

# Children and Youth Collaborative Services

## Child and Adolescent Needs and Strengths-SB (CANS-SB) Workbook

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Assessment Completion Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date Updated: \_\_\_\_\_  
 \_\_\_\_\_ Assessor: \_\_\_\_\_ Date Updated: \_\_\_\_\_

<b>LIFE DOMAIN FUNCTIONING</b>	
<b>FAMILY</b> *Please rate the highest level from the <i>past 30 days</i>	<b>RATING SCALE</b> → 0 = Strong -----no evidence of problems 1 = Good -----history, mild 2 = Potential ----- moderate 3 = Severe -----need help to identify these strengths
<b>Family</b> 0 – Youth is doing well in relationships with family members. 1 – Youth is doing adequately in relationships with family members although some problems exist. 2 – Youth is having moderate problems (e.g., frequent arguing) with parents/siblings/extended family members. 3 – Youth is having severe problems (e.g., domestic violence, constant arguing) with parents/siblings/extended family members.	<b>Family</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>Living Situation</b> 0 – No evidence of problems with functioning in the current living situation. 1 – Mild problems with functioning in current living situation (e.g., caregiver is concerned about some behaviors). 2 – Moderate to severe problems in the current living situation (e.g., youth has difficulty maintaining behavior and creates problems for others in the home). 3 – Profound problems in the current living situation (e.g., youth is at risk of immediate removal due to his/her behaviors).	<b>Living Situation</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>Social Functioning</b> 0 – Youth is on a healthy social development pathway. 1 – Youth is having some minor problems with his/her social development. 2 – Youth is having some moderate problems with his/her social development. 3 – Youth is experiencing severe disruptions in his/her social development.	<b>Social Functioning</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>Recreational</b> 0 – No evidence of any problems with recreational functioning. Youth has access to sufficient activities that he/she enjoys. 1 – Youth is doing adequately with recreational activities although some problems may exist. 2 – Youth is having moderate problems with recreational activities (e.g., youth experiences difficulty with leisure time). 3 – Youth has no access to or interest in recreational activities.	<b>Recreational</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>Developmental</b> Age when: Crawled? _____ Walked? _____ Spoke Single Words? _____ Spoke Sentences? _____ Toilet Trained? _____ 0 - Youth has no developmental problems. 1 - Youth has some problems with immaturity or there are concerns about possible developmental delay. 2 - Youth has developmental delays or mild retardation. 3 - Youth has severe and pervasive developmental delays or profound mental retardation.	<b>Developmental</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>Job Functioning/Vocational</b> 0 – No evidence of any problems in the work environment. 1 – Youth has some mild problems in the work environment (e.g., tardiness, conflict). 2 – Youth has problems in the work environment. 3 – Youth has severe problems in the work environment in terms of attendance, performance or relationships. Youth has recently lost a job.	<b>Job/Vocational Functioning</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

<p><b>Legal</b>  0 – Youth has no known legal difficulties.  1 – Youth has a history of legal problems but is not currently involved in the legal system.  2 – Youth has some legal problems 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 placement.</p>	<p style="text-align: center;"><b>Legal</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Medical</b>  0 – Youth is healthy.  1 – Youth has some medical problems that require medical attention.  2 – Youth has a chronic illness that requires ongoing medical intervention.  3 – Youth has a life-threatening illness or medical condition.</p>	<p style="text-align: center;"><b>Medical</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Physical</b>  0 – Youth has no physical limitations.  1 – Youth has a physical condition (e.g., impaired hearing/vision, asthma) but the condition is treatable and/or does not notably impact activities.  2 – Youth has a physical condition (s) that notably impacts activities (e.g., blindness, deafness, or significant motor difficulties).  3 – Youth has severe physical limitations due to multiple physical conditions.</p>	<p style="text-align: center;"><b>Physical</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Sexuality</b>  0 - Youth has healthy sexual development.  1 - Youth has some issues with sexual development but they do not interfere with his/her functioning in other life domains.  2 - Youth has problems with sexual development that interfere with his/her functioning in other life domains.  3 - Youth has severe problems with sexual development.</p>	<p style="text-align: center;"><b>Sexuality</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Sleep</b>  0 – Youth gets a full night’s sleep each night.  1 – Youth has some problems (e.g., awakening, nightmares, or bedwetting) at least once a week.  2 – Youth is having problems with sleep (e.g., sleep is disrupted and child seldom obtains a full night’s sleep).  3 – Youth is generally sleep deprived. Sleeping is difficult.</p>	<p style="text-align: center;"><b>Sleep</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>School Behavior</b>  0 – Youth is behaving well in school.  1 – Youth is behaving adequately although some problems exist.  2 – Youth is having moderate behavioral problems at school (e.g., is disruptive, has received suspensions).  3 – Youth is having severe problems in school (e.g., placement may be in jeopardy).</p>	<p style="text-align: center;"><b>School Behavior</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>School Achievement</b>  0 – Youth is doing well in school.  1 – Youth is doing adequately although some achievement problems exist.  2 – Youth is having moderate problems (e.g., may be failing some classes).  3 – Youth is having severe achievement problems (e.g., is failing most subjects and/or is one or more year behind same age peers).</p>	<p style="text-align: center;"><b>School Achievement</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>School Attendance</b>  0 – Youth attends school regularly.  1 – Youth has some problems attending school (e.g., misses one day per week on average or has a recent history of being absent regularly).  2 – Youth is having problems with attendance (e.g., misses two days per week on average).  3 – Youth is generally truant or refusing to go to school.</p>	<p style="text-align: center;"><b>School Attendance</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<b>CHILD STRENGTHS</b>		
<b>CANS STRENGTHS</b> <b>NOTE "STRENGTHS" RATING SCALE</b> <b>*Please rate the highest level from the past 30 days</b>	<b>RATING SCALE</b> →	0 = Centerpiece-----We can Build around this 1 = Useful----- With a little help this could be strong 2 = Identified-----Need to develop the strength 3 = Not yet identified --Need help to identify strengths
<b>The Family</b> 0 – Family has strong relationships and excellent communication. 1 – Family has some good relationships and good communication. 2 – Family needs some assistance in developing relationships and/or communication. 3 – Family needs significant assistance in developing relationships and/or communication or youth has no identified family.		<b>The Family</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>Interpersonal</b> 0 – Youth has well-developed interpersonal skills and friendships. 1 – Youth has good interpersonal skills and has shown the ability to develop healthy friendships. 2 – Youth needs assistance in developing good interpersonal skills and/or healthy friendships. 3 – Youth needs significant help in developing interpersonal skills and/or healthy friendships.		<b>Interpersonal</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>Optimism</b> 0 – Youth has a strong and stable optimistic outlook on his/her self and/or life. 1 – Youth is generally optimistic. 2 – Youth has difficulties maintaining a positive view of him/her self and/or life. Youth varies from overly optimistic to overly pessimistic. 3 – Youth has difficulties seeing any positives about him/her self and/or life.		<b>Optimism</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>Educational</b> 0 – School works closely with youth and family to identify or address youth’s educational needs or youth excels in school. 1 – School works with youth and family to identify and address youth’s educational needs or youth likes school. 2 – School currently unable to adequately address youth’s needs. 3 – School is unable and/or unwilling to work to identify and address youth’s needs.		<b>Educational</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>Vocational</b> 0 – Youth has adequate vocational skills and work experience. 1 – Youth has some vocational skills and/or work experience. 2 – Youth has some prevocational skills. 3 – Youth needs significant assistance developing vocational skills.		<b>Vocational</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>Talents/Interests</b> 0 – Youth has a talent that provides him/her with pleasure or self-esteem. 1 – Youth has a talent, interest, or hobby with the potential to provide him/her with pleasure and self-esteem. 2 – Youth has identified interests but needs assistance converting those interests into a talent or hobby. 3 – Youth has no identified talents, interests, or hobbies.		<b>Talents/Interests</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>Spiritual/Religious</b> 0 – Youth receives comfort and support from religious and/or spiritual beliefs and practices. 1 – Youth is involved in a religious community whose members provide support. 2 – Youth has expressed some interest in religious or spiritual beliefs and practices. 3 – Youth has no identified religious or spiritual beliefs or interest in these pursuits.		<b>Spiritual/Religious</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>Community Life</b> 0 – Youth is well-integrated into his/her community. He/she is a member of community organizations and has positive ties to the community. 1 – Youth is somewhat involved in his/her community. 2 – Youth has identified community but has only limited ties to that community. 3 – Youth has no identified community to which he/she is a member.		<b>Community Life</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

<p><b>Relationship Permanence</b></p> <p>0 – Youth has very stable relationships with family, friends, and community.</p> <p>1 – Youth has had stable relationships with family, friends, and community but there is some concern about instability due to transitions, illness, or age.</p> <p>2 – Youth has at least one stable relationship over his/her lifetime but has experienced other instability factors such as divorce, moving, removal from home, and/or death.</p> <p>3 – Youth does not have stability in relationships. Independent living or adoption must be considered.</p>	<p><b>Relationship Permanence</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Well-Being</b></p> <p>0 – Youth has exceptional psychological strengths, both coping and savoring skills are well-developed.</p> <p>1 – Youth has good psychological strengths. He/she has solid coping skills for managing distress or solid savoring skills for enjoying pleasurable events.</p> <p>2 – Youth has limited psychological strengths (e.g., low self-esteem).</p> <p>3 – Youth has no known or identifiable psychological strengths, which may be due to intellectual impairment or serious psychiatric disorders.</p>	<p><b>Well Being</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Resiliency</b></p> <p>0 – Youth is able to identify and use internal strengths to better him/her self and successfully manage difficult challenges.</p> <p>1 – Youth is able to identify most of his/her internal strengths and is able to partially utilize them.</p> <p>2 – Youth is able to identify internal strengths but is not able to utilize them effectively.</p> <p>3 – Youth is not able to identify internal personal strengths.</p>	<p><b>Resiliency</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Resourcefulness</b></p> <p>0 – Youth is quite skilled at finding the necessary resources required to aid him/her in managing challenges.</p> <p>1 – Youth is somewhat skilled at finding necessary resources required to aid him/her in a healthy lifestyle but sometimes requires assistance accessing resources.</p> <p>2 – Youth has limited skills at finding necessary resources to aid in achieving a healthy lifestyle and requires temporary assistance with both identifying and accessing those resources.</p> <p>3 – Youth has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing resources.</p>	<p><b>Resourcefulness</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>ACCULTURATION</b></p>	
<p style="text-align: center;"><b>ACCULTURATION</b></p> <p style="text-align: center;"><b>*Please rate the highest level from the <i>past 30 days</i></b></p>	<p><b>RATING SCALE</b> →</p> <p>0 = No evidence of problems---We can build around this  1 = History, mild---With a little help this could be strong  2 = Moderate----Need to develop the strength  3 = Severe -----need help to identify these strengths</p>
<p><b>Language</b></p> <p>0 – Youth and family speak English well.</p> <p>1 – Youth and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.</p> <p>2 – Youth and family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified and is available within natural supports.</p> <p>3 – Youth and family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual can be identified and/or is available within natural supports.</p>	<p><b>Language</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Identity</b></p> <p>0 – Youth has a clear and consistent cultural identity and is connected to others who share his/her cultural identity.</p> <p>1 – Youth is experiencing some confusion or concern regarding cultural identity.</p> <p>2 – Youth has significant struggles with his/her own cultural identity or youth has an identity but is not connected to others who share his/her cultural identity.</p> <p>3 – Youth has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.</p>	<p><b>Identity</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Ritual</b></p> <p>0 – Youth and family are consistently able to practice rituals consistent with their cultural identity.</p> <p>1 – Youth and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience obstacles to performance of these rituals.</p> <p>2 – Youth and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.</p> <p>3 – Youth and family are unable to practice rituals consistent with their cultural identity.</p>	<p><b>Ritual</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Cultural Stress</b></p> <p>0 – No evidence of distress between youth’s cultural identity and current living situation.</p> <p>1 – Youth is experiencing some mild/occasional stress resulting from friction between his/her cultural identity and his/her current living situation.</p> <p>2 – Youth is experiencing cultural stress that is causing problems of functioning in at least one life domain.</p> <p>3 – Youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances.</p>	<p><b>Cultural Stress</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

**CAREGIVER STRENGTHS & NEEDS**

<p><b>CANS STRENGTHS</b></p> <p><b>NOTE “STRENGTHS” RATING SCALE</b></p> <p><i>*Please rate the highest level from the past 30 days</i></p>	<p><b>RATING SCALE</b> →</p> <p>0 = No evidence of problems---We can build around this  1 = History, mild---With help this could be strong  2 = Moderate----Need to develop the strength  3 = Severe -----need help to identify these strengths</p>
<p><b>Supervision</b></p> <p>0 – Caregiver has good monitoring and discipline skills.</p> <p>1 – Caregiver generally provides adequate monitoring and discipline. May need occasional help or technical assistance.</p> <p>2 – Caregiver reports difficulties monitoring and/or disciplining youth. Caregiver needs assistance to improve supervision.</p> <p>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.</p>	<p><b>Supervision</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Involvement</b></p> <p>0 – Caregiver is able to act as an effective advocate for the youth.</p> <p>1 – Caregiver has history of seeking help for his/her children. Caregiver is open to receiving support, education, and information.</p> <p>2 – Caregiver does not wish to participate in services and/or interventions intended to assist their children.</p> <p>3 – Caregiver wishes for the youth to be removed from his/her care.</p>	<p><b>Involvement</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Knowledge</b></p> <p>0 – Caregiver is knowledgeable about the youth’s needs and strengths.</p> <p>1 – Caregiver is generally knowledgeable about the youth but may require additional information to improve his/her capacity to parent.</p> <p>2 – Caregiver has a clear need for information to improve how knowledgeable he/she is about the youth. Current lack of information is interfering with his/her ability to parent.</p> <p>3 – Caregiver has a lack of knowledge about the youth’s needs and strengths that places the youth at risk of significant negative outcomes.</p>	<p><b>Knowledge</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Organization</b></p> <p>0 – Caregiver is well-organized and efficient.</p> <p>1 – Caregiver has minimal difficulties with organizing and maintaining household to support needed services (e.g., forgets appointment times, does not return social worker phone calls).</p> <p>2 – Caregiver has moderate difficulty organizing and maintaining household to support needed services.</p> <p>3 – Caregiver is unable to organize household to support needed services.</p>	<p><b>Organization</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Social Resources</b></p> <p>0 – Caregiver has a significant family and friend social network that actively helps with raising the youth.</p> <p>1 – Caregiver has some family or friend social network that actively helps with raising the youth (e.g., child rearing).</p> <p>2 – Caregiver has some family or friend social network that may be able to help with raising the youth (e.g., child rearing).</p> <p>3 – Caregiver has no family or social network that may be able to help with raising the youth (e.g., child rearing).</p>	<p><b>Social Resources</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Residential Stability</b></p> <p>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 3 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.</p>	<p><b>Residential Stability</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Physical</b></p> <p>0 – Caregiver is generally healthy.  1 – Caregiver is in recovery from medical/physical problems.  2 – Caregiver has medical/physical problems that interfere with the capacity to parent.  3 – Caregiver has medical/physical problems that make it impossible to parent at this time.</p>	<p><b>Physical</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Mental Health</b></p> <p>0 – Caregiver has no mental health needs.  1 – Caregiver is in recovery from mental health difficulties.  2 – Caregiver has some mental health difficulties that interfere with the capacity to parent.  3 – Caregiver has mental health difficulties that make it impossible to parent at this time.</p>	<p><b>Mental Health</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Substance Abuse</b></p> <p>0 – Caregiver has no substance abuse needs.  1 – Caregiver is in recovery from substance abuse difficulties.  2 – Caregiver has some substance abuse difficulties that interfere with the capacity to parent.  3 – Caregiver has severe substance abuse difficulties that make it impossible to parent at this time.</p>	<p><b>Substance Abuse</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Developmental</b></p> <p>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 the capacity to parent.  3 – Caregiver has severe developmental challenges that make it impossible to parent at this time.</p>	<p><b>Developmental</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Safety</b></p> <p>0 – Household is safe and secure. Youth is at no risk from others.  1 – Household is safe but concerns exist about the safety of the youth due to history or others in the neighborhood who might be abusive.  2 – Youth is in some danger from one or more individuals with access to the household.  3 – Youth is in immediate danger from one or more individuals with unsupervised access.</p>	<p><b>Safety</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>CHILD BEHAVIORAL/EMOTIONAL NEEDS</b></p>	
<p><b>*Please rate the highest level from the <i>past 30 days</i></b></p>	<p><b>RATING SCALE</b> →</p> <p>0 = No evidence of problems---We can build around this  1 = Hx or sub-threshold---With help this could be strong  2 = Significant, meets dx---Need to develop the strength  3 = Severe/dangerous---need help to identify strengths</p>
<p><b>Psychosis</b></p> <p>0 – No evidence.  1 – History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.  2 – Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.  3 – Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the youth or others at risk of physical harm.</p>	<p><b>Psychosis</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Impulsivity/Hyperactivity</b>  0 – No evidence.  1 – History or suspicion of impulsive, distractible or hyperactive behavior that places the youth at risk of future functioning difficulties.  2 – Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the youth’s ability to function in at least one life domain.  3 – Clear evidence of a dangerous level of impulsive behavior that can place the youth at risk of physical harm.</p>	<p><b>Impulsivity/Hyperactivity</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Depression</b>  0 – No evidence.  1 – History or suspicion of depression or mild to moderate depression 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.</p>	<p><b>Depression</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Anxiety</b>  0 – No evidence.  1 – History or suspicion of anxiety problems or mild to moderate anxiety 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.</p>	<p><b>Anxiety</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Oppositional</b>  0 – No evidence.  1 – History or recent onset (past 6 weeks) of defiance toward authority figures.  2 – Clear evidence of oppositional and/or defiant behavior toward authority figures, which is currently interfering with the youth’s functioning in at least one life domain. Behavior causes emotional harm to others.  3 – Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.</p>	<p><b>Oppositional</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Conduct</b>  0 – No evidence.  1 – History or suspicion of problems associated with antisocial behavior including, but not limited to, lying, stealing, manipulating others, sexual aggression, violence toward people, property or animals.  2 – Clear evidence of antisocial behavior including, but not limited to, lying, stealing, manipulating others, sexual aggression, violence toward people, property, or animals.  3 – Evidence of a severe level of conduct problems/antisocial behavior, as described above, that places the youth or community at significant risk of physical harm</p>	<p><b>Conduct</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Adjustment to Trauma</b>  0 – No evidence.  1 – History or suspicion of problems associated with traumatic life event(s).  2 – Clear evidence of adjustment problems associated with traumatic life event(s). Adjustment is interfering with youth’s functioning in at least one life domain.  3 – Clear evidence of symptoms of Posttraumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.</p>	<p><b>Adjustment to Trauma</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Anger Control</b>  0 – No evidence.  1 – Some problems 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 controls problems. Youth may sometimes become verbally aggressive when frustrated. Peers and family may be aware of, and may attempt to avoid, stimulating angry outbursts.  3 – Severe anger control problems. Youth’s temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.</p>	<p><b>Anger Control</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Eating Disturbances</b></p> <p>0 – No evidence.</p> <p>1 – Mild level of eating disturbance (e.g., some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight). May also include some binge eating patterns.</p> <p>2 – Moderate level of eating disturbance (e.g., more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, emaciated body appearance). May also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). May meet criteria for a DSM-IV Eating Disorder (Anorexia or Bulimia Nervosa).</p> <p>3 – Severe level of eating disturbance (e.g., hospitalization is required due to significantly low weight, binge-purge behaviors occur at least once per day).</p>	<p><b>Eating Disturbances</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Affect Dysregulation</b></p> <p>0 – Youth has no problem with affect regulation.</p> <p>1 – Youth has mild to moderate problems with affect regulation.</p> <p>2 – Youth has severe problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with his/her functioning in some life domains.</p> <p>3 – Youth unable to regulate affect. Significant impairment in functioning in one or more life domains.</p>	<p><b>Affect Dysregulation</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Behavioral Regression</b></p> <p>0 – No evidence of behavioral regression.</p> <p>1 – Youth has some regressions in age-level of behavior (e.g., thumb sucking, whining when age inappropriate).</p> <p>2 – Youth has moderate regressions in age-level of behavior including loss of ability to engage with peers, stopping play or exploration in an environment that was previously evident or occasional bedwetting.</p> <p>3 – Youth has more significant regressions in behaviors in an earlier age as demonstrated by changes in speech or loss of bowel or bladder control.</p>	<p><b>Behavioral Regression</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Somatization</b></p> <p>0 – No evidence of somatic symptoms.</p> <p>1 – Youth has a mild level of somatic symptoms (e.g., occasional headaches, stomach problems such as nausea or vomiting, joint, limb or chest pain without medical cause).</p> <p>2 – Youth has a moderate level of somatic symptoms or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). Youth may meet criteria for a somatoform disorder. Additionally, the youth could manifest any conversion symptoms (e.g., pseudo-seizures, paralysis).</p> <p>3 – Youth has severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause.</p>	<p><b>Somatization</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Substance Use</b></p> <p>0 – No evidence.</p> <p>1 – History or suspicion of substance use/abuse.</p> <p>2 – Clear evidence of substance abuse that interferes with functioning in any life domain.</p> <p>3 – Youth requires detoxification OR is addicted to alcohol and/or drugs. Included here is a youth who is intoxicated at the time of the assessment (i.e., currently under the influence).</p>	<p><b>Substance Use</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

## CHILD RISK BEHAVIORS

**\*Please rate the highest level from the *past 30 days***

**RATING SCALE** →

0 = No evidence of problems --We can build around this  
 1 = Hx --Watch/Prevent --With help this could be strong  
 2 = Recent - ACT --Need to develop the strength  
 3 = Acute--ACT IMMED-- need help to identify strengths

<p><b>Suicide Risk</b>                  0 – No evidence.                  1 – History but no recent ideation or gesture.                  2 – Recent ideation or gesture but not in past 24 hours.                  3 – Current ideation and intent OR command hallucinations that involve self-harm.</p>	<p><b>Suicide Risk</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Self-Mutilation</b>                  0 – No evidence.                  1 – History of self-mutilation.                  2 – Engaged in self-mutilation that does not require medical attention.                  3 – Engaged in self-mutilation that requires medical attention.</p>	<p><b>Self Mutilation</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Other Self-Harm</b>                  0 – No evidence of behaviors other than suicidal ideation/attempts or self-mutilation that place the youth at risk of physical harm.                  1 – History of behavior other than suicidal ideation/attempts or self-mutilation that places youth at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the youth.                  2 – Youth has engaged in behavior other than suicidal ideation/attempts or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.                  3 – Youth has engaged in behavior other than suicidal ideation/attempts or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.</p>	<p><b>Other Self Harm</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Danger to Others</b>                  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.</p>	<p><b>Danger to Others</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Sexual Aggression</b>                  0 – No evidence of any history of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent.                  1 – History of sexually aggressive 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 has engaged in sexually aggressive behavior in the past year but not in the past 30 days.                  3 – Youth has engaged in sexually aggressive behavior in the past 30 days.</p>	<p><b>Sexual Aggression</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Runaway</b>                  0 – No evidence.                  1 – History of running away from home or other settings involving at least one overnight absence, at least 30 days in the past.                  2 – Recent runaway behavior or ideation but not in past seven days.                  3 – Acute threat to run away as manifested by either recent attempts OR significant ideation about running away OR youth is currently a runaway.</p>	<p><b>Runaway</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Delinquency</b>  0 – No evidence.  1 – History of delinquency but no acts of delinquency in past 30 days.  2 – Recent acts of delinquency.  3 – Severe acts of delinquency that places others at risk or significant loss or injury or place youth at risk of adult sanctions.</p>	<p><b>Delinquency</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Judgment</b>  0 – No evidence of problems with judgment or poor decision making that result in harm to the youth's development and/or well-being.  1 – Youth has a history of problems with judgment in which the he/she 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 children who shoplift.  2 – Youth has problems with judgment in which the he/she makes decisions that are in some way harmful to his/her development and/or well-being.  3 – Youth has problems with judgment that place him/her at risk of significant physical harm.</p>	<p><b>Judgment</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Fire Setting</b>  0 – No evidence.  1 – History of fire setting but not in the past 6 months.  2 – Recent fire setting behavior (in the past 6 months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least 2 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).</p>	<p><b>Fire Setting</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Social Behavior-Sanction Seeking</b>  0 – No evidence of problematic social behavior. Youth does not engage in behavior that forces adults to sanction him/her.  1 – Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.  2 – Moderate level of problematic social behavior. Social behavior is causing problems in the youth's life. Youth may be intentionally getting in trouble in school or at home.  3 – Severe level of problematic social behavior. Frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the youth. Social behaviors are sufficiently severe that they place the youth at risk of significant sanctions (e.g., expulsion, removal from the community).</p>	<p><b>Social Behavior-Sanction Seeking</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Early Development Module (Ages 0 through 5)</b></p>		<p><b>RATING SCALE</b> →</p>	<p>0= No Problems ----No action needed  1 = Mild Problems --Monitor, try to prevent  2 = Moderate Problems -Help is needed  3 = Severe Problems -Help needed now</p>
<p><b>Motor</b> (Please rate the highest level from the <i>past 30 days</i>)  0 – Child's fine and gross motor functioning appears normal. There is no reason to believe that the child has problems with motor functioning.  1 – Child has mild fine (e.g., using scissors) or gross motor skill deficits. He/she may have exhibited delayed sitting, standing, or walking, but has since reached those milestones.  2 – Child has moderate motor deficits. A non-ambulatory child with fine motor skills (e.g. reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here. A full-term newborn who does not have a sucking reflex in the first few days of life would be rated here.  3 – Child has severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift his/her head.</p>	<p><input type="checkbox"/> Strength?</p>	<p><b>Motor</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	

<p><b>Sensory</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Child’s sensory functioning appears normal. There is no reason to believe that the child has problems with sensory functioning.</p> <p>1 – Child has mild impairment on a single sense (e.g., mild hearing deficits, correctable vision problems).</p> <p>2 – Child has moderate impairment on a single sense or mild impairment on multiple senses (e.g., difficulties with sensory integration, diagnosed need for occupational therapy).</p> <p>3 – Child has significant impairment on one or more senses (e.g., profound hearing or vision loss).</p>	<input type="checkbox"/> Strength?	<p><b>Sensory</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Communication</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Child’s receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.</p> <p>1 – Child’s receptive abilities are intact, but child has limited expressive capabilities (e.g., if the child is an infant, he/she engages in limited vocalizations; if older than 24 months, he/she can understand verbal communication, but others have unusual difficulty understanding him/her).</p> <p>2 – Child has limited receptive and expressive capabilities.</p> <p>3 – Child is unable to communicate in any way, including pointing or grunting.</p>	<input type="checkbox"/> Strength?	<p><b>Communication</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Failure to Thrive</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Child does not appear to have any problems with regard to weight gain or development. No evidence of failure to thrive.</p> <p>1 – Child has mild delays in physical development (e.g., is below the 25<sup>th</sup> percentile in terms of height or weight).</p> <p>2 – Child has significant delays in physical development that could be described as failure to thrive (e.g., is below the 10<sup>th</sup> percentile in terms of height or weight).</p> <p>3 – Child has severe problems with physical development that puts his/her life at risk (e.g., at or beneath the 1<sup>st</sup> percentile in height or weight).</p>	<input type="checkbox"/> Strength?	<p><b>Failure to Thrive</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Regulatory Problems</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Child does not appear to have any problems with self-regulation.</p> <p>1 – Child has mild problems with self-regulation (e.g., unusually intense activity level, mild or transient irritability).</p> <p>2 – Child has moderate to severe problems with self-regulation (e.g., chronic or intense irritability, unusually low tolerance/high sensitivity to external stimulation).</p> <p>3 – Child has profound problems with self-regulation that places his/her safety, well-being, and/or development at risk (e.g., child cannot be soothed at all when distressed, child cannot feed properly).</p>	<input type="checkbox"/> Strength?	<p><b>Regulatory Problems</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Birth Weight</b> (Please rate the highest level using <i>birth weight ranges provided in anchors</i>)</p> <p>0 – Child is within normal range for weight and has been since birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.</p> <p>1 – Child was born under weight but is now within normal range or child is slightly beneath normal range. A child with a birth weight of between 1500 grams (3.3 pounds) and 2499 grams would be rated here.</p> <p>2 – Child is considerably under weight to the point of presenting a development risk to the child. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.</p> <p>3 – Child is extremely under weight to the point of that the child’s life is threatened. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.</p>	<input type="checkbox"/> Strength?	<p><b>Birth Weight</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>PICA</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – No evidence that the child eats unusual or dangerous materials.</p> <p>1 – Child has repeatedly eaten unusual or dangerous materials consistent with the diagnosis of PICA; however, this behavior has not occurred in the past 30 days.</p> <p>2 – Child has eaten unusual or dangerous materials consistent with the diagnosis of PICA in the past 30 days.</p> <p>3 – Child has become physically ill during the past 30 days by eating dangerous materials (e.g., lead paint).</p>	<input type="checkbox"/> Strength?	<p><b>PICA</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Prenatal Care</b> (Please rate the highest level <i>during pregnancy</i>)</p> <p>0 – Child’s biological mother had adequate prenatal care (e.g., 10 or more planned visits to a physician) that began in the first trimester. Child’s mother did not experience any pregnancy-related illnesses.</p> <p>1 – Child’s biological mother had some short-comings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here (her care must have begun in the first or early second trimester). A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.</p> <p>2 – Child’s biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.</p> <p>3 – Child’s biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/pre-eclampsia would be rated here.</p>	<input type="checkbox"/> Strength?	<p><b>Prenatal Care</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Labor &amp; Delivery</b> (Please rate the highest level using <i>events and Apgar score indicated in the anchors</i>)</p> <p>0 – Child and biological mother had normal labor and delivery. A child who received an Apgar score of 7–10 would be rated here.</p> <p>1 – Child or mother had some mild problems during delivery, but child does not appear to be affected by these problems. An emergency C-Section or a delivery-related physical injury (e.g., shoulder displacement) to the child would be rated here.</p> <p>2 – Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or needed some resuscitative measures at birth, would be rated here.</p> <p>3 – Child had severe problems during delivery that have long-term implications for development (e.g., extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth would be rated here.</p>	<input type="checkbox"/> Strength?	<p><b>Labor &amp; Delivery</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Substance Exposure</b> (Please rate the highest level from the <i>time in utero and since birth</i>)</p> <p>0 – Child had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.</p> <p>1 – Child had either mild in utero exposure (e.g., mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there is current alcohol and/or drug use in the home.</p> <p>2 – Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g., heroin, cocaine) or significant use of alcohol or tobacco would be rated here.</p> <p>3 – Child was exposed to alcohol or drugs in utero and continues to be exposed in the home. Any child who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here.</p>	<input type="checkbox"/> Strength?	<p><b>Substance Exposure</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Parent or Sibling Problems</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Child’s parents have no developmental disabilities. Child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems.</p> <p>1 – Child’s parents have no developmental disabilities. Child has siblings who are experiencing some mild developmental or behavioral problems (e.g., Attention Deficit, Oppositional Defiant, or Conduct Disorders). Child may have at least one healthy sibling.</p> <p>2 – Child’s parents have no developmental disabilities. Child has a sibling who is experiencing a significant developmental or behavioral problem (e.g., a severe version of any of the disorders cited above, or any developmental disorder).</p> <p>3 – One or both of the child’s parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems (all siblings must have some problems).</p>	<input type="checkbox"/> Strength?	<p><b>Parent or Sibling Problems</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Maternal Availability</b> (Please rate the highest level up until <b>3 months post-partum</b>)</p> <p>0 – Child’s mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth.</p> <p>1 – Child’s mother/primary caretaker experienced some minor or transient stressors which made her slightly less available to the child (e.g., another child in the house under two years of age, an ill family member for whom the caretaker had responsibility, returned to work before the child reached 6 weeks of age).</p> <p>2 – Child’s mother/primary caretaker experienced a moderate level of stress sufficient to make her significantly less emotionally and physically available to the child in the weeks following the birth (e.g., major marital conflict, significant post-partum recuperation issues or chronic pain, two or more children under four).</p> <p>3 – Child’s mother/primary caretaker was unavailable to the child to such an extent that the child’s emotional or physical well-being was severely compromised (e.g., a psychiatric hospitalization, a clinical diagnosis of severe Post-Partum Depression, any hospitalization for medical reasons which separated caretaker and child for an extended period of time, divorce/ abandonment).</p>	<input type="checkbox"/> Strength?	<p><b>Maternal Availability</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Curiosity</b> (Please rate the highest level from the <b>past 30 days</b>)</p> <p>0 – Child has exceptional curiosity. Infants display mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.</p> <p>1 – Child has good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.</p> <p>2 – Child has limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.</p> <p>3 – Child with very limited or no observable curiosity. Child may seem frightened of new information or environments.</p>	<input type="checkbox"/> Strength?	<p><b>Curiosity</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Playfulness</b> (Please rate the highest level from the <b>past 30 days</b>)</p> <p>0 – Child has substantial ability to play with self and others. Child enjoys play, and if old enough, regularly engages in symbolic and means-end play. If still an infant, child displays changing facial expressions in response to different play objects.</p> <p>1 – Child has good play abilities. Child may enjoy only solo play or only play with others, or may only enjoy play with limited toys.</p> <p>2 – Child has limited ability to enjoy play. Child may remain preoccupied with other children or adults to the exclusion of engaging in play, or may exhibit impoverished or unimaginative play.</p> <p>3 – Child has significant difficulty with play both by him/her self and with others. Child does not engage in symbolic or means-end play, although he/she will handle and manipulate toys.</p>	<input type="checkbox"/> Strength?	<p><b>Playfulness</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Attachment</b> (Please rate the highest level from the <b>past 30 days</b>)</p> <p>0 – No evidence.</p> <p>1 – Mild problems with attachment are present. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.</p> <p>2 – Moderate problems with attachment are present. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk.</p> <p>3 – Severe problems with attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment pattern or a withdrawn, inhibited attachment pattern. A child that meets the criteria for Reactive Attachment Disorder would be rated here.</p>	<input type="checkbox"/> Strength?	<p><b>Attachment</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Adaptability</b> (Please rate the highest level from the <b>past 30 days</b>)</p> <p>0 – Child has a strong ability to adjust to changes and transitions.</p> <p>1 – Child has the ability to adjust to changes and transitions, when challenged the infant/child is successful with caregiver support.</p> <p>2 – Child has difficulties much of the time adjusting to changes and transition even with caregiver support.</p> <p>3 – Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child’s difficulties in this area.</p>	<input type="checkbox"/> Strength?	<p><b>Adaptability</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Persistence</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Child has a strong ability to continue an activity when challenged or meeting obstacles.</p> <p>1 – Child has some ability to continue an activity that is challenging. Adults are only sometimes able to assist the child in this area.</p> <p>2 – Child has limited ability to continue an activity that is challenging. Adults are only sometimes able to assist the child in this area.</p> <p>3 – Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child’s ability to demonstrate persistence.</p>	<input type="checkbox"/> Strength?	<p><b>Persistence</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Empathy for the Child</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Caregiver is strong in his/her capacity to understand how the child is feeling and consistently demonstrates this in interactions with the child.</p> <p>1 – Caregiver has the ability to understand how the child is feeling in most situations and is able to demonstrate support for the child in this area most of the time.</p> <p>2 – Caregiver is only able to be empathetic toward the child in some situations, and at times the lack of empathy interferes with the child’s growth and development.</p> <p>3 – Caregiver shows no empathy for the child in most situations, especially when the child is distressed. Caregiver’s lack of empathy is impeding the child’s development.</p>	<input type="checkbox"/> Strength?	<p><b>Empathy for the Child</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Transitional Age Youth Module</b></p>	<p><b>RATING SCALE</b> →</p> <p>0 = No Problems ----- No action needed  1 = Mild Problems ----- Let’s watch, try to prevent  2 = Moderate Problems --- Help is needed  3 = Severe Problems ---- Help is needed now</p>								
	<table border="1"> <tr> <td data-bbox="73 706 1491 966"> <p><b>Independent Living Skills</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.</p> <p>1 – Youth has mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet, and so forth. Youth may have problems with money management. Problems are able to be addressed with training or supervision.</p> <p>2 – Youth has moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management. Problems are addressable with in-home services.</p> <p>3 – Youth has profound impairment of independent living skills. Youth is unable to live independently given his/her current status. Problems require a structured living environment.</p> </td> <td data-bbox="1491 706 1690 966"> <input type="checkbox"/> Strength? </td> <td data-bbox="1690 706 1971 966"> <p><b>Independent Living Skills</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> </td> </tr> <tr> <td data-bbox="73 966 1491 1201"> <p><b>Transportation</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth has no transportation needs.</p> <p>1 – Youth has occasional transportation needs (e.g., appointments). These needs occur no more than weekly and do not require a special vehicle.</p> <p>2 – Youth has occasional transportation needs (e.g., appointments) that require a special vehicle or frequent transportation needs (e.g., daily to work or therapy) that do not require a special vehicle.</p> <p>3 – Youth requires frequent (e.g., daily to work or therapy) transportation in a special vehicle.</p> </td> <td data-bbox="1491 966 1690 1201"> <input type="checkbox"/> Strength? </td> <td data-bbox="1690 966 1971 1201"> <p><b>Transportation</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> </td> </tr> <tr> <td data-bbox="73 1201 1491 1425"> <p><b>Parenting Roles</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth has no role as a parent/caregiver.</p> <p>1 – Youth has responsibilities as a parent/caregiver but is currently able to manage these responsibilities.</p> <p>2 – Youth has responsibilities as a parent/caregiver and either the youth is struggling with these responsibilities or they are currently interfering with the youth’s functioning in other life domains.</p> <p>3 – Youth has responsibilities as a parent/caregiver and the youth is currently unable to meet these responsibilities or these responsibilities are making it impossible for the youth to function in other life domains.</p> </td> <td data-bbox="1491 1201 1690 1425"> <input type="checkbox"/> Strength? </td> <td data-bbox="1690 1201 1971 1425"> <p><b>Parenting Roles</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> </td> </tr> </table>	<p><b>Independent Living Skills</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth is fully capable of independent living. 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<p><b>Personality Disorder</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – No evidence of symptoms of a personality disorder.</p> <p>1 – Evidence of mild degree, probably sub-threshold for the diagnosis of a personality disorder. For example, mild but consistent dependency in relationships might be rated here; or, some evidence of antisocial or narcissistic behavior. An unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.</p> <p>2 – Evidence of sufficient degree of personality disorder to warrant a DSM-IV Axis II diagnosis.</p> <p>3 – Evidence of a severe personality disorder that has significant implications for the youth’s long-term functioning. This personality disorder dramatically interferes with the youth’s ability to function independently.</p>	<input type="checkbox"/> Strength?	<p><b>Personality Disorder</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Intimate Relationships</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Adaptive partner relationship. Youth has a strong, positive, partner relationship with an age-appropriate peer. This peer functions as a member of the family.</p> <p>1 – Mostly adaptive partner relationship. Youth has a generally positive partner relationship with an age-appropriate peer. This partner may not function as a member of the family; however, this may be appropriate given length of relationship.</p> <p>2 – Limited adaptive partner relationship. Youth is currently not involved in any partner relationship.</p> <p>3 – Significant difficulties with partner relationships. Youth is currently involved in a negative, unhealthy relationship.</p>	<input type="checkbox"/> Strength?	<p><b>Intimate Relationships</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Gender Identity</b> (Please rate behavior in the <i>past year</i>)</p> <p>0 – Youth has a clear and developmentally appropriate gender identity. Youth is comfortable with his/her self-perceived gender.</p> <p>1 – Youth is experiencing some concerns about gender identity.</p> <p>2 – Youth is experiencing confusion and distress about gender identity.</p> <p>3 – Youth is experiencing significant confusion about his/her gender identity that is placing him/her in significant personal or interpersonal conflict. Youth is at considerable risk of harm (from self or others) because of confusion or the confusion is disabling the youth in at least one life domain.</p>	<input type="checkbox"/> Strength?	<p><b>Gender Identity</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Sexual Orientation</b> (Please rate behavior in the <i>past year</i>)</p> <p>0 – Youth either has no issues or has a clear and developmentally appropriate sexual orientation.</p> <p>1 – Youth is experiencing some concerns about sexual orientation.</p> <p>2 – Youth is experiencing confusion and distress about sexual orientation.</p> <p>3 – Youth is experiencing significant confusion about his/her sexual orientation that is placing him/her in significant personal or interpersonal conflict. Youth is at considerable risk of harm (from self or others) because of confusion or the confusion is disabling the youth in at least one life domain.</p>	<input type="checkbox"/> Strength?	<p><b>Sexual Orientation</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Medication Compliance</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth takes medications as prescribed and without reminders, or youth is not currently on any psychotropic medication.</p> <p>1 – Youth takes prescribed medications routinely, but sometimes needs reminders to maintain compliance. Youth may have a history of medication non-compliance but no current problems.</p> <p>2 – Youth is somewhat non-compliant. Youth may be resistant to taking prescribed medications or may tend to overuse his/her medications. He/she might comply with prescription plans for periods of time (1 -2 weeks) but generally does not sustain taking medication in prescribed doses or protocol.</p> <p>3 – Youth has refused to take prescribed medications during the past 30 day period or has abused his/her medications to a significant degree (i.e., overdosing or over-using medications to a dangerous degree).</p>	<input type="checkbox"/> Strength?	<p><b>Medication Compliance</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Educational Attainment</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth has achieved all educational goals. Or, he/she has no educational goals; however, this has no impact on lifetime vocational functioning.</p> <p>1 – Youth has set educational goals and is currently making progress toward achieving them.</p> <p>2 – Youth has set educational goals but is currently not making progress toward achieving them.</p> <p>3 – Youth has no educational goals and lack of educational attainment is interfering with his/her lifetime vocational functioning.</p>	<input type="checkbox"/> Strength?	<p><b>Educational Attainment</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Victimization</b> (Please rate the highest level <i>using time periods provided in the anchors</i>)</p> <p>0 – Youth has no evidence of recent victimization and no significant history of victimization within the past year. He/she may have been robbed or burglarized on one or more occasions in the past, but no pattern of victimizations exists. He/she is not presently at risk for victimization.</p> <p>1 – Youth has a history of victimization, but has not been victimized to any significant degree in the past year. Youth is not presently at risk for re-victimization.</p> <p>2 – Youth has been recently victimized (within the past year) but is not at acute risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.</p> <p>3 – Youth has been recently victimized and is in acute risk of re-victimization (e.g., working as a prostitute, living in an abusive relationship).</p>	<input type="checkbox"/> Strength?	<p><b>Victimization</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
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<p><b>The Family Difficulties Module</b></p>	<p><b>RATING SCALE</b> →</p> <p>0 = No Problems ----- No action needed  1 = Mild Problems ----- Let's watch, try to prevent  2 = Moderate Problems --- Help is needed  3 = Severe Problems ---- Help is needed now</p>
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<p><b>Relationship with Biological Mother Only</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Adaptive relationship. Youth has a generally positive relationship with biological mother. He/she has formed a secure attachment, and can turn to mother for security, comfort or guidance.</p> <p>1 – Mostly adaptive relationship. Youth has a somewhat positive relationship with biological mother. He/she appears to have mild attachment problems that interfere with his/her ability to turn to mother for comfort or guidance. Or, no contact with biological mother; however, he/she has another positive maternal relationship and does not appear to have attachment problems.</p> <p>2 – Limited adaptive relationship. Youth has a somewhat negative relationship with biological mother. He/she appears to have moderate attachment problems that interfere with his/her ability to turn to mother for security, comfort, or guidance.</p> <p>3 – Significant difficulties with relationship. Youth has no ongoing relationship with his/her biological mother. Youth appears to have severe attachment problems.</p>	<p><b>Relationship with Biological Mother Only</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
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<p><b>Relationship with Biological Father Only</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Adaptive relationship. Youth has a generally positive relationship with biological father. He/she appears to have formed a secure attachment, and can turn to father for security, comfort or guidance.</p> <p>1 – Mostly adaptive relationship. Youth has a somewhat positive relationship with biological father. He/she appears to have mild attachment problems that interfere with his/her ability to turn to father for comfort or guidance. Or, no contact with biological father; however, he/she has another positive paternal relationship and does not appear to have attachment problems.</p> <p>2 – Limited adaptive relationship. Youth has a somewhat negative relationship with biological father. He/she appears to have moderate attachment problems that interfere with his/her ability to turn to father for security, comfort, or guidance.</p> <p>3 – Significant difficulties with relationship. Youth has no ongoing relationship with his/her biological father. He/she appears to have severe attachment problems.</p>	<p><b>Relationship with Biological Father Only</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
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<p><b>Relationship with Primary Caregiver</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Adaptive relationship. Youth has a generally positive relationship with primary caregiver. He/she appears to have formed a secure attachment, and can turn to primary caregiver for security, comfort or guidance.</p> <p>1 – Mostly adaptive relationship. Youth has a somewhat positive relationship with primary caregiver. He/she appears to have moderate attachment problems that interfere with his/her ability to turn to primary caregiver for security, comfort, or guidance.</p> <p>2 – Limited adaptive relationship. Youth has a somewhat negative relationship with primary caregiver. He/she appears to have moderate attachment problems that interfere with his/her ability to turn to primary caregiver for security, comfort or guidance.</p> <p>3 – Significant difficulties with relationship. Youth has no ongoing relationship with his/her primary caregiver. He/she appears to have severe attachment problems.</p>	<p><b>Relationship with Primary Caregiver</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
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<p><b>Relationship Among Siblings</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Adaptive relationships. Siblings generally get along well. Occasional fights or conflicts between them occur, but are quickly resolved. Or, youth has no siblings.</p> <p>1 – Mostly adaptive relationships. Siblings often do not get along. They generally attempt to resolve their fights or conflicts but have limited success in doing so.</p> <p>2 – Limited adaptive relationships. Siblings often do not get along. They generally attempt to resolve their fights or conflicts but have limited success in doing so.</p> <p>3 – Significant difficulties with relationships. Siblings do not get along. The relationships are marked by detachment or active, continuing conflicts, and may include physical violence.</p>	<p><b>Relationship Among Siblings</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Parental/Caregiver Collaboration</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Adaptive collaboration. Parents/caregivers usually work together regarding issues of the development and well being of the youth. They are able to negotiate disagreements related to the youth.</p> <p>1 – Mostly adaptive collaboration. Generally good parental/caregiver collaboration with occasional difficulties negotiating miscommunications or misunderstanding regarding issues of the development and well being of the youth.</p> <p>2 – Limited adaptive collaboration. Moderate problems of communication and collaboration between two or more parents/caregivers with regard to issues of the development and well-being of the youth.</p> <p>3 – Significant difficulties with collaboration. Minimal collaboration and destructive or sabotaging communication among any parents/caregivers regarding issues related to the development and well-being of the youth.</p>	<p><b>Parental/Caregiver Collaboration</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>The Family Communication</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Adaptive communication. Family members are generally able to directly communicate important information amongst each other. Family members are able to understand each other's feelings and needs.</p> <p>1 – Mostly adaptive communication. Family members can communicate important information amongst each other. Some individuals or certain topics are excluded from direct communication. Mutual understanding is inconsistent.</p> <p>2 – Limited adaptive communication. Family members are generally unable to directly communicate important information amongst each other. Family members have difficulties understanding each other's feelings and needs.</p> <p>3 – Significant difficulties with communication. Family members communicate mostly through indirect, covert means or there is no sharing of important information at all. They are not able to understand each other's feelings or needs.</p>	<p><b>The Family Communication</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>The Family Role Appropriateness</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Adaptive boundaries. Family has strong appropriate boundaries amongst members. Clear inter-generational hierarchies are maintained.</p> <p>1 – Mostly adaptive boundaries. Family has generally appropriate boundaries and hierarchies. May experience some minor role blurring.</p> <p>2 – Limited adaptive boundaries. Family has difficulty maintaining appropriate boundaries and/or hierarchies. Some significant role problems exist.</p> <p>3 – Significant difficulties with boundaries. Family has significant problems with establishing and maintaining reasonable boundaries and hierarchies. Significant role confusion or reversals may exist.</p>	<p><b>The Family Role Appropriateness</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>The Family Conflict</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Minimal conflict. Family gets along well and negotiates disagreements appropriately.</p> <p>1 – Some conflict. Family generally gets along fairly well but when conflicts arise resolution is difficult.</p> <p>2 – Significant conflict. Family is generally argumentative and conflict is a fairly constant theme in family communications.</p> <p>3 – Domestic violence. Threat or occurrence of physical, verbal or emotional altercations. Family with a current restraining order against one member would be rated here.</p>	<p><b>The Family Conflict</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<b>Developmental Needs Module</b>		<b>RATING SCALE</b> →	0 = No Problems ----- No action needed 1 = Mild Problems ----- Let's watch, try to prevent 2 = Moderate Problems --- Help is needed 3 = Severe Problems ----- Help is needed now
<b>Cognitive</b> (Please rate the highest level from the <i>past 30 days</i> ) 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 mental retardation. IQ is between 55 and 70. 3 – Youth has moderate to profound mental retardation. IQ is less than 55.	<input type="checkbox"/> Strength?	<b>Cognitive</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>Communication</b> (Please rate the highest level from the <i>past 30 days</i> ) 0 – Youth's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the youth has any problems communicating. 1 – Youth has receptive communication skills but limited expressive communication skills. 2 – Youth has both limited receptive and expressive communication skills. 3 – Youth is unable to communicate.	<input type="checkbox"/> Strength?	<b>Communication</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>Developmental</b> (Please rate the highest level from the <i>past 30 days</i> ) 0 – Youth's development appears to be within normal range. There is no reason to believe that the youth has any developmental problems. 1 – Youth presents with evidence of a mild developmental delay. 2 – Youth presents with evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay. 3 – Youth presents with evidence of a severe developmental disorder.	<input type="checkbox"/> Strength?	<b>Developmental</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>Self-Care Daily Living Skills</b> (Please rate the highest level from the <i>past 30 days</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).	<input type="checkbox"/> Strength?	<b>Self-Care Daily Living Skills</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

<b>Sexuality Module</b>		<b>RATING SCALE</b> →	0 = No Problems ----- No action needed 1 = Mild Problems ----- Let's watch, try to prevent 2 = Moderate Problems --- Help is needed 3 = Severe Problems ----- Help is needed now
<b>Promiscuity</b> (Please rate behavior during the <i>past year</i> ) 0 – Youth exhibits no problems or history of promiscuous sexual behavior. 1 – Youth has lifetime history of promiscuous sexual behavior but has either been monogamous or celibate for the past year. 2 – Youth engages in promiscuous sexual behavior involving multiple partners. 3 – Youth engages in a dangerous level of promiscuous behavior involving multiple partners in unprotected high-risk sexual behavior or with partners who are abusive or otherwise physically dangerous.	<input type="checkbox"/> Strength?	<b>Promiscuity</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

<p><b>Masturbation</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – When and if the youth masturbates, it is kept private and discrete.</p> <p>1 – Youth’s masturbatory behavior is private but not always discrete. For example, a youth who gets caught masturbating multiple times by caregiver.</p> <p>2 – Youth engages in frequent masturbatory behavior that interferes with his/her functioning. An occasion of public masturbation might be rated here.</p> <p>3 – Youth engages in masturbatory behavior that places him/her at high risk for significant sanctions. Multiple public masturbations would be rated here.</p>	<input type="checkbox"/> Strength?	<p><b>Masturbation</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Reactive Sexual Behavior</b> (Please rate <i>using time frames provided in the anchors</i>)</p> <p>0 – Youth has not engaged in any sexual behavior that appears to be imitating previous sexual abuse.</p> <p>1 – Youth has a history of sexual abuse that places him/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.</p> <p>2 – Youth has engaged in sexual behavior (in the past year) that imitates, mirrors, or is related to previous sexual abuse.</p> <p>3 – Youth has engaged in sexual behavior (in the past year) that imitates, mirrors, or is related to previous sexual abuse that places either the youth or others in significant danger of harm.</p>	<input type="checkbox"/> Strength?	<p><b>Reactive Sexual Behavior</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Knowledge of Sex</b> (Please rate the behavior in the <i>past 30 days</i>)</p> <p>0 – Youth has a developmentally appropriate level of knowledge about sex and sexuality.</p> <p>1 – Youth may be more knowledgeable about sex/sexuality than would be indicated by his/her age, and has no deficit of knowledge.</p> <p>2 – Youth has significant deficits in knowledge about sex or sexuality. Deficits interfere with functioning in at least one life domain.</p> <p>3 – Youth has significant deficits in knowledge about sex and/or sexuality that places him/her at risk for significant physical or emotional harm.</p>	<input type="checkbox"/> Strength?	<p><b>Knowledge of Sex</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Choice of Relationships</b> (Please rate the behavior in the <i>past 30 days</i>)</p> <p>0 – Youth demonstrates developmentally appropriate choices in relationships with a potential sexual component.</p> <p>1 – Youth has history of poor choices in selecting relationships with regard to sexuality.</p> <p>2 – Youth currently or recently has exhibited poor choices in terms of selecting relationships for reasons involving sexuality.</p> <p>3 – Youth involves self in notably inappropriate or dangerous relationships for reasons involving sexuality.</p>	<input type="checkbox"/> Strength?	<p><b>Choice of Relationships</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Sexual Exploitation</b> (Please rate behavior in the <i>past year</i>)</p> <p>0 – Youth may or may not engage in sexual interactions; however, there is no evidence of being sexually exploited or engaging in a sexual act in exchange for favors or items (e.g., cell phone). Additionally, he/she is not at risk for this type of exploitation.</p> <p>1 – There is no evidence of sexual exploitation; however, youth is perceived to be at risk for being groomed for sexual exploitation (e.g., pattern of Internet relationships).</p> <p>2 – Sexual interactions are occurring, but not due to exploitation or bartering with sex; BUT, the interactions appear to be partially related to an exchange (e.g., social prestige). No direct payment for sex and activities are not directed by a pimp.</p> <p>3 – Sexual activities are done in exchange for money or items (e.g., cell phones, food and clothing). Activities may or may not be directed by a pimp. Youth may or may not be engaging in such acts willingly.</p>	<input type="checkbox"/> Strength?	<p><b>Sexual Exploitation</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

**School Module**

**School Module: CANS STRENGTHS  
NOTE "STRENGTHS" RATING SCALE**

**RATING  
SCALE** →

0 = Strong -----no evidence of problems  
 1 = Good -----history, mild  
 2 = Potential ----- moderate  
 3 = Severe -----need help to identify these strengths

**Attention–Concentration in School** (Please rate the behavior in the *past 30 days*)

- 0 – Youth is able to focus on tasks and complete them in a timely manner within his/her current academic setting.
- 1 – Youth is having some minor problems staying on task and managing time wisely within his/her academic setting. Attention level does not interfere with school functioning.
- 2 – Youth is having some moderate problems staying on task and managing time wisely within his/her academic setting. Attention level interferes with ability to perform in school.
- 3 – Youth is experiencing severe disruptions staying on task and managing time wisely within his/her academic setting. These problems prevent him/her from functioning in school.

**Attention-Concentration in School**

0  1  2  3

**Sensory Integration Difficulties in School** (Please rate the behavior in the *past 30 days*)

- 0 – Youth is able to integrate sensory experiences within his/her current academic setting.
- 1 – History, or suspicion of youth having some minor problems integrating sensory experiences within his/her academic setting; however, no intervention or help is needed at this time.
- 2 – Youth has some moderate problems integrating sensory experiences which are negatively impacting his/her ability to function within his/her academic setting.
- 3 – Youth has major problems due to his/her inability to integrate sensory experiences and these are severely impacting his/her ability to function within his/her academic setting.

**Sensory Integration Difficulties in School**

0  1  2  3

**Affect Dysregulation in School** (Please rate the behavior in the *past 30 days*)

- 0 – Youth has no problems with affect regulation related to his/her academic functioning.
- 1 – History, or suspicion of the youth having problems with affect regulation; however, no intervention/ help is needed at this time.
- 2 – Youth has significant problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with his/her functioning at school.
- 3 – Youth is unable to regulate affect and this is having a severe impact upon his/her functioning at school.

**Affect Dysregulation in School**

0  1  2  3

**Anxiety in School** (Please rate the behavior in the *past 30 days*)

- 0 – No evidence or indication of anxiety problems in school.
- 1 – History, or suspicion of anxiety problems associated with the school environment; however, no intervention or help is needed at this time.
- 2 – Clear evidence of anxiety problems associated with either anxious mood or significant fearfulness. Anxiety/fearfulness has interfered significantly in youth’s ability to function in the school environment.
- 3 – Clear evidence of debilitating level of anxiety that makes it virtually impossible for youth to function in the school environment.

**Anxiety in School**

0  1  2  3

**Depression in School** (Please rate the behavior in the *past 30 days*)

- 0 – No indication of depressed mood impacting school activities.
- 1 – History, or suspicion of depressive symptoms impacting youth’s functioning in the school environment; however, no intervention or help is needed at this time.
- 2 – Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in youth’s ability to function at school.
- 3 – Clear evidence of disabling level of depression that makes it virtually impossible for youth to function at school.

**Depression in School**

0  1  2  3

<p><b>Peer Relations in School</b> (Please rate the behavior in the <i>past 30 days</i>)</p> <p>0 – Youth relates to, and gets along well with, peers at school.</p> <p>1 – Youth is having some minor problems relating to, and getting along with, peers at school.</p> <p>2 – Youth is having some moderate problems relating to, and getting along with, peers at school.</p> <p>3 – Youth is experiencing severe disruptions relating to, and getting along with, peers at school.</p>	<p><b>Peer Relations in School</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Oppositional in School</b> (Please rate the behavior in the <i>past 30 days</i>)</p> <p>0 – No indication of oppositional behaviors in school.</p> <p>1 – History, or suspicion of oppositional behaviors toward school staff; however, no intervention or help is needed at this time.</p> <p>2 – Clear evidence of oppositional and/or defiant behavior toward teachers and/or other school personnel, that is currently interfering with the youth’s functioning in the school environment.</p> <p>3 – Clear evidence of a significant level of oppositional behavior that is interfering with the youth’s ability to participate in school, to the point of risking disciplinary actions (e.g., suspension or expulsion).</p>	<p><b>Oppositional in School</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Conduct in School</b> (Please rate the behavior in the <i>past 30 days</i>)</p> <p>0 – No indication of conduct problems in school.</p> <p>1 – History, or suspicion of conduct problems while in school; however, no intervention or help is needed at this time.</p> <p>2 – Clear evidence of conduct problems including, but not limited to, lying, stealing, manipulating peers, sexual aggression, and violence towards peers or property. These behaviors are impacting youth’s ability to participate in school.</p> <p>3 – Evidence of a severe level of conduct problems, as described above, that places youth or community at significant risk of physical harm. Behaviors have resulted in, or are very likely to result in, disciplinary actions (e.g., suspension or expulsion).</p>	<p><b>Conduct in School</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Permanency Module</b></p>		
<p><b>School Module: CANS STRENGTHS</b> NOTE “STRENGTHS” RATING SCALE</p>	<p><b>RATING SCALE</b> →</p> <p>0 = Strong -----no evidence of problems  1 = Good -----history, mild  2 = Potential ----- moderate  3 = Severe -----need help to identify these strengths</p>	
<p><b>Siblings</b> (Please rate behavior in the <i>past year</i>)</p> <p>0 – Siblings are currently in youth’s life and are likely to continue to be an ongoing and meaningful presence. They have a good relationship. Or youth has no siblings.</p> <p>1 – Siblings are currently in youth’s life but it is not certain if siblings will continue to be in his/her life. Relationship between siblings and youth may be unstable; however, no intervention or help is needed at this time.</p> <p>2 – Future of sibling relations is uncertain and currently they are either not consistently in youth’s life, have had occasional contact with youth, or contacts include such difficulties that future stable relations are not likely.</p> <p>3 – Siblings are not in youth’s life and have not had contact with youth in the past year. Location of siblings may be unknown. Relationship</p>	<p><input type="checkbox"/> Strength?</p> <p><b>Siblings</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	

<p>between siblings and youth is unstable. Without intervention or change, future relations are not possible.</p> <p><b>Biological/Adoptive Mother</b> (Please rate behavior in the <i>past year</i>) <input type="checkbox"/> Strength?</p> <p>0 – Biological/adoptive mother is currently in youth’s life and is likely to continue to be an ongoing and meaningful presence. The quality of the relationship is good enough that contact throughout life is expected.</p> <p>1 – Biological/adoptive mother is currently in youth’s life but it is not certain if she will continue to be in youth’s life. Relationship between biological/adoptive mother and youth may be unstable; however, no intervention or help is needed at this time.</p> <p>2 – Future of relationship between biological/adoptive mother and youth is uncertain and currently mother is either not consistently in youth’s life, has had occasional contact with youth, or contacts include such difficulties that future stable relations are not likely.</p> <p>3 – Biological/adoptive mother is <b>not</b> in youth’s life and has not had contact with youth in the past year. Location of mother may be unknown. Relationship between biological/adoptive mother and youth is unstable. Without intervention or change, future relations are not possible.</p>	<p><b>Biological/Adoptive Mother</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Biological/Adoptive Father</b> (Please rate behavior in the <i>past year</i>) <input type="checkbox"/> Strength?</p> <p>0 – Biological/adoptive father is currently in youth’s life and is likely to continue to be an ongoing and meaningful presence. The quality of the relationship is good enough that contact throughout life is expected.</p> <p>1 – Biological/adoptive father is currently in youth’s life but it is not certain if he will continue to be in youth’s life. Relationship between biological/adoptive father and youth may be unstable; however, no intervention or help is needed at this time.</p> <p>2 – Future of relationship between biological/adoptive father and youth is uncertain and father is either not consistently in youth’s life, has had occasional contact with youth, or contacts include such difficulties that future stable relations are not likely.</p> <p>3 – Future of relationship between biological/adoptive father and youth is uncertain. Father is <b>not</b> in youth’s life and has not had contact with youth in the past year. Location of father may be unknown. Relationship between biological/adoptive father and youth is unstable. Without intervention or change, future relations are not possible.</p>	<p><b>Biological/Adoptive Father</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Other Significant Adults</b> (Please rate behavior in the <i>past year</i>) <input type="checkbox"/> Strength?</p> <p>0 – Another significant adult or other adults are currently in youth’s life and are likely to continue to be an ongoing and meaningful presence. Youth and other adult(s) have a good relationship.</p> <p>1 – Another significant adult or other adults are currently in youth’s life but it is not certain if they will continue to be in youth’s life. Relationship between the other adults and youth may be unstable; however, no intervention or help is needed at this time.</p> <p>2 – Another significant adult is not currently in youth’s life, but youth has had occasional contact with a significant adult within the last year. Relationship between another adult and youth is unstable and future stable relations are not likely.</p> <p>3 – Youth does not have any relationships with other significant adults. Without intervention or change, future significant stable relations are not possible.</p>	<p><b>Other Significant Adults</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Current Living Situation</b> (Please rate behavior in the <i>past year</i>) <input type="checkbox"/> Strength?</p> <p>0 – Youth lives with adoptive/biological parents or legal guardian and there are no plans to move child. It is expected that this residence would continue past the youth’s 18<sup>th</sup> birthday.</p> <p>1 – Youth lives with adoptive/biological parents or legal guardian and it has been indicated that staying past 18<sup>th</sup> birthday is likely; however, there may be problems in the home that can eventually result in removal of youth.</p> <p>2 – Youth is in a foster home. Caregivers may or may not be pursuing adoption or guardianship. It is not likely that this residence will continue past the youth’s 18<sup>th</sup> birthday.</p> <p>3 – Youth is in a residential placement (e.g., group home). It is not expected that this residence will be available past the youth’s 18<sup>th</sup> birthday.</p>	<p><b>Current Living Situation</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Grief &amp; Loss</b> (Please rate behavior in the <i>past year</i>)</p> <p>0 – No significant losses or youth has successfully gone through grieving process. Youth is able to form new relationships.</p> <p>1 – Youth has had losses and is going through grieving process. Youth is trying and wants to form relationships.</p> <p>2 – Youth has had losses and is going through grieving process. Youth is still angry and expresses grief through acting out, behaving aggressively toward others or other maladaptive behavior. Youth may not be able to form new relationships.</p> <p>3 – Youth has had losses and has <b>not started</b> grieving process. Youth is still in shock or denial about loss and may exhibit symptoms of PTSD, ODD, or RAD, in addition to maladaptive behavior. Youth is not ready to form relationships.</p>	<p><input type="checkbox"/> Strength?</p> <p><b>Grief &amp; Loss</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Family Identity and Belonging</b> (Please rate behavior in the <i>past year</i>)</p> <p>0 – Youth has a clear sense of family identity and is connected to other family members who share this identity. Youth has knowledge about his/her family’s history, heritage, and genealogy.</p> <p>1 – Youth is experiencing some confusion or concern regarding his/her family identity but is connected to family members. Youth may have family identity but is not connected to other family members who share this identity.</p> <p>2 – Youth has significant struggles with his/her own family identity. Youth may have family identity but is not connected to other family members who share this identity.</p> <p>3 – Youth has <b>no</b> sense of family identity or is experiencing significant problems due to conflict regarding family identity. The youth is not connected to other family members who share this identity.</p>	<p><input type="checkbox"/> Strength?</p> <p><b>Family Identity &amp; Belonging</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Family Finding</b> (Please rate behavior in the <i>past year</i>)</p> <p>0 – Youth has made positive connections with adults resulting from Family Finding, or Family Finding efforts are not needed.</p> <p>1 – The process of Family Finding has started for child, but no connections have been made. No additional intervention or help is needed at this time.</p> <p>2 – Family Finding has been discussed with child, but the process has not started. Without additional efforts, successful Family Finding is not likely.</p> <p>3 – The topic of Family Finding has never been discussed with child. Youth has received no Family Finding. Without additional efforts, successful Family Finding is not possible.</p>	<p><input type="checkbox"/> Strength?</p> <p><b>Family Finding</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Trauma Module</b></p>	
<p><b>School Module: CANS STRENGTHS</b>  <b>NOTE “STRENGTHS” RATING SCALE</b></p>	<p><b>RATING SCALE</b> →</p> <p>0 = Strong -----no evidence of problems  1 = Good -----history, mild  2 = Potential ----- moderate  3 = Severe -----need help to identify these strengths</p>
<p><b>Sexual Abuse</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – There is no evidence that youth has experienced sexual abuse.</p> <p>1 – Youth has experienced one episode of sexual abuse or there is a suspicion that youth has experienced sexual abuse but no confirming evidence.</p> <p>2 – Youth has experienced repeated sexual abuse.</p> <p>3 – Youth has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.</p>	<p><input type="checkbox"/> Strength?</p> <p><b>Sexual Abuse</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Physical Abuse</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – There is no evidence that youth has experienced physical abuse.</p> <p>1 – Youth has experienced one episode of physical abuse or there is a suspicion that youth has experienced physical abuse but no confirming evidence.</p> <p>2 – Youth has experienced repeated physical abuse.</p> <p>3 – Youth has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.</p>	<input type="checkbox"/> Strength?	<p><b>Physical Abuse</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Emotional Abuse</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – There is no evidence that youth has experienced emotional abuse.</p> <p>1 – Youth has experienced mild emotional abuse.</p> <p>2 – Youth has experienced emotional abuse over an extended period of time (at least one year).</p> <p>3 – Youth has experienced severe and repeated emotional abuse over an extended period of time (at least one year).</p>	<input type="checkbox"/> Strength?	<p><b>Emotional Abuse</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Neglect</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – There is no evidence that youth has experienced neglect.</p> <p>1 – Youth has experienced minor or occasional neglect. Youth may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of child.</p> <p>2 – Youth has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter or clothing with corrective action.</p> <p>3 – Youth has experienced a severe level of neglect including prolonged absences by adults without minimal supervision. Adults have failed to provide basic necessities of life on a regular basis.</p>	<input type="checkbox"/> Strength?	<p><b>Neglect</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Medical Trauma</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – There is no evidence that youth has experienced any medical trauma.</p> <p>1 – Youth has experienced mild medical trauma including minor surgery (e.g., stitches, bone setting).</p> <p>2 – Youth has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.</p> <p>3 – Youth has experienced life threatening medical trauma.</p>	<input type="checkbox"/> Strength?	<p><b>Medical Trauma</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Natural Disaster</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – There is no evidence that youth has experienced any natural disaster.</p> <p>1 – Youth has been indirectly affected by a natural disaster.</p> <p>2 – Youth has experienced a natural disaster which has had a notable impact on his/her well-being.</p> <p>3 – Youth has experienced a life-threatening natural disaster.</p>	<input type="checkbox"/> Strength?	<p><b>Natural Disaster</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Witness to Family Violence</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – There is no evidence that youth has witnessed family violence.</p> <p>1 – Youth has witnessed one episode of family violence.</p> <p>2 – Youth has witnessed repeated episodes of family violence but no significant injuries (i.e., requiring emergency medical attention) have been witnessed.</p> <p>3 – Youth has witnessed repeated and/or severe episodes of family violence. Significant injuries have occurred as a direct result of the family violence.</p>	<input type="checkbox"/> Strength?	<p><b>Witness to Family Violence</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Witness to Community Violence</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – There is no evidence that youth has witnessed violence in the community.  1 – Youth has witnessed one episode of fighting or other forms of violence in the community.  2 – Youth has witnessed repeated episodes of community violence, which may include significant injury of others.  3 – Youth has witnessed repeated and/or severe episodes of community violence. Significant injuries occurred as a direct result of the violence..</p>	<input type="checkbox"/> Strength?	<p><b>Witness to Community Violence</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Witness/Victim to Criminal Activity</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – There is no evidence that youth has been victimized or witness to significant criminal activity.  1 – Youth has witnessed significant criminal activity.  2 – Youth has been a direct victim of criminal activity or witnessed victimization of a family member or friend.  3 – Youth has been a direct victim of criminal activity that was life-threatening or caused significant physical harm or youth witnessed death of a loved one.</p>	<input type="checkbox"/> Strength?	<p><b>Witness/Victim to Criminal Activity</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Marital Partner Violence</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – Caregivers appear to be functioning adequately. There is no evidence of notable conflict in the caregiver relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.  1 – Mild to moderate level of family problems, including marital difficulties and caregiver arguments are present. Caregivers are generally able to keep arguments to a minimum when youth is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.  2 – Significant level of caregiver difficulties are present including frequent arguments that often escalate to verbal aggression or the use of verbal aggression by one partner to control the other. Youth often witnesses these arguments between caregivers or the use of verbal aggression by one partner to control the other.  3 – A profound level of caregiver or marital violence is present that often escalates to mutual attacks or the use of physical aggression by one partner to control the other. These episodes may exacerbate youth’s difficulties or put the youth at greater risk.</p>	<input type="checkbox"/> Strength?	<p><b>Marital Partner Violence</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Trauma - Sexual Abuse Emotional Closeness to Perpetrator</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – Perpetrator was a stranger at the time of the abuse.  1 – Perpetrator was known to the youth at the time of abuse, but only as an acquaintance (e.g., one time babysitter).  2 – Perpetrator had a close relationship with the youth at the time of the abuse, but was not an immediate family member (e.g., coach, teacher).  3 – Perpetrator was an immediate family member (e.g., parent, sibling) or an extended family member with frequent/close contact (e.g., uncle in same town).</p>	<input type="checkbox"/> Strength?	<p><b>Trauma-Sexual Abuse Emotional Closeness to Perpetrator</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Trauma – Sexual Abuse Frequency of Abuse</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – Abuse occurred only one time.  1 – Abuse occurred two times.  2 – Abuse occurred two to ten times.  3 – Abuse occurred more than ten times.</p>	<input type="checkbox"/> Strength?	<p><b>Trauma-Sexual Abuse Frequency of Abuse</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Trauma – Sexual Abuse Duration</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – Abuse occurred only one time.  1 – Abuse occurred within a six-month time period.  2 – Abuse occurred within a six-month time-year time period.  3 – Abuse occurred over a period of longer than one year.</p>	<input type="checkbox"/> Strength?	<p><b>Trauma-Sexual Abuse Duration</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Trauma – Sexual Abuse Force</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – No threat of violence or actual force occurred during the abuse episode(s).  1 – Sexual abuse was associated with threat of violence but no actual physical force occurred.  2 – Physical violence/force was used during the sexual abuse.  3 – Significant physical violence/force was used during the sexual abuse. Physical injuries occurred as a result of the force.</p>	<input type="checkbox"/> Strength?	<p><b>Trauma-Sexual Abuse Force</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Trauma – Sexual Abuse Reaction to Disclosure</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – All significant family members are aware of the abuse and supportive of the youth coming forward with the description of his/her abuse experience.  1 – Most significant family members are aware of the abuse and supportive of the youth coming forward with the description of his/her abuse experience. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.  2 – A significant split occurred among family members in terms of their support of the youth for coming forward with the description of his/her abuse experience.  3 – A significant lack of support from close family members of the youth for coming forward with the description of his/her abuse experience. A significant relationship (e.g., parent, care-giving grandparent) is threatened as a result of the disclosure.</p>	<input type="checkbox"/> Strength?	<p><b>Trauma-Sexual Abuse Reaction to Disclosure</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Trauma – Adjustment to Sexual Abuse Expansion - Affect Regulation</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth has no problem with affect regulation.  1 – Youth has mild to moderate problems with affect regulation.  2 – Youth has severe problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with his/her functioning in some life domains.  3 – Youth unable to regulate affect.</p>	<input type="checkbox"/> Strength?	<p><b>Trauma-Adjustment to Sexual Abuse Expansion-Affect Regulation</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Trauma – Adjustment to Sexual Abuse Intrusions</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – There is no evidence that youth experiences intrusive thoughts of trauma.  1 – Youth experiences some intrusive thoughts of trauma but they do not affect his/her functioning.  2 – Youth experiences intrusive thoughts that interfere in his/her ability to function in some life domains.  3 – Youth experiences repeated and severe intrusive thoughts of trauma that interfere in his/her ability to function in some life domains.</p>	<input type="checkbox"/> Strength?	<p><b>Trauma-Adjustment to Sexual Abuse Intrusions</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Trauma – Adjustment to Sexual Abuse – Attachment</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – No evidence of attachment problems. Parent-youth relationship is characterized by satisfaction of needs, youth’s development of a sense of security and trust.</p> <p>1 – Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment.</p> <p>2 – Moderate problems with attachment. Youth is having problems with attachment that require intervention. A youth who meets the criteria for an Attachment Disorder in DSM-IV would be rated here.</p> <p>3 – Severe problems with attachment. A youth who is unable to separate or a youth who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.</p>	<input type="checkbox"/> Strength?	<p><b>Trauma-Adjustment to Sexual Abuse - Attachment</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Trauma – Adjustment to Sexual Abuse – Dissociation</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – There is no evidence of dissociation.</p> <p>1 – Youth may experience some symptoms of dissociation.</p> <p>2 – Youth clearly experiences episodes of dissociation.</p> <p>3 – Youth exhibits profound dissociation.</p>	<input type="checkbox"/> Strength?	<p><b>Trauma-Adjustment to Sexual Abuse – Dissociation</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Trauma – Adjustment to Sexual Abuse - Caregiver Post Traumatic Reactions</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Caregiver has adjusted to traumatic experiences without notable posttraumatic stress reactions.</p> <p>1 – Caregiver has some mild adjustment problems related to his/her youth’s or their own traumatic experience. Caregiver may exhibit some guilt about his/her youth’s trauma or become somewhat detached or estranged from others.</p> <p>2 - Caregiver has moderate adjustment difficulties related to traumatic experiences. Caregiver may have nightmares or flashbacks of the trauma.</p> <p>3 – Caregiver has significant adjustment difficulties associated with traumatic experiences. Symptoms might include intrusive thoughts, hypervigilance and constant anxiety.</p>	<input type="checkbox"/> Strength?	<p><b>Trauma-Adjustment to Sexual Abuse-Caregiver Post Traumatic Reactions</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Substance Use Disorder Module</b></p>	<p><b>RATING SCALE</b> →</p> <p>0 = No Problems ----- No action needed  1 = Mild Problems ----- Let’s watch, try to prevent  2 = Moderate Problems --- Help is needed  3 = Severe Problems ---- Help is needed now</p>					
	<table border="1"> <tr> <td data-bbox="86 1036 1570 1222"> <p><b>Severity of Use</b> (Please rate the highest level based upon the <i>time periods provided in the anchors</i>)</p> <p>0 – Youth is currently abstinent and has maintained <b>abstinence for at least six months</b>.</p> <p>1 – Youth is currently <b>abstinent but only in the past 30 days</b> or youth has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.</p> <p>2 – Youth actively uses alcohol or drugs but <b>not daily</b>.</p> <p>3 – Youth uses alcohol and/or drugs <b>on a daily basis</b>.</p> </td> <td data-bbox="1581 1036 1749 1222"> <input type="checkbox"/> Strength? </td> <td data-bbox="1759 1036 2001 1222"> <p><b>Severity of Use</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> </td> </tr> <tr> <td data-bbox="86 1230 1570 1409"> <p><b>Duration of Use</b> (Please rate the highest level based upon the <i>time periods provided in the anchors</i>)</p> <p>0 – Youth has begun use in the <b>past year</b>.</p> <p>1 – Youth has been using alcohol or drugs for at <b>least one year</b> but has had periods of at least 30 days where he/she did not have any use.</p> <p>2 – Youth has been using alcohol or drugs for <b>at least one year (but less than five years), but not daily</b>.</p> <p>3 – Youth has been using alcohol or drugs <b>daily for more than the past year or intermittently for at least five years</b>.</p> </td> <td data-bbox="1581 1230 1749 1409"> <input type="checkbox"/> Strength? </td> <td data-bbox="1759 1230 2001 1409"> <p><b>Duration of Use</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> </td> </tr> </table>	<p><b>Severity of Use</b> (Please rate the highest level based upon the <i>time periods provided in the anchors</i>)</p> <p>0 – Youth is currently abstinent and has maintained <b>abstinence for at least six months</b>.</p> <p>1 – Youth is currently <b>abstinent but only in the past 30 days</b> or youth has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.</p> <p>2 – Youth actively uses alcohol or drugs but <b>not daily</b>.</p> <p>3 – Youth uses alcohol and/or drugs <b>on a daily basis</b>.</p>	<input type="checkbox"/> Strength?	<p><b>Severity of Use</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p><b>Duration of Use</b> (Please rate the highest level based upon the <i>time periods provided in the anchors</i>)</p> <p>0 – Youth has begun use in the <b>past year</b>.</p> <p>1 – Youth has been using alcohol or drugs for at <b>least one year</b> but has had periods of at least 30 days where he/she did not have any use.</p> <p>2 – Youth has been using alcohol or drugs for <b>at least one year (but less than five years), but not daily</b>.</p> <p>3 – Youth has been using alcohol or drugs <b>daily for more than the past year or intermittently for at least five years</b>.</p>	<input type="checkbox"/> Strength?
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<p><b>Stage of Recovery</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth is in maintenance stage of recovery. Youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.</p> <p>1 – Youth is actively trying to use treatment to remain abstinent.</p> <p>2 – Youth is in contemplation phase, recognizing a problem but not willing to take steps for recovery.</p> <p>3 – Youth is in denial regarding the existence of any substance use problem.</p>	<input type="checkbox"/> Strength?	<p><b>Stage of Recovery</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Peer Influences</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth’s primary peer social network does not engage in alcohol or drug use.</p> <p>1 – Youth has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.</p> <p>2 – Youth predominantly has peers who engage in alcohol or drug use but youth is not a member of a gang.</p> <p>3 – Youth is a member of a peer group that consistently engages in alcohol or drug use.</p>	<input type="checkbox"/> Strength?	<p><b>Peer Influences</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Parental Influences</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – There is no evidence that youth’s parents/guardians have ever engaged in substance abuse.</p> <p>1 – One of youth’s parents/guardians has history of substance abuse but not in the past year.</p> <p>2 – One or both of youth’s parents/guardians have been intoxicated with alcohol or drugs in the presence of the youth.</p> <p>3 – One or both of youth’s parents/guardians use alcohol or drugs with the youth.</p>	<input type="checkbox"/> Strength?	<p><b>Parental Influences</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Environmental Influences</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – No evidence that the youth’s environment stimulates or exposes the youth to any alcohol or drug use.</p> <p>1 – Mild problems exist in the youth’s environment that might expose the youth to alcohol or drug use.</p> <p>2 – Moderate problems exist in the youth’s environment that clearly exposes the youth to alcohol or drug use.</p> <p>3 – Severe problems exist in the youth’s environment that stimulates the youth to engage in alcohol or drug use.</p>	<input type="checkbox"/> Strength?	<p><b>Environmental Influences</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Violence Module</b></p>	<p><b>RATING SCALE</b> →</p> <p>0 = No Problems ----- No action needed  1 = Mild Problems ----- Let’s watch, try to prevent  2 = Moderate Problems --- Help is needed  3 = Severe Problems ----- Help is needed now</p>		
	<p><b>History of Physical Abuse</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – No evidence of a history of physical abuse.</p> <p>1 – Youth has experienced corporal punishment.</p> <p>2 – Youth has experienced physical abuse on one or more occasions from caregiver or parent.</p> <p>3 – Youth has experienced extreme physical abuse that has resulted in physical injuries that required medical care.</p>	<input type="checkbox"/> Strength?	<p><b>History of Physical Abuse</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
	<p><b>History of Violence</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – No evidence of any history of violent behavior by the youth.</p> <p>1 – Youth has engaged in mild forms of violent behavior including vandalism, minor destruction of property, physical fights in which no one was injured (e.g., shoving, wrestling).</p> <p>2 – Youth has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals (that did not result in significant injury or death of the animal).</p> <p>3 – Youth has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal.</p>	<input type="checkbox"/> Strength?	<p><b>History of Violence</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Witness to Domestic Violence</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – No evidence that youth has witnessed domestic violence.</p> <p>1 – Youth has witnessed domestic violence in household on at least one occasion but the violence did not result in injury.</p> <p>2 – Youth has witnessed repeated domestic violence that has resulted in the injury of at least one family member that required medical treatment.</p> <p>3 – Youth has witnessed the murder or rape of a family member.</p>	<input type="checkbox"/> Strength?	<p><b>Witness to Domestic Violence</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Witness to Environmental Violence</b> (Please rate at highest level within the <i>lifetime</i>)</p> <p>0 – No evidence is present that youth has witnessed violence in his/her environment and does not watch an excessive amount of violent media.</p> <p>1 – Youth has not witnessed violence in his/her environment but watches an excessive amount of violent media including movies and video games.</p> <p>2 – Youth has witnessed at least one occasion of violence in his/her environment.</p> <p>3 – Youth has witnessed a murder or rape.</p>	<input type="checkbox"/> Strength?	<p><b>Witness to Environmental Violence</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Bullying</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth has never engaged in bullying at school or in the community.</p> <p>1 – Youth has been involved with groups that bully other children/youth either in school or the community; however, youth has not had a leadership role in these groups.</p> <p>2 – Youth has bullied other children/youth in school or community. Youth has either bullied the other children/youth individually or led a group that bullied children/youth.</p> <p>3 – Youth has repeatedly utilized threats or actual violence to bully children/youth in school and/or community.</p>	<input type="checkbox"/> Strength?	<p><b>Bullying</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Frustration Management</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 - Youth appears to be able to manage frustration well. No evidence of problems of frustration management is present.</p> <p>1 – Youth has some mild problems with frustration. He/she may anger easily when frustrated; however, he/she is able to calm him/her self down following an angry outburst.</p> <p>2 – Youth has problems managing frustration. His/her anger when frustrated is causing functioning problems in school, at home or with peers.</p> <p>3 – Youth becomes explosive and dangerous to others when frustrated. He/she demonstrates little self-control in these situations and others must intervene to restore control.</p>	<input type="checkbox"/> Strength?	<p><b>Frustration Management</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Hostility</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth appears to not experience or express hostility except in situations where most people would become hostile.</p> <p>1 – Youth appears hostile but does not express it. Others experience youth as being angry.</p> <p>2 – Youth expresses hostility regularly.</p> <p>3 – Youth is almost always hostile either in expression or appearance. Others may experience youth as ‘full of rage’ or ‘seething’.</p>	<input type="checkbox"/> Strength?	<p><b>Hostility</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Paranoid Thinking</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth does not appear to engage in any paranoid thinking.</p> <p>1 – Youth is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.</p> <p>2 – Youth believes that others are ‘out to get’ him/her. Youth has trouble accepting that these beliefs may not be accurate. Youth at times is suspicious and guarded but at other times can be open and friendly.</p> <p>3 – Youth believes that others plan to cause him/her harm. Youth is nearly always suspicious and guarded.</p>	<input type="checkbox"/> Strength?	<p><b>Personal Thinking</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Secondary Gain from Anger</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth either does not engage in angry behavior or when they do become angry, does not appear to derive any benefits from this behavior.</p> <p>1 – Youth unintentionally has benefited from angry behavior; however, there is no evidence that youth intentionally uses angry behavior to achieve desired outcomes.</p> <p>2 – Youth sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.</p> <p>3 – Youth routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers or peers. Others in youth's life appear intimidated.</p>	<input type="checkbox"/> Strength?	<p><b>Secondary Gain from Anger</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Violent Thinking</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – There is no evidence that youth engages in violent thinking.</p> <p>1 – Youth has some occasional or minor thoughts about violence.</p> <p>2 – Youth has violent ideation. Language is often characterized as having violent themes and problem-solving often refers to violent outcomes.</p> <p>3 – Youth has specific homicidal ideation or appears obsessed with thoughts about violence (e.g., spontaneously and frequently draws only violent images).</p>	<input type="checkbox"/> Strength?	<p><b>Violent Thinking</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Awareness of Violence Potential</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth is completely aware of his/her level of risk of violence. Youth knows and understands risk factors, accepts responsibility for past and future behaviors, and is able to anticipate future challenging circumstances. A youth with no violence potential would be rated here.</p> <p>1 – Youth is generally aware of his/her potential for violence. Youth is knowledgeable about his/her risk factors and is generally able to take responsibility. Youth may be unable to anticipate future circumstances that may challenge him/her.</p> <p>2 – Youth has some awareness of his/her potential for violence. Youth may have tendency to blame others but is able to accept some responsibility for his/her actions.</p> <p>3 – Youth has no awareness of his/her potential for violence. Youth may deny violent acts or explain them in terms of justice or as deserved by the victim.</p>	<input type="checkbox"/> Strength?	<p><b>Awareness of Violence Potential</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Response to Consequences</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth is clearly and predictably responsive to identified consequences. Youth is regularly able to anticipate consequences and adjust behavior.</p> <p>1 – Youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or he/she may sometimes fail to anticipate consequences.</p> <p>2 – Youth responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior.</p> <p>3 – Youth is unresponsive to consequences for his/her violent behavior.</p>	<input type="checkbox"/> Strength?	<p><b>Response to Consequences</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Commitment to Self-Control</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth is fully committed to controlling his/her violent behavior.</p> <p>1 – Youth is generally committed to control his/her violent behavior; however, youth may continue to struggle with control in some challenging circumstances.</p> <p>2 – Youth is ambivalent about controlling his/her violent behavior.</p> <p>3 – Youth is not interested in controlling his/her violent behavior at this time.</p>	<input type="checkbox"/> Strength?	<p><b>Commitment to Self Control</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Treatment Involvement</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>0 – Youth fully involved in his/her own treatment. Family supports treatment as well.</p> <p>1 – Youth or family involved in treatment but not both. Youth may be somewhat involved in treatment, while family members are active or youth may be very involved in treatment while family members are unsupportive.</p> <p>2 – Youth and family are ambivalent about treatment involvement. Youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.</p> <p>3 – Youth and family are uninterested in treatment involvement. A youth with treatment needs who is not currently in treatment would be rated here.</p>	<input type="checkbox"/> Strength?	<p><b>Treatment Involvement</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Sexually Aggressive Behavior Module</b></p>		
<p style="text-align: right;"> <b>RATING SCALE</b> →  0 = No Problems ----- No action needed  1 = Mild Problems ----- Let's watch, try to prevent  2 = Moderate Problems --- Help is needed  3 = Severe Problems ---- Help is needed now </p>		
<p><b>Relationship</b> (Please rate the <i>most recent episode of sexual behavior</i>)</p> <p>0 – No evidence of victimizing others is present. All parties in sexual activity appear to be consenting. No power differential is present.</p> <p>1 – Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this youth being in the position of authority.</p> <p>2 – Youth is clearly victimizing at least one other individual with sexually abusive behavior.</p> <p>3 – Youth is severely victimizing 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 sexual behavior.</p>	<input type="checkbox"/> Strength?	<p><b>Relationship</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Physical Force/Threat</b> (Please rate the highest level from the <i>most recent episode of sexual behavior</i>)</p> <p>0 – No evidence is present of the use of any physical force, or threat of force, in either the commission of the sex act or in attempting to hide it.</p> <p>1 – Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act is present.</p> <p>2 – Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm or risk of physical harm is present.</p> <p>3 – Evidence of severe physical force in the commission of the sex act is present. Victim harmed or at risk for physical harm from the use of force.</p>	<input type="checkbox"/> Strength?	<p><b>Physical Force/Threat</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Planning</b> (Please rate the highest level from the <i>most recent episode of sexual behavior</i>)</p> <p>0 – No evidence of any planning is present. Sexual activity appears entirely opportunistic.</p> <p>1 – Some evidence is present of efforts to get into situations where likelihood of opportunities for sexual activity are enhanced.</p> <p>2 – Evidence exists of some planning of sex act.</p> <p>3 – Considerable evidence exist of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.</p>	<input type="checkbox"/> Strength?	<p><b>Planning</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Age Differential</b> (Please rate the highest level from the <i>most recent episode of sexual behavior</i>)</p> <p>0 – Ages of the perpetrator and victim and/or participants are essentially equivalent (less than 3 years apart).</p> <p>1 – Age differential between perpetrator and victim and/or participants is 3 to 4 years.</p> <p>2 – Age differential between perpetrator and victim at least 5 years, but perpetrator is less than 13 years old.</p> <p>3 – Age differential between perpetrator and victim at least 5 years and perpetrator is 13 years old or older.</p>	<input type="checkbox"/> Strength?	<p><b>Age Differential</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Type of Sex Act</b> (Please rate the highest level from the <i>most recent episode of sexual behavior</i>)</p> <p>0 – Sex act(s) involve touching or fondling only.</p> <p>1 – Sex act(s) involve fondling plus possible penetration with fingers or oral sex.</p> <p>2 – Sex act(s) involved penetration into genitalia or anus with body part.</p> <p>3 – Sex act involves physically dangerous penetration due to differential size or use of an object.</p>	<input type="checkbox"/> Strength?	<p><b>Type of Sex Act</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Response to Accusation</b> (Please rate the highest level from the <i>past 30 days</i>)</p> <p>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.</p>	<input type="checkbox"/> Strength?	<p><b>Response to Accusation</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Temporal Consistency</b> (Please rate at highest level based upon <i>durations provided in anchors</i>)</p> <p>0 – Youth has never exhibited sexually abusive behavior or has developed this behavior only in the past three months following a clear stressor.  1 – Youth has been sexually abusive during the past two years OR youth has become sexually abusive in the past three months despite the absence of any clear stressors.  2 – Youth has been sexually abusive for an extended period of time (e.g., more than two years), but has had significant symptom-free periods.  3 – Youth has been sexually abusive for an extended period of time (e.g., more than two years) without significant symptom-free periods.</p>	<input type="checkbox"/> Strength?	<p><b>Temporal Consistency</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>History of Sexually Aggressive Behavior</b> (Please rate at highest level based upon <i>frequencies provided in anchors</i>)</p> <p>0 – Youth has only one incident of sexually abusive behavior that has been identified and/or investigated.  1 – Youth has two or three incidents of sexually abusive behavior that have been identified and/or investigated.  2 – Youth has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.  3 – Youth has more than ten incidents of sexually abusive behavior with more than one victim.</p>	<input type="checkbox"/> Strength?	<p><b>History of Sexually Aggressive Behavior</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Severity of Sexual Abuse</b> (Please rate at the highest level within the <i>lifetime</i>)</p> <p>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 – Moderate level of sexual abuse. 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 – 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 child.</p>	<input type="checkbox"/> Strength?	<p><b>Severity of Sexual Abuse</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Prior Treatment</b> (Please rate at the highest level within the <i>lifetime</i>)</p> <p>0 – No history of prior treatment of history of outpatient treatment with notable positive outcomes.  1 – History of outpatient treatment which has had some degree of success.  2 – History of residential treatment where there has been successful completion of program.  3 – History or residential or outpatient treatment condition with little or no success.</p>	<input type="checkbox"/> Strength?	<p><b>Prior Treatment</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Runaway Module</b></p>	<p><b>RATING SCALE</b> →</p> <p>0 = No Problems ----- No action needed  1 = Mild Problems ----- Let's watch, try to prevent  2 = Moderate Problems --- Help is needed  3 = Severe Problems ----- Help is needed now</p>
<p><b>Frequency of Running</b> (Please rate the highest level <i>using time periods provided in the anchors</i>)</p> <p>0 – Youth has run away once in the past year.  1 – Youth has run away on multiple occasions in the past year.  2 – Youth has run away often but not always.  3 – Youth runs away at every opportunity.</p>	<input type="checkbox"/> Strength? <p><b>Frequency of Running</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Consistency of Destination</b>          (If youth runs frequently, <i>rate the highest level in past 30 days</i>. If child runs infrequently, <i>use the past year</i> as the time period)          0 – Youth always runs to the same location.          1— Youth generally runs to the same location or neighborhood.          2— Youth runs to the same community but the specific locations change.          3— Youth runs to no planned destination.</p>	<input type="checkbox"/> Strength?	<p><b>Consistency of Destination</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Safety of Destination</b>          (If youth runs frequently, <i>rate the highest level in past 30 days</i>. If child runs infrequently, <i>use the past year</i> as the time period)          0 – Youth runs to a safe environment that meets basic needs.          1 – Youth runs to generally safe environments; however they may be somewhat unstable or variable.          2 – Youth runs to generally unsafe environments that cannot meet his/her basic needs.          3 – Youth runs to very unsafe environments where the likelihood that he/she will be victimized is high.</p>	<input type="checkbox"/> Strength?	<p><b>Safety of Destination</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Involvement in Illegal Activities</b>          (If youth runs frequently, <i>rate the highest level in past 30 days</i>. If child runs infrequently, <i>use the past year</i> as the time period)          0 – Youth does not engage in illegal activities while on run beyond those involved with the running itself.          1 – Youth engages in status offenses beyond those involved with the running itself while on the run (e.g., curfew violation, underage drinking).          2– Youth engages in delinquent activities while on the run.          3– Youth engages in dangerous delinquent activities while on the run (e.g., prostitution).</p>	<input type="checkbox"/> Strength?	<p><b>Involvement in Illegal Activities</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Likelihood of Return on Own</b>          (If youth runs frequently, <i>rate the highest level in past 30 days</i>. If child runs infrequently, <i>use the past year</i> as the time period)          0 – Youth will return from run on own without prompting.          1 –Youth will return from run when found but not without being found.          2 - Youth will make him/her self difficult to find and/or might passively resist return once found.          3– Youth makes repeated and concerted efforts to hide so as to not be found and/or resists return once found.</p>	<input type="checkbox"/> Strength?	<p><b>Likelihood of Return on Own</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Involvement with Others</b>          (If youth runs frequently, <i>rate the highest level in past 30 days</i>. If child runs infrequently, <i>use the past year</i> as the time period)          0 – Youth runs by self with no involvement of others. Others may discourage the behavior or encourage him/her to return from run.          1 - Others enable youth running by not discouraging the running behavior.          2 - Others are involved in running by providing support and helping the youth avoid being found.          3 - Youth is actively encouraged to run by others. Others actively cooperate to facilitate running behavior.</p>	<input type="checkbox"/> Strength?	<p><b>Involvement with Others</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Realistic Expectations</b>          (If youth runs frequently, <i>rate the highest level in past 30 days</i>. If child runs infrequently, <i>use the past year</i> as the time period)          0 – Youth has realistic expectations about the implications of his/her running behavior.          1 – Youth has reasonable expectations about the implications of his/her running behavior but may be hoping for a somewhat “optimistic” outcome.          2 - Youth has unrealistic expectations about the implications of his/her running behavior.          3 - Youth has obviously false or delusional expectations about the implications of his/her running behavior.</p>	<input type="checkbox"/> Strength?	<p><b>Realistic Expectations</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Planning</b>          (If youth runs frequently, <i>rate the highest level in past 30 days</i>. If child runs infrequently, <i>use the past year</i> as the time period)          0 – Running behavior is completely spontaneous and emotionally impulsive.          1 – Running behavior is somewhat planned, but not carefully.          2 - Running behavior is planned.          3 - Running behavior is carefully planned and orchestrated to maximize the likelihood of not being found.</p>	<input type="checkbox"/> Strength?	<p><b>Planning</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

## Juvenile Justice (JJ) Module

**RATING  
SCALE** →

0 = No Problems ----- No action needed  
 1 = Mild Problems ----- Let's watch, try to prevent  
 2 = Moderate Problems --- Help is needed  
 3 = Severe Problems ----- Help is needed now

<p><b>Seriousness</b> (Please rate the highest level from the <i>past 30 days</i>)                      0 – Youth has engaged only in status violations (e.g., curfew).                      1 – Youth has engaged in delinquent behavior. These activities are illegal primarily because the youth is under the age of 18 (e.g., truancy, runaway).                      2 – Youth has engaged in criminal behavior. These include activities for which an adult could also be arrested (e.g., shoplifting, selling drugs).                      3 – Youth has engaged in delinquent or criminal behavior that places other citizens at risk of significant physical harm.</p>	<p><b>Seriousness</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>History</b> (Please rate using <i>time frames provided in the anchors</i>)                      0 – Current criminal behavior is the first known occurrence.                      1 – Youth has engaged in multiple delinquent acts in the past year.                      2 – Youth has engaged in multiple delinquent acts.                      3 – Youth has engaged in multiple criminal or delinquent acts for more than one year without any period of at least three months where he/she did not engage in criminal or delinquent behavior.</p>	<p><b>History</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Planning</b> (Please rate the highest level from the <i>past 30 days</i>)                      0 – No evidence of any planning is present. Delinquent behavior appears opportunistic or impulsive.                      1 – Youth appears to place him/her self into situations where the likelihood of delinquent behavior is enhanced.                      2 – Youth appears to have engaged in some planning of delinquent behavior.                      3 – Considerable evidence of significant planning, and/or premeditation, of delinquent behavior is present.</p>	<p><b>Planning</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Community Safety</b> (Please rate the highest level from the <i>past 30 days</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 danger may be an indirect effect of the youth's behavior.                      3 – Youth engages in behavior that directly places community members in danger of significant physical harm.</p>	<p><b>Community Safety</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Peer Influences</b> (Please rate the highest level from the <i>past 30 days</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 also 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.</p>	<p><b>Peer Influences</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Parental Criminal Behavior</b> (Please rate the highest level within the <i>lifetime</i>)                      0 – No evidence that the youth's parents (e.g., biological, adoptive, step, guardian) have ever engaged in criminal behavior.                      1 – One of youth's parents (e.g., biological, adoptive, step, guardian) has a history of criminal behavior but youth has not been in contact with this individual for at least one year.                      2 – One of youth's parents (e.g., biological, adoptive, step, guardian) has a history of criminal behavior and the youth has been in contact with this individual in the past year.                      3 – Both of youth's parents (e.g., biological, adoptive, step, guardian) have a history of criminal behavior. Or, one parent is currently involved in criminal activities.</p>	<p><b>Parental Criminal Behavior</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Environmental Influences</b> (Please rate the highest level from the <i>past 30 days</i>)                      0 – No evidence exists that the youth's environment stimulates or exposes him/her to any criminal behavior.                      1 – Mild problems in the youth's environment might expose him/her to criminal behavior.                      2 – Moderate problems in the youth's environment clearly expose him/her to criminal behavior.                      3 – Severe problems in the youth's environment stimulate him/her to engage in criminal behavior.</p>	<p><b>Environmental Influences</b>  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

## Fire Setting Module

### RATING SCALE →

0 = No Problems ----- No action needed  
 1 = Mild Problems ----- Let's watch, try to prevent  
 2 = Moderate Problems --- Help is needed  
 3 = Severe Problems ----- Help is needed now

<p><b>Seriousness</b> (Please rate the <i>most recent incident</i>)</p> <p>0 -- Youth has engaged in fire setting that resulted in only minor damage (e.g., camp fire in backyard which scorched some lawn).                      1— Youth engaged in fire setting that resulted only in some property damage that required repair (e.g., scorched wall).                      2— Youth 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.</p>	<input type="checkbox"/> Strength?	<p><b>Seriousness</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>History</b> (Please rate using <i>time frames provided in the anchors</i>)</p> <p>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 the 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 the behavior.</p>	<input type="checkbox"/> Strength?	<p><b>History</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Planning</b> (Please rate the <i>most recent incident</i>)</p> <p>0 – No evidence of any planning. Fire setting behavior appears opportunistic or impulsive.                      1 – Evidence suggests the youth places him/her self in dangerous 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.</p>	<input type="checkbox"/> Strength?	<p><b>Planning</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Use of Accelerants</b> (Please rate the <i>most recent incident</i>)</p> <p>0 – No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or 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 produce a very large and dangerous fire.</p>	<input type="checkbox"/> Strength?	<p><b>Use of Accelerants</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Intention to Harm</b> (Please rate the <i>most recent incident</i>)</p> <p>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 effort to maintain safety.                      2 – Youth intended to seek revenge or scar others, but did not intend physical harm, only intimidation.                      3 -- Youth intended to injure or kill others.</p>	<input type="checkbox"/> Strength?	<p><b>Intention to Harm</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Community Safety</b> (Please rate highest level in the <i>past 30 days</i>)</p> <p>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 the community.                      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.</p>	<input type="checkbox"/> Strength?	<p><b>Community Safety</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

<p><b>Response to Accusation</b> (Please rate highest level in the <i>past 30 days</i>)</p> <p>0 – Youth admits to behavior, is attempting to take responsibility for actions, and does not want to repeat actions.</p> <p>1 – Youth partially admits to behaviors, but also focuses on other elements that impacted him/her (e.g., prompting by friend). He/she is starting to take responsibility for actions.</p> <p>2 – Youth partially admits to behavior, but primarily blames other people or external factors and does not want to take responsibility for actions.</p> <p>3 – Youth neither admits to behavior nor expresses any sense of responsibility. Youth is in complete denial.</p>	<input type="checkbox"/> Strength?	<p><b>Response to Accusations</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Remorse</b> (Please rate highest level in the <i>past 30 days</i>)</p> <p>0 – Youth accepts responsibility for behavior and is truly sorry for any damage/risk caused. Youth is able to apologize directly to affected people.</p> <p>1 – Youth accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, youth is unable, or is unwilling, to apologize to affected people.</p> <p>2 – Youth accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. Expresses sorrow in attempts to reduce consequences.</p> <p>3 – Youth accepts no responsibility and does not appear to experience any remorse.</p>	<input type="checkbox"/> Strength?	<p><b>Remorse</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p><b>Likelihood of Future Fire Setting</b> (Please rate highest level in the <i>past 30 days</i>)</p> <p>0 – Youth is unlikely to set fires in the future. Youth is able and willing to exert self-control over fire setting.</p> <p>1 – Youth presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.</p> <p>2 – Youth remains at risk of fire setting if left unsupervised. Youth struggles with self-control.</p> <p>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.</p>	<input type="checkbox"/> Strength?	<p><b>Likelihood of Future Fire Setting</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>