

# Child and Adolescent Needs and Strengths (CANS) Interview Facilitation Guide



<b>CHILD RISK BEHAVIORS</b>				
<i>The section asks about whether or not your child currently behaves in ways that could prove to be dangerous to him/herself or others.</i>	<b>0-No Evidence</b>	<b>1-History/ Watch, Prevent</b>	<b>2- Action Needed</b>	<b>3- Immediate Action Needed</b>
<b>Suicide Risk</b> Has your child ever talked about wish/plan to die/ kill him/herself? Ever tried to commit suicide?	No history or concern; I don't see any issues here.	Child has history but has not thought about/ tried to kill him/herself recently.	Child recently had thoughts about/tried to kill him/herself, but not in past 24 hours.	Child is thinking about killing him/herself OR has hallucinations that talk about harming him/herself.
<b>Self-Mutilation</b> Has your child ever talked about wish/plan to hurt him/herself? Ever purposely hurt him/herself (e.g. cutting)?	I don't see any issues here.	Child has history of physically hurting him/herself (self-mutilation).	Child hurts him/herself physically (self-mutilation) but s/he doesn't need to see a doctor for it.	Child hurts him/herself physically (self-mutilation), and s/he does need to see a doctor for it.
<b>Other Self Harm</b> Describe any times your child talked about/acted in way that might be dangerous to him/herself (e.g. reckless behavior such as riding on top of cars, climbing grain elevators, promiscuity)?	I don't see any issues here.	Child has done things in past (other than suicide or self-mutilation) to physically hurt him/ herself. Child can definitely get hurt by these behaviors (including reckless and risk-taking behaviors).	Child is currently doing things (other than suicide/self-mutilation) to physically hurt him/ herself. Child can definitely get hurt by these behaviors (including reckless and risk-taking behaviors).	Child does things (other than suicide/self-mutilation) to physically hurt him/herself. Child is in immediate danger because of these behaviors (including reckless and risk-taking behaviors).
<b>Danger to Others</b> Has your child ever intentionally injured another person? How often does he/she get into physical fights? Has your child ever threatened to kill/seriously injure another person?	I don't see issues here	Youth has a history of thinking about killing OR physically harming someone OR setting fires. This placed him/ her OR someone else in danger.	Youth has recently thought about killing OR physically harming someone OR setting fires, but not in the past 24 hours.	Youth has a plan to kill OR physically harm someone OR has hallucinations that tell him/her to harm others. OR the youth has set fire that placed others in danger.
<b>Sexual Aggression</b> Has your child ever been accused of being sexually aggressive w/another child? What happened after that?	I don't see any issues here.	The child has history of being sexually aggressive but has not exhibited any sexually aggressive/ inappropriate behavior in the past year.	Child has been sexually aggressive in past year but not in the past 30 days.	Child has been sexually aggressive in past 30 days.
<b>Runaway</b> Has your child ever run away from home/school/ other place? If so, where did he/she go? How long did he/she stay away? How did you find him/her? Does he/she ever threaten to run away?	I don't see any issues here.	Child has a history of running away from home/other places and has been gone at least one night.	Child has run away or thought about running away, but not in the past 30 days.	Child is definitely going to run away, because s/he recently tried to run away OR thought about running away OR is currently on run.

<b>CHILD RISK BEHAVIORS (cont'd)</b>	<b>0-No Evidence</b>	<b>1-History/Watch, Prevent</b>	<b>2- Action Needed</b>	<b>3- Immediate Action Needed</b>
<p><b>Delinquency</b></p> <p>Has your child been involved in any delinquent activities including truancy and curfew violations? Has your child ever been arrested?</p>	I don't see any issues here.	Child has a history of delinquency but not within the past 30 days.	Child has recently been delinquent.	Child has seriously been delinquent and s/he is placing him/herself/ others at risk of loss/ harm. S/he may even be 'charged'.
If rated 1, 2, or 3 complete the <b>Juvenile Justice Module</b>				
<p><b>Fire Setting</b></p> <p>Has your youth ever played w/matches, or set a fire? If so, describe what happened. Was property destroyed or lives of others endangered?</p>	I don't see any issues here.	Child has a history of setting fires but not in the past 6 months	Child has recently set a fire (within past 6 months) but fire did not place anyone in danger. S/he was playing with matches. OR the child has repeatedly set fires during a 2 year period but not in the last 6 months.	Child is threatening to set fires. S/he has set fire that endangered others (such as burning down a house).
If rated 1, 2, or 3 complete the <b>Fire Setting Module</b>				
<p><b>Social Behavior</b></p> <p>Does your child ever intentionally do/say things to upset others? Has anyone ever told you your child has sworn at them or done other behavior that was insulting, rude or obnoxious? Does your child seem to purposely get in trouble by making you/other adults angry with them?</p>	I don't see any issues here.	Child has some problems with social behavior. It may not be often. S/he may seek attention through negative behavior.	Child has a definite problem with social behavior. S/he intentionally gets in trouble.	Child has serious problems with social behavior. If it continues, s/he may suffer big consequences, such as suspension from school or loss of living situation.
<p><b>Bullying</b></p> <p>How does your child get along with other children? Has anyone ever told you that your child has picked on, made fun of, harassed or intimidated another child? Have you ever worried that your child might bully other children?</p>	I don't see any issues here.	Child has some problems with bullying.	Child has a definite problem with bullying. S/he may often curse in public.	Child has serious problems w/bullying. If it continues, s/he may suffer big consequences, such as suspension from school/loss of living situation. Threatening others is included here.
<p><b>CHILD BEHAVIORAL/EMOTIONAL NEEDS</b></p> <p><i>This section focuses on identifying potential mental health needs of your child. This section deals only with your child. Again, please think about the last month (30 day) period of time for describing your child's needs.</i></p>				
	<b>0-No Evidence</b>	<b>1-History/Watch, Prevent</b>	<b>2-Action Needed</b>	<b>3-Immediate Action Needed</b>
<p><b>Psychosis</b></p> <p>Has your child ever talked about hearing/seeing/ feeling something you did not believe was actually there? Has your child ever done strange/bizarre things that make no sense to you? Describe any strange beliefs your child has. Has anyone ever told you that your child has thought disorder/psychotic condition?</p>	Child is not psychotic and I don't suspect any hallucinations, delusions or bizarre behavior.	I suspect, or there is a history of, hallucinations, delusions, or bizarre behavior.	I see hallucinations, delusions, or bizarre behavior.	I definitely see hallucinations, delusions, or bizarre behavior and I think it relates to some kind of disorder/mental health issue. Also, I think this behavior puts child/ others at risk of harm.

<b>CHILD BEHAVIORAL/EMOTIONAL NEEDS (cont'd)</b>	<b>0-No Evidence</b>	<b>1-History/Watch, Prevent</b>	<b>2-Action Needed</b>	<b>3-Immediate Action Needed</b>
<p><b>Mania</b></p> <p>Does your child/youth ever feel very happy or act silly in a way that's unusual? Does he/she ever talk really fast about a lot of different things, have trouble sleeping but not feel tired, or have trouble staying focused? Does your child ever seem extremely happy or excited more than usual?</p>	No evidence	History or suspicion of mania or manic behavior. There are some concerns about mania either because the child's mood state appears to be elevating or because he/she has a history of notable mania that should be prevented from returning.	Clear evidence of mania is present. The child/youth is currently manic and that mania is interfering with his/her functioning in at least one life domain.	Clear evidence of mania; mania has reached a disabling level.
<p><b>Impulse/Hyperactivity.</b></p> <p>How long is your child able to sit still? Any trouble paying attention for more than a few minutes? How well is your child able to control him/herself? Have other people told you your child is "hyper?"</p>	I don't see any issues here.	I see some problems with the child. S/he is hyper, can't focus, is easily distracted or acts w/o thinking.	I definitely see some problems here. S/he is hyper, can't focus, is easily distracted or acts w/o thinking. It's interfering w/other parts of my child's life.	Clearly, there are serious problems here. Child is going to get hurt if impulsive behavior continues.
<p><b>Depression</b></p> <p>Have you ever wondered if your child is depressed or irritable? Has he/she withdrawn from normal activities? Does your child seem lonely or not interested in others?</p>	I don't see any issues here.	Child has history of depression or I suspect s/he is depressed. I think s/he may be depressed because of something negative that happened recently. I don't think that it has a big impact on him/her.	Help is needed. My child is clearly depressed. S/he has a depressed mood or is really irritable. The depression has seriously affected him/her in at least one area. Child may also be withdrawn, avoids, or can't/won't speak.	Child has serious issues with depression. It is affecting him/her so seriously that it is impossible for him/her to function.
<p><b>Anxiety</b></p> <p>Does your child have any problems w/anxiety or fearfulness? Is s/he avoiding normal activities out of fear? Act frightened or afraid? How much does your child worry?</p>	I don't see any issues here.	Child has a history of anxiety or I suspect child is anxious. I think my child may have anxiety because of something negative that has happened recently. I don't think it has a big impact on him/her.	My child is clearly anxious. S/he has an anxious mood and is fearful. Anxiety has seriously affected him/her in at least one area.	Child has serious issues w/anxiety. It is affecting him/her so seriously that it is impossible for him/her to function.
<p><b>Oppositional Behavior</b></p> <p>Does your child generally do what you ask him/her to do? Has teacher/other adult told you your child does not follow rules or directions? How often does your child argue with you when you try to get her/him to do something?</p>	I don't see any issues here.	Child has a history of being oppositional, or recently (last 6 weeks), s/he has been defiant toward authority figures.	Child is clearly oppositional or defiant toward authority figures. It's interfering with other parts of my child's life. Others really get hurt by his/her behavior.	Child has serious issues with being oppositional or defiant. S/he threatens to physically hurt others.
<p><b>Conduct</b></p> <p>How does your child handle telling the truth/lies? Has anyone told you that your child has been part of any criminal behavior? What violent or threatening behavior towards others has your child ever shown? Has your child ever intentionally hurt animals or set fires?</p>	I don't see any issues here.	Child has a history of being antisocial or I suspect that s/he is antisocial. S/he may lie, steal, manipulate or become sexually/ physically aggressive toward others, property, or animals.	Child is clearly antisocial. S/he may lie, steal, manipulate or become sexually/ physically aggressive toward others, property, or animals.	Child has serious issues with being antisocial. S/he does the above. Child may hurt him/herself or the community.

<b>CHILD BEHAVIORAL/EMOTIONAL NEEDS (cont'd)</b>	<b>0-No Evidence</b>	<b>1-History/Watch, Prevent</b>	<b>2-Action Needed</b>	<b>3-Immediate Action Needed</b>
<p><b>Adjustment to Trauma:</b> <i>This dimension covers the youth's reaction to traumatic experiences -- such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, or victimization/ murder of family members or close friends.</i></p> <p>Has your child/youth ever experienced a traumatic event? If so, please tell me about any traumatic event he/she may have experienced. Does he/she experience nightmares? Flashbacks? If so, how troubled is s/he by them? Is s/he unusually afraid of being alone or of participating in normal activities?</p>	Youth has not experienced any significant trauma or can readily get over traumatic experiences.	Youth has some mild adjustment problems to trauma.	Youth has marked adjustment problems associated w/traumatic experiences. Youth may have nightmares/ other notable symptoms of adjustment difficulties.	Youth has post-traumatic stress difficulties as a result of traumatic experience. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of PTSD.
If rated 1, 2, or 3 complete the <b>Trauma Module</b>				
<p><b>Anger Control</b></p> <p>How does your child control his/her temper? Does s/he get upset or frustrated easily? How often does s/he become physical when angry? How does he/she react if someone criticizes/ rejects him/her?</p>	I don't see any issues here.	Child has some problems controlling anger. Sometimes when frustrated, s/he gets verbally aggressive. Family And friends know there are problems and try not to make him/her angry.	Child has problems controlling anger. Temper has gotten child into lot of trouble w/friends, family and/or school. S/he may even get violent. We know how angry s/he can get.	Child has serious problems controlling anger. She/he is always fighting and many times it gets physical. Other people are scared of him/her.
<p><b>Substance Use:</b> <i>Substance abuse refers to any alcohol/illegal drug use or inappropriate use of prescription drugs or household chemicals. This dimension describes the youth or adolescent's current use of the above.</i></p> <p>Does your youth use alcohol and/or drugs? Has anyone reported your youth might be using alcohol/drugs? Any suspicions that youth may have an alcohol/ drug use problem?</p>	Youth is not using or is currently abstinent and has maintained abstinence of at least one year.	Youth has been abstinent for the past 30 days or presents light and sporadic alcohol/marijuana use. No current problems associated with substance use.	Youth actively uses alcohol or drugs but not daily. Substance use causes some problems for youth/others.	Youth uses alcohol and/or drugs on a daily basis
If rated 1, 2, or 3 complete the <b>Substance Use Module</b>				
<p><b>Eating Disturbance</b></p> <p>Does your child have any problems w/eating? Does he/she hoard food or refuse to eat or eat too much?</p>	Child has no problems with eating.	Child has some minor problems w/eating or has overcome serious problems in the past.	Child has problems with eating that interfere with functioning.	Child has severe eating difficulties that are either dangerous or disabling.
<b>LIFE DOMAIN FUNCTIONING</b>				
<p><i>This section focuses on how your child and family are doing right now in major life areas. Please think about the last month (30 days) when you discuss and answer these questions.</i></p>				
	<b>0- No Evidence</b>	<b>1- History/Watch, Prevent</b>	<b>2- Action Needed</b>	<b>3- Immediate Action Needed</b>
<p><b>Family</b></p> <p>How does your family get along? Tell me about any problems between family members. Describe any violence that has ever occurred.</p>	Generally, child 'gets along' w/family.	Child is 'kind of' getting along w/ family; few problems here and there.	Child is not really getting along with family (parents, bros/sis); lot of fighting.	Child not getting along at all w/anyone; lots of arguing and may be physical violence.
<p><b>Living Situation</b></p> <p>How is youth behaving and getting along w/others in current living situation?</p>	Living situation is fine.	Living situation is just ok, w/problems here and there	Living situation is not ok. Child's behavior is really affecting other people in house.	Living situation is absolutely not working. The child may have to leave my home soon.

LIFE DOMAIN FUNCTIONING (cont'd)	0- No Evidence	1- History/Watch, Prevent	2- Action Needed	3- Immediate Action Needed
<p><b>School:</b> <i>Note: If child is receiving special education services, rate the child's performance and behavior relative to his/her peer group. If plan is for child to be mainstreamed, rate child's school functioning relative to that peer group</i></p> <p>How is your child doing in school? Tell me about any problems he/she has had. Any problems with attendance or leaving school? Has the teacher or other school personnel called you to talk about your child's behavior? How is your child doing academically? Having difficulty with any subjects? At risk of failing any classes? Of being left back?</p>	Child is good in school.	Child is ok in school with some problems here and there	Child is having some attendance, achievement or behavior problems in school	Child is having serious attendance, achievement or behavior problems in school.
If rated 1, 2, or 3 complete the <u>School Module</u>				
<p><b>Social Functioning:</b> <i>Includes age-appropriate behavior and ability to make and maintain relationships during past 30 days.</i></p> <p>How well does the youth get along with others? How easily does s/he make new friends? How long does he/she tend to keep friends? How does he/she get along with adults?</p>	Child is doing great w/family and friends at home and community.	Child is doing ok w family and friends at home and community; some concerns.	Child is not doing ok w/family and friends at home and community; serious concerns	Child is having serious problems w/family and friends at home and community; extreme concerns.
<p><b>Recreation:</b> <i>Rates degree to which child has identified and utilizes positive leisure time activities.</i></p> <p>What does your child/youth like to do w/his/her free time? What things give him/her pleasure? What activities are positive uses of his/her extra time? How often does s/he claim to be bored or have nothing to do?</p>	Child is very active and enjoys activities; keeps busy all the time.	The child has problems at times keeping busy.	Child has some serious problems and doesn't know what to do w/free time.	Child has no interest or can't participate in activities.
<p><b>Developmental:</b> <i>Rates presence of Intellectual or Developmental Disabilities only and does not refer to broader issues of healthy development.</i></p> <p>Describe your child's development in relation to other children his/her age. Does your child's growth and development seem healthy? Has he/she reached appropriate developmental milestones (such as, walking, talking)? Has anyone ever told you that your child may have developmental problems?</p>	Child is up to speed w/other kids his/her age.	Child is little immature or acts younger than other kids his/her age; includes child w/low IQ.	Child has limited abilities or mildly delayed; includes child w/Asperger's Syndrome.	Child has some serious issues and is severely delayed; includes child w/Autism.
If rated 1, 2, or 3 complete the <u>Developmental Disability Module</u>				
<p><b>Communication:</b> <i>Refers to learning disabilities involving expressive and/or receptive language. This item does not refer to challenges expressing feelings.</i></p> <p>Has your child ever been diagnosed w/problem understanding or using words to express him/herself? Tell me about any concerns you have ever had about your child's ability to understand use words. Has anyone told you that your child has or could have a learning problem related w/understanding others or expressing him/herself?</p>	Child communicates appropriately for his/her age.	Child may have some problems with language or words.	Child has limited communication abilities	Child has a severe communication disorder

LIFE DOMAIN FUNCTIONING (cont'd)	0- No Evidence	1- History/Watch, Prevent	2- Action Needed	3- Immediate Action Needed
<p><b>Judgment</b></p> <p>How well does your child think through the possible harmful effects of his/her actions?</p>	<p>No evidence of problems with judgment or poor decision making that result in harm to development and/or well-being.</p>	<p>History of problems with judgment in which child makes decisions in some way harmful to own development and/or well-being. For example, child has history of hanging out w/other children who shoplift.</p>	<p>Problems with judgment in which child makes decisions in some way harmful to own development and/or well-being.</p>	<p>Problems with judgment that place the child at risk of significant physical harm, such as subway surfing or dare devil behaviors.</p>
<p><b>Job Functioning:</b> <i>A child who is not working or engaged in any prevocational activities would be rated 'N/A' regardless of age.</i></p> <p>Does your child have a job? If so, how is he/she doing at work?</p>	<p>Youth has a job or working on a plan to work.</p>	<p>Youth is interested in working and has some skills.</p>	<p>Youth has very limited work skills, interest or experience.</p>	<p>Youth has no skills or no interest in work. He/she is not currently working.</p>
<p><b>Legal:</b> <i>This item indicates youth's level of involvement w/juvenile justice system. Family involvement w/courts is not rated here.</i></p> <p>Has your child ever admitted to breaking the law? Has he/she ever been arrested and/or placed in juvenile detention? If so, please tell me about his/her involvement in the legal system.</p>	<p>There are no legal issues</p>	<p>History of involvement, none currently. There have been some legal problems but not right now.</p>	<p>Current legal involvement. Child is involved in legal system (probation, parole etc.). Youth at risk of out-of-home placement due to legal involvement.</p>	<p>There are some serious legal issues now or pending. S/he may have court order to leave home or go to detention.</p>
<p><b>Medical</b></p> <p>Describe your child's health in general. What medical or physical problems have been identified? What problems (such as asthma, diabetes) require regular treatment from a doctor?</p>	<p>Child is healthy.</p>	<p>Child has some problems and needs to see doctor or a dentist; includes most transient, treatable conditions.</p>	<p>My child is sick often and has to see doctor all the time; includes most chronic conditions (e.g. diabetes, severe asthma, HIV).</p>	<p>My child has serious life-threatening illness.</p>
<p><b>Physical:</b> <i>Used to identify any physical limitations and could include chronic conditions such as limitations in vision, hearing or difficulties with fine or gross motor.</i></p> <p>Does your child have any physical limitations (such as may be caused by asthma e.g. child cannot go to gym, or needs an inhaler)? What activities can your child not do because of a physical or medical condition? How much does this interfere with his/her life?</p>	<p>Child is physically fit.</p>	<p>Child has some physical problems and can't do some activities.</p>	<p>Child has physical problems that stop him/her from doing many activities.</p>	<p>Child has serious physical problems.</p>
<p><b>Sexual Development:</b> <i>This rating describes issues around sexual development including developmentally inappropriate sexual behavior and problematic sexual behavior.</i></p> <p>Do you know whether your child is sexually active and/or engaging in risky sexual behaviors? What concerns do you have about these behaviors? How long have you had these concerns?</p>	<p>No evidence of any problems with sexual development</p>	<p>Mild to moderate problems with sexual development..</p>	<p>Significant problems with sexual development. May include multiple older partners or high-risk sexual behavior.</p>	<p>Profound problems w/sexual development. This level would include prostitution, very frequent risky sexual behavior, or sexual aggression.</p>

LIFE DOMAIN FUNCTIONING (cont'd)	0- No Evidence	1- History/Watch, Prevent	2- Action Needed	3- Immediate Action Needed
<p><b>Sleep:</b> <i>Describes any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep. Bedwetting and nightmares should be considered a sleep issue.</i></p> <p>How many hours does your child sleep each night on average? How many hours do you think he/she needs? Does he/she have any trouble falling asleep or staying asleep? Any nightmares or bedwetting? Any other sleeping issues, such as excessive sleeping?</p>	Child sleeps well.	Child has occasional sleep problems.	Child's sleep problems interfere w/his/her functioning or the well-being of others.	Help is needed now/immediately. Child has severe problems w/sleep.
<p><b>Independent Living:</b> <i>Describes youth's ability to do relevant activities of daily living, including money management, cooking, transportation, etc. (N/A rating is given if child is younger than 14 or if independent living not currently being considered).</i></p> <p>How capable is your youth of being able to live on his/her own? How much supervision does your youth require to manage daily household tasks? How well does he/she manage money?</p>	This level indicates person who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.	This level indicates person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. This level indicates a person who is fully capable of independent living. Youth needs to learn additional independent living skills.	This level indicates person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living (e.g., difficulty with cooking, cleaning, and self-management when unsupervised) are apparent. Youth needs to learn independent living skills.	This level indicates person with profound impairment of independent living skills. Youth would be expected to be unable to live independently given current status. Problems require structured living environment. Youth needs immediate intervention to develop independent living plan.

<b>CAREGIVER STRENGTHS &amp; NEEDS</b>				
The following section identifies areas of strength and need for parenting/ caregiving of your child & family.	0- No Evidence	1- History/Watch, Prevent	2- Action Needed	3- Immediate Action Needed
<p><b>Supervision</b></p> <p>How do you feel about your ability to keep an eye on and discipline your child/children? Think you might need some help with these issues?</p>	I can take care of child and I discipline him/her	For the most part, I can take care of child and discipline him/her.	I have a lot of trouble taking care of or disciplining child. I need some kind of help.	I can't take care of or discipline child. I need lot of help and I'm concerned s/he may get hurt.
<p><b>Involvement</b></p> <p>How do you feel about being involved in services for your child? Would you like any help to become more involved? How comfortable are you advocating for your child?</p>	I have strong voice for child and fight for his/her rights.	I have found help for child in the past, but now I need some support.	I don't want to be involved in this program.	I need someone else to care for my child.
<p><b>Knowledge</b></p> <p>How comfortable are you w/what you know about your child's needs? Have professionals told you things about your child that you didn't understand? Are there areas that you would like to know more about?</p>	I know what the child's good points are and I know what s/he needs.	I know a lot about the child, but I think that I need some more information.	I definitely need some more information in order to better care for the child.	I know my problems and I know they affect the child.
<p><b>Organization</b></p> <p>Do you think you need or want help with managing your home? Do you have difficulties getting to appointments, managing a schedule?</p>	I am well organized and on top of things.	I have some little problems organizing my life. I may forget some things, but I'm pretty good at doing things for the child.	I have problems organizing my life. I often forget to return calls or make appointments.	I can't organize my life I need a lot of help with all these services for the child.

<p><b>Social Resources</b></p> <p>Do you have enough of what you need to meet your family's needs? What family members or friends can help you when you need it?</p>	My friends and family help me with the child.	I have some family/friends that help me with the child.	I have some family/friends that can maybe help me with the child.	I don't know anyone who can help me with the child.
<p><b>Residential Stability</b></p> <p>How stable is your current housing situation? Tell me about any concerns that you might have to move in the near future.</p>	I'm going to be living here a long time.	I'm going to be living here for a while. I've been living here about 3 mos. or may be moving in about 3 mos. because I'm having some problems.	I've moved around a lot in the past year.	I've been homeless at times during the last 6 months.
<p><b>Physical Health</b></p> <p>Tell me about your physical health. Do you have any health problems that make it hard for you to take care of your family? Is there anyone else in the family who has serious physical needs? Do you help care for them?</p>	I'm pretty healthy.	I'm recovering from some health problems	I have some health problems that get in way of parenting.	I can't take care of this child because I have some serious health problems.
<p><b>Mental Health</b></p> <p>Tell me about your mental health. Do you have any mental health needs that make parenting more difficult? Is there anyone else in the family with serious mental health needs? Do you help care for them?</p>	I'm emotionally stable.	I'm recovering from some emotional problems.	I have some emotional problems that sometimes make it difficult to parent.	I can't take care of this child because I have some serious emotional problems
<p><b>Substance Use</b></p> <p>Do you have any substance abuse needs that make parenting more difficult? Is there anyone in the family with serious substance abuse needs? Do you help care for them?</p>	I don't use drugs or alcohol.	I'm in recovery from drugs/alcohol.	I use drugs/alcohol and I can't take care of this child sometimes, because of it.	I use drugs/alcohol and I can't be a parent right now because of it.
<p><b>Developmental</b></p> <p>Has anyone ever said you may have developmental problems that make parenting/caring for your child more difficult?</p>	I'm able to function as a parent.	I have some problems here and there, but I can still take care of this child.	I have some difficulties functioning and I need some help being a good parent.	I have some serious difficulties functioning and I can't be a parent now.
<p><b>Access to Child Care</b></p> <p>Do you have access to day care/child care services you need to parent your child or children? What other services do you need?</p>	I have full access.	I have some problems here and there, but I can still have sufficient access.	I have trouble finding the services I need.	I have some serious difficulties finding any services for my child or children.
<p><b>Military Transitions</b></p> <p>Are you or have you been involved in a transition experience related to military service? If yes, how does it affect or has it affected your role as care giver?</p>	Caregiver not experiencing any transitions related to military service. Caregivers not involved in military services would be rated here.	Caregiver anticipating transition related to military service in the near future or caregiver experienced transition in the past which was challenging.	Caregiver experiencing transition related to military service.	Caregiver experiencing transition related to military service that has a major impact on their care giving roles.

<b>CAREGIVER STRENGTHS &amp; NEEDS (cont'd)</b>				
	<b>0- No Evidence</b>	<b>1- History/Watch, Prevent</b>	<b>2- Action Needed</b>	<b>3-Immediate Action Needed</b>
<p><b>Family Stress</b></p> <p>Has it been difficult to manage the challenges of dealing w/your child's needs? If so, when do you find yourself feeling the most stressed? Does stress ever interfere w/your ability to care for your child? Does it ever feel like you can't manage it?</p>	Caregiver able to manage the stress of child/children's needs.	Caregiver has some problems managing stress of child(ren)'s needs.	Caregiver has notable problems managing stress of child(ren)'s needs. This stress interferes with capacity to give care.	Caregiver is unable to manage stress associated with child(ren)'s needs. This stress prevents caregiver from parenting.
If rated 1, 2, or 3 complete the <b>Family/Caretaker Module</b>				
<p><b>Safety</b></p> <p>Has a state agency ever been involved with your family? If so, are they currently involved; what led to their involvement? Is there any current concern about child/youth's safety from child protection perspective?</p>	My house is safe and secure. Child is not at risk from others.	My child is safe at home, but I am concerned about my neighborhood.	Child isn't 100% safe at home and I am concerned because this family member of family friend can come to my house.	Child is in danger and I'm scared my child could end up alone with this person
<b>CHILD STRENGTHS</b>				
<b>The following section focuses on your child's strengths — his/her long-term resources and assets, positive things in your child's life that can be used to help build a brighter future.</b>				
	<b>0-Centerpiece Strength</b>	<b>1-Useful Strength</b>	<b>2-Identified Strength</b>	<b>3-No Identified Strengths</b>
<p><b>Family</b></p> <p>How do family members show support for each other in your family? How do family members communicate w/each other? How could we help you in these areas?</p>	Family is "tight" and talks about everything	Family is ok and sometimes needs some help w/getting along and talking.	Family needs help in some areas w/getting along and talking.	My family needs lot of help getting along and talking w/each other or child has no family.
<p><b>Interpersonal:</b> <i>Identifies long-standing relationship making and maintaining skills.</i></p> <p>Do you feel that your child is pleasant and likeable? Is s/he ever charming? How does he/she get along w with adults/other children? How would you rate your child's ability to act correctly in social settings?</p>	Child has a lot of friends and is 'good' to them.	Child/youth would make good friend.	My child needs some help getting and keeping friends.	Child needs whole lot of help getting and keeping friends.
<p><b>Optimism</b></p> <p>Does your child have a generally positive outlook on things? What things does he/she look forward to? What plans for the future? Is he/she forward looking and see him/herself as likely to be successful?</p>	My child is positive.	My child is mostly positive and looks forward to things.	My child has problems staying positive about him/herself and life. My child has highs and lows.	My child is very negative about him/ herself and life.
<p><b>Educational:</b> <i>Refers to the nature of school's relationship to child and family and level of support child is receiving from school.</i></p> <p>How does your child like school? How well do you and your child's school work together in figuring out how to best meet your child's needs? Has there been at least one year in which s/he did well in school? When has your child been at his/her best in school?</p>	School tries to help my child or my child does well in school.	School tries to help my child or my child likes school.	School is not dealing with my child's needs.	School can't or won't help with my child's needs.
<p><b>Vocational</b></p> <p>What does your child want to 'be when he/she grows up?' How realistic are these goals? Has your child ever worked? Any plans to go to college/vocational school or for career?</p>	Child has work skills and has held a job.	Child has some work skills and has held a job.	My child has some skills and needs help developing more work skills.	Child needs help developing work skills.

<b>CHILD STRENGTHS (cont'd)</b>	<b>0-Centerpiece Strength</b>	<b>1-Useful Strength</b>	<b>2-Identified Strength</b>	<b>3-No Identified Strengths</b>
<p><b>Talents/Interests:</b> <i>Refers to positive ways children can spend time and also gives them pleasure and positive sense of self.</i></p> <p>Tell me about your child's talents or interests. What things does your child do particularly well? What does s/he enjoy?</p>	Child is talented and knows it!	Child has talent/interest/hobby that can make him/her feel good about self.	Youth has an interest/hobby, but needs help getting involved.	Youth is not talented and does not like anything.
<p><b>Spiritual/Religious</b></p> <p>Tell me about you and/or your child/youth's involvement w/any religious community. Do you and/or your child have spiritual beliefs that provide comfort?</p>	Child relies on spirituality or religion for help(e.g. child is very involved in church groups that give source of belonging and friendship	Child goes to church or religious activities that support him/ her.	Child is somewhat interested in spirituality/religion.	Family/child is not interested in, or doesn't have, spirituality/religion
<p><b>Community Life</b></p> <p>Describe your child/youth's and family's participation in community organizations, groups, or events. To what extent do you and/or your child feel a part of the community?</p>	Child mixes well in our community and is involved in events/ activities.	Youth is somewhat involved in our community.	Child knows community, but is not too involved.	Youth doesn't know his/her community and isn't involved at all—for example, children who have moved a lot or been in multiple foster care settings may have lost this sense of connection to community life.
<p><b>Relationship Permanence:</b> <i>Identifies whether parents/ other relatives have been consistent part of the child's life regardless of quality of that relationship.</i></p> <p>What relationships with adults have lasted throughout your child/youth's lifetime? What contact does your child/youth have with both parents? What relatives has he/she maintained long-lasting relationships with?</p>	Child has a lot of support w/family and friends; both parents have been involved for all of his/her life	Child has some good support, but it may not always be there in the future; one parent has consistently been involved.	Child hasn't had a lot of good support, maybe one person that s/he can count on. There has been divorce/death or child has been taken from my home in past.	Child has no support whatsoever and may have to live 'on his/her own' or be adopted; no involvement w/parents.
<p><b>Youth Involvement:</b> <i>Expectations for involvement in planning are lower for children than for adolescents.</i></p> <p>Tell me about your child/youth's involvement in his/her treatment and treatment planning. Is your child/youth's voice being heard? Does your child/youth have the necessary skills to advocate or to participate in his/her treatment plan?</p>	Youth able to advocate for his/herself or young child not expected to participate.	Youth is somewhat involved in his/her treatment.	Youth willingly cooperates with treatment, but is not too involved.	Youth is uninvolved or resistant to treatment or lacks critical skills.
<p><b>Natural Supports</b></p> <p>Other than family members and paid professionals, who is involved in your child/youth's development? How would you rate their contribution to your child/youth's healthy development?</p>	Child has significant natural supports who contribute to helping support child's healthy development.	Child has identified natural supports who provide some assistance in supporting the child's healthy development.	Child has some identified natural supports; however, they are not actively contributing to the child's healthy development.	Child has no known natural supports (outside of family and paid caregivers).

ACCULTURATION	0-No Evidence	1- History/Watch, Prevent	2- Action Needed	3-Immediate Action Needed
<p><b>Language:</b> Refers to whether child and family need help in communication with others; includes both spoken and sign language.</p> <p>Is there any difficulty communicating your child/youth or significant family members (either because English is not their first language or due to another communication issue such as the need to use/learn sign language)?</p>	<p>Child and family speak English well.</p>	<p>Child and family speak some English but potential communication problems exist. We don't use big words; keep it simple!</p>	<p>Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention. We don't speak English, but we know someone who can translate.</p>	<p>Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but we don't speak English and don't know anyone who can translate.</p>
<p><b>Identity:</b> Cultural identity refers to the child's view of self as belonging to a specific cultural group, which may be defined by race, religion, ethnicity, geography or lifestyle.</p> <p>Do your child/youth and family have a sense of belonging to a specific cultural group? Does your child/youth have role models, friends and community who share his/her sense of culture?</p>	<p>Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity.</p>	<p>Child is experiencing some confusion or concern regarding cultural identity.</p>	<p>Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture.</p>	<p>Child has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.</p>
<p><b>Sexual Orientation/Gender Identity:</b> Sexual Orientation refers to the child's identification as gay/lesbian, bisexual, transgender, questioning (GLBTQ), or straight; Gender identity refers to the child's view of him/herself as being male or female.</p> <p>Do you or your child/youth have questions or concerns related to his/her sexual orientation or gender identity? Does your child/youth ever report feeling awkward about his/her sexual orientation or gender identity?</p>	<p>Youth has clear and consistent sexual orientation/gender identity and is connected to others who support his/her identity.</p>	<p>Youth is experiencing some confusion or is struggling with issues related to his/her sexual orientation or gender identity.</p>	<p>Youth has significant struggles with his/her sexual orientation or gender identity. Youth may have identified as GLBTQ, however he/she is not connected with others who support him/her.</p>	<p>Youth is experiencing significant problems due to conflict regarding his/her sexual orientation or gender identity that is preventing functioning in at least one life domain. This conflict may be internal and/or may be attributed to—or exacerbated by—external factors within the community, home, or school environment.</p>
<p><b>Ritual:</b> Cultural rituals are activities and traditions, including celebration of culturally specific holidays such as Kwanza, Cinco de Mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. prayer at specific times, eating specific diet, access to media).</p> <p>Are your child/youth and family able to celebrate with others (friends, family, community) who share their traditions and customs?</p>	<p>Child and family are consistently able to practice rituals consistent with their cultural identity.</p>	<p>Child and family are generally able to practice rituals consistent w/cultural identity; however, they sometimes experience obstacles to performing these rituals.</p>	<p>Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.</p>	<p>Child and family are unable to practice rituals consistent with their cultural identity.</p>

<b>ACCULTURATION</b>	<b>0-No Evidence</b>	<b>1- History/Watch, Prevent</b>	<b>2- Action Needed</b>	<b>3-Immediate Action Needed</b>
<p><b>Culture Stress:</b> <i>Culture stress refers to problems associated with the reaction of others to your child's cultural identity based on their knowledge, attitudes, or beliefs.</i></p> <p>Has your child experienced any problems with the reaction of others to his/her cultural identity? Has your child experienced discrimination?</p>	Child experiences no problems from others due to his/her cultural identity.	Child is experiencing some problems from others regarding cultural identity.	Child has significant struggles with others who do not share his/her culture.	Child is experiencing severe problems due to conflict regarding his/her culture.
<b>PSYCHIATRIC HOSPITALIZATION</b>	<b>1 - Yes</b>	<b>0 - No</b>	<b>N/A</b>	
Has child/youth ever been hospitalized for psychiatric reasons?	Complete <b>Psychiatric Hospitalization Module</b>			
<b>CRISIS HISTORY</b>	<b>0 = No crisis episodes</b>	<b>1 = 1 crisis episode</b>	<b>2 = 2-3 crisis episodes</b>	<b>3 = 4 or more crisis episodes</b>
<b>Number of Crisis Episodes in Past 90 Days</b>				
How many crisis episodes has your child/youth experienced in the last 90 days?				

<b>SUICIDE RISK MODULE</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>HISTORY OF SUICIDE ATTEMPTS</b>			
No history of suicidal ideation or attempt.	History of significant suicidal ideation but no potentially lethal attempts.	History of a potentially lethal suicide attempt.	History of multiple potentially lethal suicide attempts.
<b>HISTORY OF FAMILY/FRIEND SUICIDE</b>			
No evidence that any family or friend has ever killed him/herself.	Child/youth has an acquaintance or relative who has killed him/herself	A close family member or friend has killed him/herself	Child/youth was a witness to the suicide death of a close family member or friend.
<b>ACCESSIBLE FIREARM/LETHAL MEDICATION</b>			
No evidence that child youth has access to firearms, lethal medication, or similarly lethal device/substance.	Some evidence that a lethal weapon /substance is accessible with substantial effort. Examples include a gun in a locked cabinet to which the child /youth <b>cannot</b> access the key, or a vague plan to obtain potentially lethal substances.	Evidence that a lethal means is available with modest effort (i.e. deception, some planning). <b>SAFETY PLAN MUST BE CREATED.</b>	Evidence that child/youth has immediate access to lethal means. <b>Child/youth should not be allowed to re-enter said environment until means has been removed. SAFETY PLAN MUST BE CREATED.</b>
<b>VIOLENCE MODULE</b>			
<b>Historical Risk Factors - Historical risk factors are rated over the lifetime of the youth.</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>HISTORY OF PHYSICAL ABUSE</b>			
No evidence of a history of physical abuse	Youth has experienced corporal punishment.	Youth has experienced physical abuse on one or more occasions from care giver or parent.	Youth has experienced extreme physical abuse that has resulted in physical injuries that required medical care
<b>HISTORY OF VIOLENCE</b>			
No evidence of any history of violent behavior by the youth.	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).	Youth has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.	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 would be rated here.
<b>WITNESS TO DOMESTIC VIOLENCE</b>			
No evidence that youth has witnessed domestic violence.	Youth has witnessed physical violence in household on at least one occasion but the violence did not result in injury.	Youth has witnessed repeated domestic violence that has resulted in the injury of at least one family member that required medical treatment.	Youth has witnessed murder or rape of a family member
<b>WITNESS TO ENVIRONMENTAL VIOLENCE</b>			
No evidence that youth has witnessed violence in his/her environment and does not watch an excessive amount of violent media	Youth has not witnessed violence in his/her environment but watches an excessive amount of violent media including movies and video games.	Youth has witnessed at least one occasion of violence in his/her environment.	Youth has witnessed a murder or rape.
<b>VIOLENCE MODULE: Emotional/Behavioral Risks</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>FRUSTRATION MANAGEMENT</b>			
Youth appears to be able to manage frustration well. No evidence of problems of frustration management.	Youth has some mild problems with frustration. He/she may anger easily when frustrated; however, he/she is able to calm him/herself down following an angry outburst.	Youth has problems managing frustration. His/her anger when frustrated is causing functioning problems in school, at home, or with peers.	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

**VIOLENCE MODULE continued: Emotional/Behavioral Risks**

0	1	2	3
<b>HOSTILITY</b>			
Youth appears to not experience or express hostility except in situations where most people would become hostile.	Youth appears hostile but does not express it. Others experience youth as being angry.	Youth expresses hostility regularly.	Youth is almost always hostile either in expression or appearance. Others may experience youth as 'full of rage' or 'seething'
<b>PARANOID THINKING - Please rate the youth's highest level in the past 30 days.</b>			
Youth does not appear to engage in any paranoid thinking.	Youth is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.	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. Suspicions can be allayed with reassurance.	Youth believes that others plan to cause them harm. Youth is nearly always suspicious and guarded.
<b>SECONDARY GAINS FROM ANGER - Please rate the youth's highest level in the past 30 days.</b>			
Youth either does not engage in angry behavior or, when they do become angry, does not appear to derive any benefits from this behavior.	Youth unintentionally has benefited from angry behavior; however, there is no evidence that youth intentionally uses angry behavior to achieve desired outcomes.	Youth sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.	Youth routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers or peers. Others in youth's life appear intimidated.
<b>VIOLENT THINKING - Please rate the youth's highest level in the past 30 days.</b>			
There is no evidence that youth engages in violent thinking.	Youth has some occasional or minor thoughts about violence.	Youth has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.	Youth has specific homicidal ideation or appears obsessed with thoughts about violence. For example, a youth who spontaneously and frequently draws only violent images may be rated here.
<b>VIOLENCE MODULE: Resiliency Factors - Resiliency Factors are rated based on the past 30 days.</b>			
0	1	2	3
<b>AWARENESS OF VIOLENCE POTENTIAL - Please rate the youth's highest level in the past 30 days.</b>			
Youth is completely aware of his/her level of risk of violence. Youth knows and understands risk factors. Youth accepts responsibility for past and future behaviors. Youth is able to anticipate future challenging circumstances. A youth with no violence potential would be rated here.	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.	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.	Youth has no awareness of his/her potential for violence. Youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.
<b>RESPONSE TO CONSEQUENCES - Please rate the youth's highest level in the past 30 days.</b>			
Youth is clearly and predictably responsive to identified consequences. Youth is regularly able to anticipate consequences and adjust behavior.	Youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or he/she may sometimes fail to anticipate consequences.	Youth responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior.	Youth is unresponsive to consequences for his/her violent behavior.
<b>COMMITMENT TO SELF CONTROL - Please rate the youth's highest level in the past 30 days.</b>			
Youth fully committed to controlling his/her violent behavior.	Youth is generally committed to controlling his/her violent behavior; however, youth may continue to struggle with control in some challenging circumstances.	Youth ambivalent about controlling his/her violent behavior.	Youth not interested in controlling his/her violent behavior at this time.

**VIOLENCE MODULE: Resiliency Factors continued**

0	1	2	3
<b>TREATMENT INVOLVEMENT - Please rate the youth's highest level in the past 30 days.</b>			
Youth fully involved in his/her own treatment. Family supports treatment as well.	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.	Youth and family are ambivalent about treatment involvement. Youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.	Youth and family are uninterested in treatment involvement. A youth with treatment needs who is not currently in treatment would be rated here.

**SEXUALLY AGGRESSIVE BEHAVIOR MODULE**

0	1	2	3
<b>RELATIONSHIP - Please rate the most recent episode of sexual behavior.</b>			
No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.	Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child or adolescent being in the position of authority.	Child is clearly victimizing at least one other individual with sexually abusive behavior.	Child is severely victimizing at least one other individual w/sexually abusive behavior. This may include physical harm resulting from either the sexual behavior or physical force associated w/sexual behavior.
<b>PHYSICAL FORCE/THREAT - Please rate the highest level from the most recent episode of sexual behavior</b>			
No evidence of the use of any physical force or threat of force in either the commission of the sex act nor in attempting to hide it.	Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.	Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.	Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force.
<b>PLANNING - Please rate the highest level from the most recent episode of sexual behavior.</b>			
No evidence of any planning. Sexual activity appears entirely opportunistic.	Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity are enhanced.	Evidence of some planning of sex act.	Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.
<b>AGE DIFFERENTIAL - Please rate the highest level from the most recent episode of sexual behavior.</b>			
Ages of the perpetrator and victim and/or participants essentially equivalent (less than 3 years apart).	Age differential between perpetrator and victim and/or participants is 3 to 4 years.	Age differential between perpetrator and victim at least 5 years, but perpetrator less than 13 years old.	Age differential between perpetrator and victim at least 5 years and perpetrator 13 years old or older.
<b>TYPE OF SEX ACT - Please rate the highest level from the most recent episode of sexual behavior.</b>			
Sex act(s) involve touching or fondling only.	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.	Sex act(s) involve penetration into genitalia or anus with body part.	Sex act involves physically dangerous penetration due to differential size or use of an object.
<b>RESPONSE TO ACCUSATION - Please rate the highest level from the past 30 days.</b>			
Child admits to behavior and expresses remorse and desire to not repeat.	Child partially admits to behaviors and expresses some remorse.	Child admits to behavior but does not express remorse.	Child neither admits to behavior nor expresses remorse. Child is in complete denial.
<b>TEMPORAL CONSISTENCY</b>			
This level indicates a child who has never exhibited sexually abusive behavior or who has developed this behavior only in the past three months following a clear stressor.	This level indicates a child who has been sexually abusive during the past two years OR child who has become sexually abusive in the past three months despite the absence of any clear stressors.	This level indicates a child who has been sexually abusive for an extended period of time (e.g. more than two years), but who has had significant symptom-free periods.	This level indicates a child who has been sexually abusive for an extended period of time (e.g. more than two years) without significant symptom-free periods.
<b>HISTORY OF SEXUAL BEHAVIOR</b>			
Child or adolescent has only 1 incident of sexually abusive behavior that has been identified and/or investigated.	Child or adolescent has 2-3 incidents of sexually abusive behavior that have been identified and/or investigated.	Child or adolescent has 4-10 incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.	Child or adolescent has more than 10 incidents of sexually abusive behavior with more than one victim.

<b>SEXUALLY AGGRESSIVE BEHAVIOR MODULE Continued</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>SEVERITY OF SEXUAL ABUSE</b>			
No history of any form of sexual abuse.	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.	This level is to indicate a moderate level of sexual abuse. This may involve a child who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.	This level is to indicate a severe level of sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the child.
<b>PRIOR TREATMENT</b>			
No history of prior treatment or history of outpatient treatment with notable positive outcomes.	History of outpatient treatment which has had some degree of success.	History of residential treatment where there has been successful completion of program.	History of residential or outpatient treatment condition with little or no success.

<b>RUNAWAY MODULE</b>			
<b>FREQUENCY OF RUNNING</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Youth has only run once in past year.	Youth has run on multiple occasions in past year.	Youth runs often but not always.	Youth runs at every opportunity.
<b>CONSISTENCY OF DESTINATION</b>			
Youth always runs to the same location.	Youth generally runs to the same location or neighborhood.	Youth runs to the same community but the specific locations change.	Youth runs to no planned destination.
<b>SAFETY OF DESTINATION</b>			
Youth runs to a safe environment that meets his/hers basic needs (e.g. food, shelter).	Youth runs to generally safe environments; however, they might be somewhat unstable or variable.	Youth runs to generally unsafe environments that cannot meet his/her basic needs.	Youth runs to very unsafe environments where the likelihood that he/she will be victimized is high.
<b>INVOLVEMENT IN ILLEGAL ACTIVITIES</b>			
Youth does not engage in illegal activities while on run beyond those involved with the running itself.	Youth engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking).	Youth engages in delinquent activities while on run.	Youth engages in dangerous delinquent activities while on run (e.g. prostitution)
<b>LIKELIHOOD OF RETURN ON OWN</b>			
Youth will return from run on his/her own without prompting.	Youth will return from run when found but not without being found.	Youth will make him/herself difficult to find and/or might passively resist return once found.	Youth makes repeated and concerted efforts to hide so as to not be found and/or resists return.
<b>INVOLVEMENT OF OTHERS</b>			
Youth runs by self with no involvement of others. Others may discourage behavior or encourage youth to return from run.	Others enable youth running by not discouraging youth's behavior.	Others involved in running by actively helping or encouraging youth.	Youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior.
<b>REALISTIC EXPECTATIONS</b>			
Youth has realistic expectations about the implications of his/her running behavior.	Youth has reasonable expectations about the implications of his/her running behavior but may be hoping for a somewhat 'optimistic' outcome.	Youth has unrealistic expectations about the implications of their running behavior.	Youth has obviously false or delusional expectations about the implications of their running behavior.
<b>PLANNING</b>			
Running behavior is completely spontaneous and emotionally impulsive.	Running behavior is somewhat planned but not carefully.	Running behavior is planned.	Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.

Individualized Assessment Modules

<b>JUVENILE JUSTICE MODULE</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>SERIOUSNESS - Please rate the highest level from the past 30 days.</b>			
Youth has engaged only in status violations (e.g. curfew).	Youth has engaged in delinquent behavior.	Youth has engaged in criminal behavior.	Youth has engaged in criminal behavior that places other citizens at risk of significant physical harm.
<b>HISTORY - Please rate using time frames provided in the anchors.</b>			
Current criminal/delinquent behavior is the first known occurrence.	Youth has engaged in multiple criminal/delinquent acts in the past one year.	Youth has engaged in multiple criminal/delinquent acts for more than one year but has had periods of at least 3 months where he/she did not engage in delinquent behavior.	Youth has engaged in multiple criminal/delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in criminal or delinquent behavior.
<b>ARRESTS - Please rate the highest level from the past 30 days</b>			
Youth has no known arrests in past.	Youth has history of delinquency, but no arrests past 30 days.	Youth has 1-2 arrests in last 30 days.	Youth has more than 2 arrests in last 30 day.
<b>PLANNING - Please rate the highest level from the past 30 days.</b>			
No evidence of any planning. Criminal/delinquent behavior appears opportunistic or impulsive.	Evidence suggests that youth places him/herself into situations where the likelihood of criminal/delinquent behavior is enhanced.	Evidence of some planning of criminal/delinquent behavior.	Considerable evidence of significant planning of criminal/delinquent behavior. Behavior is clearly premeditated.
<b>COMMUNITY SAFETY - Please rate the highest level from the past 30 days</b>			
Youth presents no risk to the community. He/she could be unsupervised in the community.	Youth engages in behavior that represents a risk to community property.	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.	Youth engages in behavior that directly places community members in danger of significant physical harm.
<b>LEGAL COMPLIANCE - Please rate the highest level from the past 30 days.</b>			
Youth is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders) or no court orders are currently in place.	Youth is in general compliance with responsibilities imposed by the court. (e.g. occasionally missed appointments)	Youth is in partial noncompliance with standing court orders (e.g. youth is going to school but not attending court-order treatment)	Youth is in serious and/or complete noncompliance with standing court orders (e.g. parole violations)
<b>PEER INFLUENCES - Please rate the highest level from the past 30 days.</b>			
Youth's primary peer social network does not engage in criminal/delinquent behavior.	Youth has peers in his/her primary peer social network who do not engage in criminal/delinquent behavior but has some peers who do.	Youth predominantly has peers who engage in delinquent behavior but youth is not a member of a gang.	Youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.
<b>PARENTAL INFLUENCES - Please rate the highest level from the past 30 days.</b>			
There is no evidence that youth's parents have ever engaged in criminal/delinquent behavior.	One of youth's parents has history of criminal/delinquent behavior but youth has not been in contact with this parent for at least one year.	One of youth's parents has history of criminal/delinquent behavior and youth has been in contact with this parent in the past year.	Both of youth's parents have history of criminal/delinquent behavior.
<b>ENVIRONMENTAL INFLUENCES - Please rate the environment around the youth's living situation.</b>			
No evidence that the child's environment stimulates or exposes the child to any criminal/delinquent behavior.	Mild problems in the child's environment that might expose the child to criminal/delinquent behavior.	Moderate problems in the child's environment that clearly expose the child to criminal/delinquent behavior.	Severe problems in the child's environment that stimulate the child to engage in criminal/delinquent behavior.

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

Individualized Assessment Modules

<b>FIRE SETTING MODULE Continued</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>HISTORY - Please rate using time frames provided in the anchors.</b>			
Only one known occurrence of fire setting behavior.	Youth has engaged in multiple acts of fire setting in the past year.	Youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where he/she did not engage in fire setting behavior.	Youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where he/she did not engage in fire setting behavior.
<b>PLANNING - Please rate most recent incident.</b>			
No evidence of any planning. Fire setting behavior appears opportunistic or impulsive.	Evidence suggests that youth places him/herself into situations where the likelihood of fire setting behavior is enhanced.	Evidence of some planning of fire setting behavior.	Considerable evidence of significant planning of fire setting behavior. Behavior is clearly premeditated.
<b>USE OF ACCELERANTS - Please rate most recent incident.</b>			
No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or a lighter.	Evidence suggests that the fire setting involved some use of mild accelerants (e.g. sticks, paper) but no use of liquid accelerants.	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.	Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.
<b>INTENTION TO HARM - Please rate most recent incident.</b>			
Child did not intend to harm others with fire. He/she took efforts to maintain some safety.	Child did not intend to harm others but took no efforts to maintain safety.	Child intended to seek revenge or scare others but did not intend physical harm, only intimidation.	Child intended to injure or kill others.
<b>COMMUNITY SAFETY - Please rate highest level in the past 30 days.</b>			
Child presents no risk to the community. He/she could be unsupervised in the community.	Child engages in fire setting behavior that represents a risk to community property.	Child 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.	Child engages in fire setting behavior that intentionally places community members in danger of significant physical harm. Child attempts to use fires to hurt others.
<b>RESPONSE TO ACCUSATION - Please rate highest level in the past 30 days.</b>			
Child admits to behavior and expresses remorse and desire to not repeat.	Child partially admits to behaviors and expresses some remorse.	Child admits to behavior but does not express remorse.	Child neither admits to behavior nor expresses remorse. Child is in complete denial.
<b>REMORSE - Please rate highest level in the past 30 days.</b>			
Child accepts responsibility for behavior and is truly sorry for any damage/risk caused. Child is able to apologize directly to effected people.	Child accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, child is unable or unwilling to apologize to effected people.	Child accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.	Child accepts no responsibility and does not appear to experience any remorse.
<b>LIKELIHOOD OF FUTURE FIRE SETTING - Please rate highest level in the past 30 days.</b>			
Child is unlikely to set fires in the future. Child able and willing to exert self-control over fire setting.	Child presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.	Child remains at risk of fire setting if left unsupervised. Child struggles with self-control.	Child presents a real and present danger of fire setting in the immediate future. Child unable or unwilling to exert self-control over fire setting behavior.

<b>TRAUMA MODULE</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>SEXUAL ABUSE - Please rate within the lifetime.</b>			
There is no evidence that child has experienced sexual abuse.	Child has experienced one episode of sexual abuse or there is a suspicion that child has experienced sexual abuse but no confirming evidence.	Child has experienced repeated sexual abuse.	Child has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.
<b>IF 1, 2, OR 3 COMPLETE ADDITIONAL MODULE</b>			

<b>TRAUMA MODULE Continued</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>PHYSICAL ABUSE - Please rate within the lifetime.</b>			
There is no evidence that child has experienced physical abuse.	Child has experienced one episode of physical abuse or there is a suspicion that child has experienced physical abuse but no confirming evidence.	Child has experienced repeated physical abuse.	Child has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.
<b>EMOTIONAL ABUSE - Please rate within the lifetime.</b>			
There is no evidence that child has experienced emotional abuse.	Child has experienced mild emotional abuse.	Child has experienced emotional abuse over an extended period of time (at least one year).	Child has experienced severe and repeated emotional abuse over an extended period of time (at least one year).
<b>VICTIMIZATION</b>			
There is no evidence of a history of victimization OR no evidence of recent victimization and no significant history of victimization within the past year. The child/youth may have been robbed or burglarized on one or more occasions in the past, but no <i>pattern</i> of victimization exists. Child/youth is not presently at risk for re-victimization.	Suspicion or history of victimization, but the child/youth has not been victimized to any significant degree during the past year. Child/Youth is not presently at risk for re-victimization.	This level indicates a child/youth that has been recently victimized (within the past year) but is not at acute risk of re-victimization. This might include experiences of physical or sexual abuse, significant psychological abuse by family or friends, extortion, or violent crime.	This level indicates a child/youth that has been recently victimized and has an acute risk of re-victimization. Examples include working as a prostitute and living in an abusive relationship.
<b>MEDICAL TRAUMA - Please rate within the lifetime.</b>			
There is no evidence that child has experienced any medical trauma.	Child has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).	Child has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.	Child has experienced life threatening medical trauma.
<b>NATURAL DISASTER - Please rate within the lifetime.</b>			
There is no evidence that child has experienced any natural disaster.	Child has been indirectly affected by a natural disaster.	Child has experienced a natural disaster which has had a notable impact on his/her well-being.	Child has experienced life threatening natural disaster.
<b>WITNESS TO FAMILY VIOLENCE - Please rate within the lifetime.</b>			
There is no evidence that child has witnessed family violence.	Child has witnessed one episode of family violence.	Child has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.	Child has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.
<b>WITNESS TO COMMUNITY VIOLENCE - Please rate within the lifetime.</b>			
There is no evidence that child has witnessed violence in the community.	Child has witnessed fighting or other forms of violence in the community.	Child has witnessed significant injury of others in his/her community.	Child has witnessed death of another person in his/her community.
<b>WITNESS/VICTIM TO CRIMINAL ACTIVITY - Please rate within the lifetime.</b>			
There is no evidence that child has been victimized or witness significant criminal activity.	Child is a witness of significant criminal activity.	Child is a direct victim of criminal activity or witnessed the victimization of a family or friend.	Child is a victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one.

**TRAUMA MODULE Continued**

0	1	2	3
<b>WAR AFFECTED</b> – <i>This rating describes the degree of severity of exposure to war, political violence or torture. Violence or trauma related to Terrorism is not included here.</i>			
There is no evidence that child has been exposed to war, political violence, or torture.	Child did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the child may have been exposed to war, political violence or torture; family may have been forcibly displaced due to the war, or both. This does not include children who have lost one or both parents during the war.	Child has been affected by war or political violence. He or she may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Child may have lost one or both parents during the war or one or both parents may be so physically or psychologically disabled from war so that they are not able to provide adequate caretaking of child. Child may have spent extended amount of time in refugee camp.	Child has experienced the direct affects of war. Child may have feared for their own life during war due to bombings, shelling, very near to them. They may have been directly injured, tortured or kidnapped. Some may have served as soldiers, guerrillas or other combatants in their home countries.

<b>TERRORISM AFFECTED</b> - <i>This rating describes the degree to which a child has been affected by terrorism. Terrorism is defined as “the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological.” Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).</i>			
There is no evidence that child has been affected by terrorism or	Child’s community has experienced an act of terrorism, but the child was not directly impacted by the violence (e.g. child lives close enough to site of terrorism that they may have visited before or child recognized the location when seen on TV, but child’s family and neighborhood infrastructure was not directly affected). Exposure has been limited to pictures on television terrorist activities.	Child has been affected by terrorism within his/her community, but did not directly witness the attack. Child may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of child’s daily life may be disrupted due to attack (e.g. utilities or school), and child may see signs of the attack in neighborhood (e.g. destroyed building). Child may know people who were injured in the attack.	Child has witnessed the death of another person in a terrorist attack, or has had friends or family members seriously injured as a result of terrorism, or has directly been injured by terrorism leading to significant injury or lasting impact.

**TRAUMA MODULE: ADJUSTMENT**

0	1	2	3
<b>AFFECT REGULATION</b> <i>Please rate the highest level from the past 30 days</i>			
Child has no problems with affect regulation.	Child has mild to moderate problems with affect regulation.	Child has severe problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child’s functioning in some life domains.	Child unable to regulate affect.
<b>INTRUSIONS</b> <i>Please rate the highest level from the past 30 days</i>			
There is no evidence that child experiences intrusive thoughts of trauma.	Child experiences some intrusive thoughts of trauma but they do not affect his/her functioning.	Child experiences intrusive thoughts that interfere in his/her ability to function in some life domains.	Child experiences repeated and severe intrusive thoughts of trauma.
<b>ATTACHMENT</b> <i>Please rate the highest level from the past 30 days</i>			
No evidence of attachment problems. Parent-child relationship is characterized by satisfaction of needs, child's development of a sense of security and trust.	Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment.	Moderate problems with attachment. Child is having problems with attachment that require intervention. A child who meets the criteria for an Attachment Disorder in DSM-IV would be rated here.	Severe problems with attachment. A child who is unable to separate or a child who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.

**TRAUMA MODULE: ADJUSTMENT Continued**

0	1	2	3
<b>DISSOCIATION</b> <i>Please rate the highest level from the past 30 days</i>			
There is no evidence of dissociation.	Child may experience some symptoms of dissociation.	Child clearly experiences episodes of dissociation.	Profound dissociation occurs.
<b>TIME BEFORE TREATMENT</b>			
Trauma was recognized and treatment started within 1 month of initial experience.	Trauma was recognized and treatment started within 1-6 months of initial experience.	Trauma was recognized and treatment started within 6 months-1 year of the initial experience.	Trauma was not recognized nor treated for more than 1 year after the initial experience.
<b>TRAUMA MODULE (Sexual Abuse Module—Complete if a child has been sexually abused):</b>			
0	1	2	3
<b>EMOTIONAL CLOSENESS TO PERPETRATOR</b>			
Perpetrator was a stranger at the time of the abuse.	Perpetrator was known to the child at the time of event but only as an acquaintance.	Perpetrator had a close relationship with the child at the time of the event but was not an immediate family member.	Perpetrator was an immediate family member (e.g. parent, sibling).
<b>FREQUENCY OF ABUSE</b>			
Abuse occurred only 1 time.	Abuse occurred 2 times.	Abuse occurred 3-10 times.	Abuse occurred more than 10 times.
<b>DURATION</b>			
Abuse occurred only 1 time.	Abuse occurred within 6 month time period.	Abuse occurred within 6-month to 1-year time period.	Abuse occurred over a period of longer than 1 year.
<b>FORCE</b>			
No physical force or threat of force occurred during the abuse episode(s).	Sexual abuse was associated with threat of violence but no physical force.	Physical force was used during the sexual abuse.	Significant physical force/ violence was used during the sexual abuse. Physical injuries occurred as a result of the force.
<b>REACTION TO DISCLOSURE</b>			
All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience.	Most significant family members are aware of the abuse and supportive of the child for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.	Significant split among family members in terms of their support of the child for coming forward with the description of his/her experience.	Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

**SUBSTANCE USE MODULE**

0	1	2	3
<b>SEVERITY OF USE</b> - <i>Please rate the highest level from the past 30 days.</i>			
Child is currently abstinent and has maintained abstinence for at least six months.	Child is currently abstinent but only in the past 30 days or child has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.	Child actively uses alcohol or drugs but not daily.	Child uses alcohol and/or drugs on a daily basis.
<b>DURATION OF USE</b> - <i>Please rate the highest level from the past 30 days.</i>			
Child has begun use in the past year.	Child has been using alcohol or drugs for at least 1 year but has had periods of at least 30 days where he/she did not have any use.	Child has been using alcohol or drugs for at least 1 year (but less than 5 years), but not daily.	Child has been using alcohol or drugs daily for more than the past year or intermittently for at least 5 years.
<b>STAGE OF RECOVERY</b> - <i>Please rate the highest level from the past 30 days.</i>			
Child is in maintenance stage of recovery. Youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.	Child is actively trying to use treatment to remain abstinent.	Child is in contemplation phase, recognizing a problem but not willing to take steps for recovery.	Child is in denial regarding the existence of any substance use problem.

**SUBSTANCE USE MODULE Continued**

0	1	2	3
<b>PEER INFLUENCES</b> - Please rate the highest level from the past 30 days.			
Youth's primary peer social network does not engage in alcohol or drug use.	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.	Youth predominantly has peers who engage in alcohol or drug use but youth is not a member of a gang.	Youth is a member of a peer group that consistently engages in alcohol or drug use.
<b>PARENTAL INFLUENCES</b> - Please rate the highest level from the past 30 days.			
There is no evidence that youth's parents have ever engaged in substance abuse.	One of youth's parents has history of substance abuse but not in the past year.	One or both of youth's parents have been intoxicated with alcohol or drugs in the presence of the youth.	One or both of youth's parents use alcohol or drugs with the youth.
<b>ENVIRONMENTAL INFLUENCES</b> - Please rate the environment around the youth's living situation.			
No evidence that the child's environment stimulates or exposes the child to any alcohol or drug use.	Mild problems in the child's environment that might expose the child to alcohol or drug use.	Moderate problems in the child's environment that clearly expose the child to alcohol or drug use.	Severe problems in the child's environment that stimulate the child to engage in alcohol or drug.

**SCHOOL MODULE: If child is receiving special education services, rate child's performance and behavior relative to their peer group. If it is planned for child to be mainstreamed, rate child's school functioning relative to that peer group.**

0	1	2	3
<b>SCHOOL BEHAVIOR</b> (rated independently from school attendance) - Please rate the highest level from the past 30 days.			
Child is behaving well in school.	Child is behaving adequately in school although some behavior problems exist.	Child is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions.	Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.
<b>SCHOOL ACHIEVEMENT</b> - Please rate the highest level from the past 30 days.			
Child is doing well in school.	Child is doing adequately in school although some problems with achievement exist.	Child is having moderate problems with school achievement. He/she may be failing some subjects.	Child is having severe achievement problems. He/she may be failing most subjects or more than one year behind same age peers in school achievement.
<b>SCHOOL ATTENDANCE</b> - Please rate the highest level from the past 30 days.			
Child attends school regularly.	Child has some problems attending school but generally goes to school. May miss up to 1 day per week on average OR may have had moderate to severe problem in the past 6 months but has been attending school regularly in the past month.	Child is having problems with school attendance. He/she is missing at least two days each week on average.	Child is generally truant or refusing to go to school.
<b>RELATION WITH TEACHER(S)</b> - Please rate the highest level from the past 30 days.			
Child has good relations with teachers.	Child has occasional difficulties relating with at least one teacher. Child may have difficulties during one class period (e.g. math, gym).	Child has difficult relations with teachers that notably interferes with his/her education.	Child has very difficult relations with all teachers or all the time with their only teacher. Relations with teachers currently prevents child from learning.

<b>DEVELOPMENTAL DISABILITY MODULE - Rates presence of Mental Retardation or Developmental Disabilities only and does not refer to broader issues of healthy development</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>COGNITIVE - Please rate the highest level from the past 30 days.</b>			
Child's intellectual functioning appears to be in normal range. There is no reason to believe that the child has any problems with intellectual functioning.	Child has low IQ (70-85) or has identified learning challenges.	Child has mild intellectual disability. IQ is between 55-70. Include children with Asperger's Syndrome.	Child has moderate to profound intellectual disability; IQ is less than 55. Include children with Autism.
<b>DEVELOPMENTAL - Please rate the highest level from the past 30 days.</b>			
Child's development appears within normal range. There is no reason to believe that the child has any developmental problems.	Evidence of a mild developmental delay.	Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.	Severe developmental disorder.
<b>SELF-CARE/DAILY LIVING SKILLS - Please rate the highest level from the past 30 days.</b>			
Child's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child has any problems performing daily living skills.	Child requires verbal prompting on self-care tasks or daily living skills.	Child requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).	Child requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

<b>FAMILY/CARETAKER MODULE</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>SELF-CARE/DAILY LIVING SKILLS - This rating describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, safety, clothing) of their youth.</b>			
The caregiver has the daily living skills needed to care for their youth	The caregiver needs verbal prompting to complete the daily living skills required to care for their youth.	The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for their youth.	The caregiver is unable to complete the daily living skills required to care for their youth. Caregiver needs immediate intervention.
<b>CULTURE STRESS - Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives.</b>			
No evidence of stress between caregiver's cultural identify and current living situation.	Some mild or occasional stress resulting from friction between the caregiver's cultural identify and his/her current living situation.	Caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage culture stress.	Caregiver is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce culture stress.
<b>EMPLOYMENT/EDUCATION - This rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.</b>			
Caregiver is gainfully employed and/or in school.	A mild degree of problems with school or work functioning. Caregiver may have some problems in work environment. Caregiver needs to be monitored and assessed further.	A moderate degree of school or work problems and/or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. Caregiver needs an intervention to address employment and/or learning difficulties.	A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.

**FAMILY/CARETAKER MODULE Continued**

0	1	2	3
<b>EDUCATIONAL ATTAINMENT</b> - <i>This rates the degree to which the individual has completed his/her planned education.</i>			
Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.	Caregiver has set educational goals and is currently making progress towards achieving them.	Caregiver has set educational goals but is currently not making progress towards achieving them.	Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention.
<b>LEGAL</b> - <i>Please rate the highest level from the past 30 days</i>			
Caregiver has no known legal difficulties.	Caregiver has a history of legal problems but currently is not involved with the legal system.	Caregiver has some legal problems and is currently involved in the legal system.	Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention.
<b>MOTIVATION FOR CARE</b> - <i>This rating captures the desire of the caregiver to support their youth in care. The person need not have an understanding of their illness; however they participate in recommended or prescribed care (e.g., taking prescribed medications and cooperating with care providers).</i>			
The caregiver is engaged in his/her youth's care and supports his/her youth in participating in care.	The caregiver is willing for his/her youth to participate in care, however the caregiver may need prompts at times. Caregiver needs to be monitored and assessed further. Caregiver/youth needs to be engaged in care.	The caregiver is often unwilling to support his/her youth's care and is often uncooperative with service providers.	The caregiver refuses to allow his/her youth to participate in care including taking prescribed medications or cooperating with recommended care. Service coordinator needs to meet with referral source and team to revisit goals.
<b>FINANCIAL RESOURCES</b> - <i>Please rate the highest level from the past 30 days</i>			
Caregiver has sufficient financial resources to raise the youth (e.g., youth rearing).	Caregiver has some financial resources that actively help with raising the youth (e.g. youth rearing).	Caregiver has limited financial resources that may be able to help with raising the youth (e.g., youth rearing).	Caregiver has no financial resources to help with raising the youth (e.g. youth rearing). Caregiver needs financial resources.
<b>TRANSPORTATION</b> - <i>This rating reflects the caregiver's ability to provide appropriate transportation for his/her youth.</i>			
Youth and his/her caregiver have no transportation needs. Caregiver is able to get his/her youth to appointments, school, activities, etc. consistently.	Youth and his/her caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting his/her youth to appointments, school, activities, etc. no more than weekly.	Youth and his/her caregiver have frequent transportation needs. Caregiver has difficulty getting his/her youth to appointments, school, activities, etc. regularly (e.g., once a week). Caregiver needs assistance transporting youth and access to transportation resources.	Youth and his/her caregiver have no access to appropriate transportation and is unable to get his/her youth to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.
<b>PSYCHIATRIC HOSPITALIZATION MODULE</b>			
<b>NUMBER OF PRIOR PSYCHIATRIC HOSPITALIZATIONS</b>			
0	1	2	3
1 hospitalization	2 hospitalizations	3 hospitalizations	4 or more hospitalizations
<b>LONGEST LENGTH OF STAY</b> (Among all of the child/youth's prior hospital stays, what was his/her longest?)			
Less than 1 week	1-2 weeks	2 weeks-1 month	More than 1 month
<b>DURATION OF MOST RECENT HOSPITALIZATION</b>			
Less than 1 week	1-2 weeks	2 weeks-1 month	More than one month
<b>TIME SINCE LAST DISCHARGE</b> (How long has the child/adolescent spent in the community since the last hospitalization?)			
Less than 3 months	3-6 months	6- 12 months	Greater than 12 months