with the other parent(s) regarding issues of the development and wellbeing of their child (ren). Youth and other parent support continual family membership, visitation, and shared parenting. They demonstrate good communication and partnership.
1	Generally good parental collaboration with occasional difficulties but is willing to work towards better communications and partnership regarding the development and well-being of the child (ren).
2	Limited adaptive collaboration. Youth has moderate problems of communication and collaboration with other parent(s) with regard to issues of the development and well-being of the child (ren).
3	Significant difficulties with collaboration. Youth has minimal collaboration and is destructive or sabotaging communication with other parent regarding issues related to the development and well-being of the child (ren).

**\*- All are legally required to report suspected child abuse or neglect to DCP&P at 877-NJ-ABUSE.**



