

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

West Virginia Manual Children & Youth (Birth-21)



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Please Note: Training and certification is required for the ethical and reliable use of the CANS
Contact the above listed individuals for further information:

Special Acknowledgements

West Virginia Service Delivery and Development Work Group-Public/Private/Family Work Group representing WV Provider Agencies, WV Department of Health and Human Resources, Family Representative, West Virginia System of Care (WVSOC) and WV Division of Juvenile Services.

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WV CANS Implementation Task Team consisting of the WV Cans Experts, Advanced Cans Experts, Bureau of Children and Families representatives, Bureau of Behavioral Health representative, Division of Juvenile Services representative, WVSOC representatives and WV Drug Courts representative.

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EXPOSURE TO POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES DOMAIN

These ratings are made based on LIFETIME exposure of trauma or adverse childhood experiences.

For **this domain**, the following categories and action levels are used:

- 0** indicates a dimension where there is **no evidence** of any trauma of this type.
- 1** indicates a dimension where a single incident of trauma occurred or suspicion exists of this trauma type.
- 2** indicate a dimension on which the child has experienced **multiple incidents or a moderate degree** of this trauma type.
- 3** indicates a dimension which describes **repeated and severe incidents** of trauma with **medical/physical consequences**.

1. SEXUAL ABUSE – *This rating describes the child’s experience of sexual abuse.*

0	There is no evidence that child has experienced sexual abuse.
1	There is a suspicion that the child has experienced sexual abuse with some degree of evidence or the child has experienced “mild” sexual abuse including but not limited to direct exposure to sexually explicit materials . Evidence for suspicion of sexual abuse could include sexual knowledge and/or behavior that is more explicit or beyond what would be considered to be within the range of normal sexual development as well as exposure to a sexualized environment or internet predation. This could include evidence of sexually reactive behavior as well as exposure to a sexualized environment or Internet predation . Children who have experienced secondary sexual abuse (e.g. witnessing sexual abuse, having a sibling sexually abused) also would be rated here.
2	Child has experienced one or a couple of incidents of sexual abuse that were not chronic or severe. This might include a child who has experienced molestation without penetration on a single occasion .
3	Child has experienced severe or chronic sexual abuse with multiple episodes or lasting over an extended period of time . This abuse may have involved penetration, multiple perpetrators and/or associated physical injury .

2. PHYSICAL ABUSE - *This rating describes the child’s experience of physical abuse.*

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

3. EMOTIONAL ABUSE - *This rating describes the degree of severity of emotional abuse, including verbal and non-verbal forms. This item includes both “emotional abuse,” which would include psychological maltreatment such as insults or humiliation towards a child and/or “emotional neglect” defined as the denial of emotional attention and/or support from caregivers.*

0	There is no evidence that child has experienced emotional abuse.
1	Child has experienced mild emotional abuse. For instance, child may experience some insults or is occasionally referred to in a derogatory manner by caregivers or may have been at times denied emotional support/attention by caregivers.
2	Child has experienced moderate degree of emotional abuse. For instance, child may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis , or intentionally isolated from others.
3	Child has experienced significant or severe emotional abuse over an extended period of time (at least one year). For instance , child is completely ignored by caregivers, or threatened/terrorized by others.

4. NEGLECT - *This rating describes the severity of neglect and individual has experienced. Neglect can refer to a lack of food, shelter or supervision (physical neglect) or a lack of access to needed medical care (medical neglect) or failure to receive academic instruction (educational neglect).*

0	There is no evidence that child has experienced neglect.
1	Child has experienced minor or occasional neglect. Child may have been left at home alone for a number of

	hours with no adult supervision or there may be occasional failure to provide adequate supervision of child.
2	Child has experienced a moderate level of neglect. Child may have been left at home alone overnight or there may have been occasional failure to provide adequate food, shelter, or clothing with corrective action.
3	Child has experienced a severe level of neglect including multiple and prolonged absences (e.g., a day or more) by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis .

5. MEDICAL TRAUMA - *This rating describes the severity of medical trauma. Not all medical procedures are experienced as traumatic. Medical trauma results when a medical experience is perceived by the child as mentally or emotionally overwhelming. Potential medical trauma includes but is not limited to the following examples: the onset of a life threatening illness; sudden painful medical events; chronic medical conditions resulting from and injury or illness or another type of traumatic event.*

0	There is no evidence that child has experienced any medical trauma.
1	Child has had a medical experience that was mildly overwhelming for the child. Examples include events that were acute in nature and did not result in ongoing medical needs and associated distress such as minor surgery, stitches or a bone setting.
2	Child has a medical experience that was perceived as moderately emotionally or mentally overwhelming . Such events might include acute injuries and moderately invasive medical procedures such as major surgery that require only short term hospitalization.
3	Child has had a medical experience that was perceived as extremely emotionally or mentally overwhelming . The event itself may have been life threatening and may have resulted in chronic health problems that alter the child's physical functioning.

6. WITNESS TO FAMILY VIOLENCE - *This rating describes the severity of exposure/observation of family violence.*

0	There is no evidence that child has witnessed family violence.
1	Child has witnessed one episode of family violence and there was no lasting injury.
2	Child has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.
3	Child has witnessed repeated and severe episodes of family violence or has intervened in one or more episodes of family violence. Significant injuries have occurred and have been witnessed by the child (i.e., seen or heard) by the child as a direct result of the violence.

7. COMMUNITY VIOLENCE – *This rating describes the severity of exposure to community violence.*

0	There is no evidence that child has witnessed or experienced violence in the community.
1	Child has witnessed occasional fighting or other forms of violence in the community. Child has not been directly impacted by the community violence (i.e. violence not directed at self, family, or friends) and exposure has been limited.
2	Child has witnessed multiple incidents of community violence and/or the significant injury of others in his/her community, or has had friends/family members injured as a result of violence or criminal activity in the community, or is the direct victim of violence/criminal activity that was not life threatening .
3	Child has witnessed or experienced severe and repeated instances of community violence and/or the death of another person in his/her community as a result of violence, or is the direct victim of chronic/ongoing impact as a result of community violence (e.g. family member injured and no longer able to work).

8. SCHOOL VIOLENCE – *This rating describes the severity of exposure to school violence.*

0	There is no evidence that child has witnessed violence in the school setting.
1	Child has witnessed occasional fighting or other forms of violence in the school setting. Child has not been directly impacted by the violence (i. e. violence not directed at self or close friends) and exposure has been limited.
2	Child has witnessed multiple incidents of school violence and/or the significant injury of others in his/her school setting, or has had friends injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to minor injury .
3	Child has witnessed repeated and severe instances of school violence and/or the death of another person in his/her school setting, or has had friends who were seriously injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to significant injury or lasting impact .

9. NATURAL OR MANMADE DISASTERS - *This rating describes the severity of exposure to either natural or man-made disasters.*

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

10. WAR/TERRORISM AFFECTED - *This rating describes the severity of exposure to war, political violence, or torture. Violence or trauma related to terrorism is not included here.*

0	There is no evidence that child has been exposed to war, political violence, terrorism, or torture.
1	Child did not live in war or terrorism-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. This does not include children who have lost one or both parents during the war.
2	Child has been affected by war, terrorism 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 .
3	Child has experienced the direct effects of war or terrorism . Child may have feared for his/her own life during war or terrorism due to bombings or shelling very near to him/her. Child may have been directly injured, tortured, kidnapped or injured in a terrorist attack . Child may have served as soldiers, guerrilla or other combatant in his/her home country.

11. WITNESS/VICTIM TO CRIMINAL ACTIVITY - *This rating describes the severity of exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault or battery.*

0	There is no evidence that child has been victimized or witnessed significant criminal activity.
1	There is a strong suspicion or evidence that the child is a witness of at least one significant criminal activity . For instance a child may have been exposed to one type of criminal event but without necessarily having a direct impact on the child.
2	Child has witnessed multiple incidents or types of criminal activities, is a direct victim of criminal activity, and/or witnessed the victimization of a family member or friend . This could include exposure to more than one type of criminal activity, or exposure to ongoing drug use, drug dealing, or prostitution without causing injury or harm to the child.
3	Child has been exposed to chronic and/or severe instances of criminal activity and/or is a direct victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one . This could include chronic or significant exposure to criminal activity in multiple forms or direct involvement in these activities which may put them at significant risk of harm (e.g., in middle of drug dealing, may be forced into prostitution, etc.)

12. DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES - *This rating describes the extent to which the child has been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses. Children who have had placement changes including stays in foster care, residential treatment facilities or juvenile justice settings can be rated here. Short term hospital stays or brief juvenile detention stays, during which the child's caregiver remains the same, would not be rated on this item.*

0	There is no evidence that the child has experienced disruptions in caregiving and/or attachment losses.
1	Child may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver , such as a relative (e.g., child shifted from care of biological mother to paternal grandmother). Child may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may be temporary or permanent.
2	Child has been exposed to with 2 or more disruptions in caregiving with known alternate caregivers , or the

	child has had at least one disruption involving placement with an unknown caregiver . Children who have been placed in foster or other out-of-home care such as residential care facilities would be rated here.
3	Child has been exposed to multiple/repeated placement changes (i.e., 3+ placements with a known caregiver or 2+ with unknown caregiver) resulting in caregiving disruptions in a way that has disrupted various domains of a child's life (i.e., loss of community, school placement, peer group). Examples would include a child in several short-term unknown placements (i.e., moved from emergency foster care to additional foster care placements and/or multiple transitions in and out of the family-of-origin (i.e., several cycles of removal and reunification).

SYMPTOMS RESULTING FROM EXPOSURE TO TRAUMA OR OTHER ADVERSE CHILDHOOD EXPERIENCES DOMAIN

These ratings describe a range of reactions that children and adolescents may exhibit to any of the variety of traumatic experiences described in the above domain. Unlike the Trauma Experiences, which are cumulative over the child's lifetime, these symptoms are rated based on how the child is doing over the past 30 days.

For **Trauma Stress Symptoms**, the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

13. ADJUSTMENT TO TRAUMA - *This item covers the youth's reaction to any potentially traumatic or adverse childhood experiences. This item should be rated as a 1-3 for children who are exhibiting any symptoms related to a traumatic or adverse childhood experience, even if this experience was in their past. This item will be a 0 for any youth who has never been exposed to potentially traumatic events/situations.*

Any child who meets diagnostic criteria for a trauma-related adjustment disorder, posttraumatic stress disorder and other diagnoses from STANDARD DIAGNOSTIC CRITERIA that the child may have as a result of their exposure to traumatic/adverse childhood experiences would be rated as a 2 or 3 on this item. Additionally, this item should be rated 1-3 for youth who have ANY type of symptoms/needs that are related to their exposure to a traumatic/adverse event.

Note: This item allows you to rate the overall severity of the broad range of trauma-related symptoms the child may be experiencing. The remaining items on the CANS will allow you to also rate each of the specific types of symptoms.

0	Child has not experienced any significant trauma or has adjusted well to traumatic/adverse child experiences.
1	Child has some mild problems with adjustment due to trauma exposure. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.
2	Child presents with a moderate level of trauma-related symptoms . Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Child may have features of one or more diagnoses and may meet full criteria for a specific DSM diagnosis including but not limited to diagnoses of Post-Traumatic Stress Disorder (PTSD) and Adjustment Disorder.
3	Child has severe symptoms as a result of exposure to traumatic or adverse childhood experiences that require intensive or immediate attention . Child likely meets criteria for more than one diagnosis (which may include PTSD), OR may have several symptoms consistent with complex trauma (e.g., problems with affect and behavioral dysregulation, attachment, cognition/learning, etc.

14. TRAUMATIC GRIEF - *This rating describes the level of traumatic grief the youth is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant figures.*

0	There is no evidence that the child has experienced traumatic grief reactions or separation from the loss of significant caregivers. Either the child has not experienced a traumatic loss (e.g., death of a loved one) or the child has adjusted well to separation.
1	Child is experiencing a mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation .
2	Child is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas of daily functioning . This could include withdrawal or isolation from

	others or other problems with day-to-day functioning.
3	Child is experiencing significant traumatic grief reactions . Child exhibits impaired functioning across most or all areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

15. REEXPERIENCING - *These symptoms consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. These symptoms are part of the STANDARD DIAGNOSTIC CRITERIA for PTSD.*

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

16. HYPERAROUSAL - *These symptoms include difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Children may also commonly manifest physical symptoms such as stomach-aches and headaches. These symptoms are part of the STANDARD DIAGNOSTIC CRITERIA criteria for PTSD*

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

17. AVOIDANCE - *These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the STANDARD DIAGNOSTIC CRITERIA for PTSD.*

0	This rating is given to a child with no evidence of avoidance symptoms.
1	This rating is given to a child who exhibits some avoidance . This child may exhibit one primary avoidant symptom , including efforts to avoid thoughts, feelings or conversations associated with the trauma .
2	This rating is given to a child with moderate symptoms of avoidance . In addition to avoiding thoughts or feelings associated with the trauma, the child may also avoid activities, places, or people that arouse recollections of the trauma.
3	This rating is given to a child who exhibits significant or multiple avoidant symptoms . This child may avoid thoughts and feelings as well as situations and people associated with the trauma and be unable to recall important aspects of the trauma .

18. NUMBING - *These symptoms include numbing responses that are part of the STANDARD DIAGNOSTIC CRITERIA for PTSD. These responses were not present before the trauma.*

0	This rating is given to a child with no evidence of numbing responses.
1	This rating is given to a child who exhibits some problems with numbing . This child may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).
2	This rating is given to a child with moderately severe numbing responses . This child may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
3	This rating is given to a child with significant numbing responses or multiple symptoms of numbing . This child may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future .

19. DISSOCIATION - *Symptoms included in this dimension are daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences. This dimension may be used to rate dissociative disorders (e.g., Dissociative Disorder NOS, Dissociative Identity Disorder) but can also exist when other diagnoses are primary (e.g., PTSD, depression)*

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

CHILD STRENGTHS DOMAIN

These ratings describe a range of assets that children and adolescents may possess that can facilitate healthy development. An absence of a strength is not necessarily a need but an indication that strength building activities are indicated. In general strengths are more trait-like, stable characteristics; however, the 30 day rating window still applies unless over-ridden by the action levels as described below.

For **Child’s Strengths**, the following categories and action levels are used:

- 0** - a well-developed or centerpiece strength. This area may be able to be used as a protective factor and a centerpiece for a strength – based plan.
- 1** - an area where a useful strength is evident but requires some effort to maximize this strength. This is a strength that might be able to be used and built upon in treatment.
- 2** - an area where strengths have been identified but require significant strength-building efforts.
- 3** - an area where no current strength is identified; there is no evidence of a strength in this area.

**** When you have no information/evidence about a strength in this area use the score of 3***

20. FAMILY - *Family refers to all family members as defined by the youth, or biological relatives and significant others with whom the child is still in contact. Is the family (as defined by the child) a support and strength to the child?*

0	Significant family strengths. There is at least one family member who has a strong loving relationship with the child and is able to provide significant emotional or concrete support.
1	Moderate level of family strengths. There is at least one family member with a strong loving relationship who is able to provide limited emotional or concrete support .

2	Mild level of family strengths. Family members are known , but currently none are able to provide emotional or concrete support .
3	This level indicates a child with no known family strengths. There are no known family members .

21. INTERPERSONAL - *This rating refers to the interpersonal skills of the child or youth both with peers and adults.*

0	Significant interpersonal strengths. Child has close friends and is friendly with others.
1	Moderate level of interpersonal strengths. Child may have a history of forming positive relationships with peers and/or non-caregivers. Child may have at least one healthy relationship , is friendly with others.
2	Mild level of interpersonal strengths. Child has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
3	Very limited ability to make and maintain positive relationships . Child lacks social skills and has no history of positive relationships with peer and adults.

22. EDUCATIONAL SETTING - *This rating refers to the strengths of the school system or the child's preschool setting, and may or may not reflect any specific educational skills possessed by the child or youth.*

0	This level indicates a child who is in school and is involved with an educational plan (or IEP) that appears to exceed expectations . School works exceptionally well with family and caregivers to create a special learning environment that meets the child's needs. Someone at the school goes above and beyond to take a healthy interest in the educational success of the child.
1	This level indicates a child who is in school and has a plan that appears to be effective . School works fairly well with family and caregivers to ensure appropriate educational development.
2	This level indicates a child who is in school but has a plan that does not appear to be effective .
3	This level indicates a child who is either not in school or is in a school setting that does not further his/her education .

23. COPING AND SURVIVAL SKILLS - *This rating should be based on the strengths that the child or adolescent might have developed including the ability to manage negative life experiences and the ability to develop skills to survive them. This should be rated independent of the youth's current level of distress.*

0	This level indicates a child with exceptional psychological strengths, coping and survival skills. A youth is able to recognize and use his/her strengths and creatively problem solve situations.
1	This level indicates a child with good psychological strengths, coping and survival skills. The person has some coping skills for managing distress but they may struggle to problem solve various situations.
2	This level indicates a child with limited psychological strengths, coping or survival skills. For example, a person with very low self-esteem would be rated here, or a youth who feels defeated frequently and can't identify ways to overcome a situation.
3	This level indicates a child with no known or identifiable psychological strengths, coping or survival skills. For example, a person with very low self-esteem would be rated here; or a youth who feels defeated frequently and can't identify ways to overcome a situation.

24. OPTIMISM - *This rating should be based on the child or adolescent's sense of him/herself in his/her own future. This is intended to rate the child's positive future orientation.*

0	Child has a strong and stable optimistic outlook on his/her life. Child is future oriented.
1	Child is generally optimistic. Child is likely able to articulate some positive future vision .
2	Child has difficulties maintaining a positive view of him/herself and his/her life . Child may be overly pessimistic.
3	Child has difficulties seeing any positives about him/herself or his/her life .

25. TALENT/INTERESTS - *This rating should be based broadly on any talent, creative or artistic skill a child or adolescent may have including art, theatre, music, athletics, etc.*

0	This level indicates a child with significant creative/artistic strengths . A child/youth who receives a significant amount of personal benefit from activities surrounding a talent would be rated here.
1	This level indicates a child with a notable talent . For example, a youth who is involved in athletics or plays a musical instrument, etc. would be rated here.
2	This level indicates a child who has expressed interest in developing a specific talent or talents even if they have not developed that talent to date.

3	This level indicates a child with no known talents, interests, or hobbies.
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26. SPIRITUAL/RELIGIOUS - *This rating should be based on the child or adolescents and their families involvement in spiritual or religious beliefs and activities.*

0	This level indicates a child with strong moral and spiritual strengths. Child may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort him/her in difficult times.
1	This level indicates a child with some moral and spiritual strength. Child may be involved in a religious community.
2	This level indicates a child with little spiritual or religious strength. Child may have little contact with religious institutions.
3	This level indicates a child with no known spiritual or religious involvement.

27. COMMUNITY LIFE - *This rating should be based on the child or adolescent's level of involvement in the cultural aspects of life in his/her community.*

0	This level indicates a child with extensive and substantial long-term ties with the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout etc.) for more than one year , may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.
1	This level indicates a child with significant community ties although they may be relatively short term (e.g. past year).
2	This level indicates a child with limited ties and/or supports from the community.
3	This level indicates a child with no known ties or supports from the community.

28. RELATIONSHIP PERMANENCE - *This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.*

0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	This level indicates a child who has had one or more stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A child who has a stable relationship with only one parent may be rated here.
2	This level indicates a child who has had only one stable relationship over his/her lifetime and it is at more immediate risk of instability due to life transitions, relocation, etc., which has the potential to disrupt this relationship..
3	This level indicates a child who does not have any stability in relationships.

29. RESILIENCE - *This rating refers to the child or youth's ability to identify and use his or her internal strengths and use them in times of need and in managing their lives.*

0	Child is able to recognize and uses his/her strengths for healthy development and problem solving.
1	Child recognizes his/her strengths but is not yet able to use them in support of their healthy development or problem solving.
2	Child has limited ability to recognize and use his/her strengths to support healthy development and/or problem solving.
3	Child fails to recognize his/her strengths and is therefore unable to utilize them.

LIFE FUNCTIONING DOMAIN

These ratings describe how children and adolescents are doing in their various environments or life domains. The domains were identified from the children's research literature on wraparound philosophy. Functioning well in all life domains is the goal of a lifetime developmental framework.

For **Life Functioning Domains**, the following categories and action levels are used:

0 indicates a life domain in which the child has no need and (and may be excelling). There is no need for action/intervention.

1 indicates a life domain in which the child may have a mild need but is generally doing OK. A score of 1 indicates that this is an area for watchful waiting, a potential need for preventative action or historical need. This is an area of potential

strength.

2 indicates a life domain in which the child is having moderate problems. Action/intervention is needed to improve functioning into an area of strength.

3 indicates a life domain in which the child is having significant problems. Immediate or intensive help is needed to improve functioning.

30. FAMILY - Family ideally should be defined by the child; however, in the absence of this knowledge consider biological and adoptive relatives and their significant others with whom the child has contact as the definition of family. Foster families should only be considered if they have made a significant commitment to the child. Is the family (as defined by the child) functioning well together?

0	Child gets along well with family members.
1	Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.
2	Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, etc.

31. LIVING SITUATION - This item refers to how the child is functioning in his/her current living arrangement, which could be with a relative, in a temporary foster home, shelter, etc.

0	Child is functioning well in his/her current living environment. Child and caregivers feel comfortable and safe dealing with issues that come up in day-to-day life.
1	Mild problems with functioning in current living situation. Caregivers express some concern about child's behavior in living situation and/or child and caregiver have some difficulty dealing with issues that arise in daily life.
2	Moderate to severe problems with functioning in current living situation. Child and caregivers have difficulty interacting effectively with each other much of the time. Difficulties may create significant problems for others in the residence.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation.

32. SOCIAL FUNCTIONING - This item refers to the child's social functioning from a developmental perspective.

0	Child interacts appropriately with others and builds and maintains relationships.
1	Child is having some difficulty interacting with others and building and/or maintaining relationships.
2	Child has moderate problems with his/her social relationships . Child often has problems interacting with others and building and maintaining relationships. For example, child may argue frequently with adults and peers and may lack ability to interact or play in group settings.
3	Child is experiencing severe disruptions in his/her social relationships . Child consistently and pervasively has problems interacting with others and building and maintaining relationships. For example, child may be excessively withdrawn or aggressive with peers or adults and have notable difficulty relating to others.

33. DEVELOPMENTAL/INTELLECTUAL - This item rates the presence of Intellectual or Developmental Disabilities. All developmental disabilities occur on a continuum; a child with Autism may be designated a 0, 1, 2, or 3 depending on the significance of the disability and the impairment. Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. The term developmental disability refers to a severe and chronic disability that is attributable to a mental or physical impairment that begins before an individual reaches adulthood. These disabilities include intellectual disability, cerebral palsy, epilepsy, autism, and disabling conditions closely related to intellectual disability or requiring similar treatment.

0	Child has no evidence of developmental or intellectual disability.
1	Child has some challenges with developmental progress (ie. documented delay and learning disability) and there may be concerns about possible intellectual disabilities (ie. documented borderline intellectual disability).
2	Child has evidence of a neurodevelopmental disorder including Intellectual Disability, Communication Disorder, Autism Spectrum Disorder, ADHD, Specific Learning Disorder, Motor Disorder including Tic Disorders or child has Down Syndrome or other significant developmental disability (FSIQ 50 to 69).
3	Child has moderate, severe, or profound neurodevelopmental disorder (FSIQ below 50).

34. BRAIN INJURY – This item rates the severity of brain injury. Traumatic brain injury (TBI) is defined as an alteration in brain function, or other evidence of brain pathology, caused by an external force after birth. Common causes of a traumatic brain injury include gunshot wounds, motor vehicle crashes, assaults, or falling and striking your head. An acquired brain injury (ABI) is an injury to the brain, which is not hereditary, congenital, degenerative, or induced by birth trauma. An acquired brain injury is an injury to the brain that has occurred after birth. *There is sometimes confusion about what is considered an acquired brain injury. By definition, any traumatic brain injury (eg, from a motor vehicle accident, or assault) could be considered an acquired brain injury. In the field of brain injury, acquired brain injuries are typically considered any injury that is non-traumatic. Examples of acquired brain injury include stroke, near drowning, hypoxic or anoxic brain injury, tumor, neurotoxins, electric shock or lightning strike.*

0	Child has no evidence of a brain injury.
1	Child has slight evidence of physical, cognitive, and/or behavioral impairments that are related to brain injury or child may be successfully recovering from a brain injury.
2	Child has sufficient evidence of physical, cognitive, and/or behavioral impairments that are related to brain injury
3	Child has severe brain injury. Child brain injury prevents functioning in at least one life domain.

35. SUBSTANCE EXPOSURE - *This dimension describes the child's lifetime exposure to substance use and abuse both before and after birth.*

0	There is no known in utero exposure to alcohol or drugs, and there is currently no exposure in the home.
1	Child had either mild in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there is current alcohol and/or drug use in the home .
2	Child was exposed to significant alcohol or drugs in utero . Any ingestion of illegal drugs during pregnancy (e.g. heroin, cocaine, methamphetamine), or use of alcohol or tobacco , would be rated here.
3	Child was exposed to alcohol or drugs in utero and continues to be exposed in the home . Any child who evidenced symptoms of substance withdrawal at birth (e.g. crankiness, feeding problems, tremors, weak and continual crying) would be rated here.

36. RECREATIONAL - *This item is intended to reflect the child's access to and use of leisure time activities.*

0	Child makes full use of leisure time to pursue recreational activities that support his/her healthy development and enjoyment.
1	Child may be doing adequately with recreational activities, although some difficulties exist at times using leisure time to pursue recreational activities. For example, child has free time but may not always use time to enjoy activities.
2	Child is having moderate problems with recreational activities, and may be unable to use leisure time to enjoy recreational activities. For example, child may not have access to recreational activities, may struggle to engage in activities without direction from others, or is not interested in making use of leisure time.
3	Child has no access to or interest in recreational activities. Child has significant difficulties making use of leisure time.

37. LEGAL – *This item describes the child's (not the family's) involvement with the legal system. This could include involvement in the Juvenile or Adult Justice Systems.*

0	Child has no known legal difficulties.
1	Child has a history of legal problems but currently is not involved with the legal system and is not currently on probation.
2	Child has some legal problems, is currently involved in the legal system and may have active probation mandates .
3	Child has serious current or pending legal difficulties that place him/her at risk for a re-arrest or youth is currently incarcerated .

38. MEDICAL - *This item refers to the child's physical /medical health status.*

0	Child has no current health problems or chronic conditions.
1	Child has mild/treatable medical problems that require medical treatment.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening illness or medical condition.

39. PHYSICAL - *This item is used to identify physical limitations, including chronic conditions that entail impairment in eating, breathing, vision, hearing, mobility, or other functions.*

0	Child has no physical limitations.
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1	Child has some physical condition that places mild limitations on activities . Conditions such as impaired hearing or vision would be rated here. Also rate here treatable medical conditions that result in physical limitations (e.g. asthma).
2	Child has physical condition that notably impacts activities . Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.

40. MEDICATION COMPLIANCE - *This rating focuses on the level of the individual's willingness or ability to participate in taking prescribed medications.*

0	This level indicates a person who takes medication as prescribed and without reminders (as developmentally appropriate) or is not currently on medication .
1	This level indicates a person who will take prescribed medications routinely , but who sometimes needs reminders to maintain compliance. Also, a history of medication noncompliance but no current problems would be rated here.
2	This level indicates a person who is sporadically non-compliant . This person may be resistant to taking prescribed medications or this person may tend to overuse his or her medications. He/she might comply with prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication in prescribed dose or protocol. This would include youth who are sporadically noncompliant with medications for physical health that may place youth at medical risk.
3	This level indicates a person who has refused to take prescribed medications during the past 30-day period or a person who has abused his or her medications to a significant degree (i.e., overdosing or over using medications to a dangerous degree).

41. SLEEP – *This item rates any disruptions in sleep regardless of the cause including problems with going to bed, staying asleep, waking up early or sleeping too much.*

0	Child gets a full night's sleep each night.
1	Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week problems arise . This may include occasionally awakening or bed wetting or nightmares.
2	Child is having problems with sleep. Sleep is often disrupted and child seldom obtains a full night of sleep.
3	Child is generally sleep deprived . Sleeping is difficult for the child and s/he is not able to get a full night's sleep

42. SEXUAL DEVELOPMENT – *This item looks at broad issues of sexual development, including sexual behavior, sexual identity, sexual concerns, and the reactions of significant others to any of these factors.*

0	No evidence of any problems with sexual development.
1	Mild to moderate problems with sexual development. May include concerns about sexual identity or anxiety about the reactions of others .
2	Significant problems with sexual development. May include inappropriate or high-risk sexual behavior, distress due to gender identity issues , and/or some experience of negative reactions of others .
3	Profound problems with sexual development . This level would include prostitution, very frequent risky sexual behavior, or sexual aggression and /or the expectation of specific life-threatening reactions by others .

Does Youth Identify as GLBTQ? Yes _____ No _____ Questioning _____

43. CHILD INVOLVEMENT WITH CARE *This item refers to the child's participation in efforts to address his/her identified needs.*

0	Child is knowledgeable of needs and helps direct planning to address them or is not involved in services.
1	Child is knowledgeable of needs and participates in planning to address them.
2	Child is at least somewhat knowledgeable of needs but is not willing to participate in plans to address them.
3	Child is neither knowledgeable about needs nor willing to participate in any process to address them.

44. DAILY FUNCTIONING *This item refers to the child's self-care skills.*

0	Child demonstrates age appropriate or advanced self-care skills. Relies on others as expected for his/her age group.
1	Child shows mild or occasional problems in self-care skills for his/her age, but is generally self-reliant.
2	Child demonstrates moderate or routine problems in self-care skills and relies on others for help more than is expected for his/her age group.
3	Child shows severe or almost constant problems in self-care skills, and relies on others for help much more than is

	expected for his/her age group
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45. NATURAL SUPPORTS *Refers to **unpaid helpers** in the child's natural environment. All family members and paid care givers are excluded.*

0	Child has significant natural supports who contribute to helping support the child's healthy development.
1	Child has identified natural supports that provide some assistance in supporting the child's healthy development.
2	Child has some identified natural supports however they are not actively contributing to the child's healthy development.
3	Child has no known natural supports (outside of family and paid caregivers)

The following three school related items can be scored for children under age 5 if they are in a pre-school/day-care setting or an early intervention program such as Head Start. If they are not in school you would score these items as a 0.

46. SCHOOL BEHAVIOR - *This item rates the behavior of the child or youth in school or school-like settings (e.g. Head Start, pre-school). A rating of 3 would indicate a child who is still having problems after special efforts have been made, i.e., problems in a special education class.*

0	No evidence of behavior problems at school or day care. Child is behaving well.
1	Child is having mild behavioral problems at school. May be related to either relationships with teachers or peers. A single detention might be rated here.
2	Child is having moderate behavioral difficulties at school. He/she is disruptive and may receive sanctions including suspensions or multiple detentions.
3	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.

47. SCHOOL ACHIEVEMENT - *This item describes academic achievement and functioning.*

0	Child is working at grade level, passing all classes and is on track with his/her educational plan.
1	Child is doing adequately in school, although some problems with achievement exist .
2	Child is having moderate problems with school achievement. He/she may be failing some subjects and/or be at risk for failing the current grade.
3	Child is having severe achievement problems . He/she may be failing most subjects or is more than one year behind same age peers in school achievement, and/or will certainly not pass to next grade level.

48. SCHOOL ATTENDANCE – *This item describes academic achievement and functioning. If school is not in session, rate the last 30 days when school was in session.*

0	No evidence of attendance problems. Child attends regularly .
1	Child has some problems attending school, although he/she generally goes to school. He/she may miss up to one day per week on average. Or, he/she may have had moderate to severe problems in the past six months but has been attending school regularly in the past month .
2	Child is having problems with school attendance. He/she is missing at least two days per week on average.
3	Child is generally truant or refusing to go to school or a school-aged child not enrolled in school.

ACCULTURATION DOMAIN

All children are members of some identifiable cultural group. These ratings describe possible problems that children or adolescents may experience with the relationship between their cultural membership and the predominant culture in which they live.

For **Acculturation**, the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

49. LANGUAGE - *This item includes both spoken and sign language. This item concerns any language-related needs a family might have that affect their participation in services.*

0	Child and family have no problems communicating in English and do not require the assistance of a translator.
1	Child and family speak some English but potential communication problems exist due to limits on vocabulary or

	understanding of the nuances of the language.
2	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.
3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

50. IDENTITY - *Cultural identity refers to the child's view of him/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.*

0	Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Child is experiencing some confusion or concern regarding his/her cultural identity.
2	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.
3	Child has no connection to his/her cultural identity or is experiencing significant problems due to internal conflict regarding his/her cultural identity.

51. 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.*

0	No evidence of stress between child's cultural identity and current living situation.
1	Some evidence of mild or occasional stress resulting from friction between the child's cultural identity and his/her current living situation.
2	Child is experiencing cultural stress from friction between the child's cultural identity and current living situation and that is causing some problems with functioning.
3	Child is experiencing a high level of cultural stress between his/her cultural identity and current living situation that is making functioning very difficult under the present circumstances.

CHILD BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

These ratings identify the behavioral health needs of the child or adolescent. While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In STANDARD DIAGNOSTIC CRITERIA a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This definition is consistent with the ratings of '2' or '3' as defined by the action levels below:

For **Behavioral/Emotional Needs**, the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

52. PSYCHOSIS - *This item is used to rate symptoms of psychiatric disorders with a known neurological base. STANDARD DIAGNOSTIC CRITERIA disorders included on this dimension are Schizophrenia and Psychotic disorders (unipolar, bipolar, NOS). The common symptoms of these disorders include hallucinations, delusions, unusual thought processes, strange speech, and bizarre/idiosyncratic behavior.*

0	This rating indicates a child with no evidence of thought disturbances. Both thought processes and content are within normal range.
1	This rating indicates a child with evidence of mild disruption in thought processes, content or bizarre behavior potentially related to a psychotic disturbance . The child may be oddly tangential in speech or evidence somewhat illogical thinking (age inappropriate). This also includes children with a history of hallucinations but none currently . The category would be used for children who are sub-threshold for one of the DSM diagnoses listed above .
2	This rating indicates a child with evidence of moderate disturbance in thought processes or content and/or corresponding bizarre behavior. The child may be somewhat delusional or have brief or intermittent hallucinations. The child's speech may be at times quite tangential or illogical. This level would be used for children who meet the diagnostic criteria for one of the disorders listed above .
3	This rating indicates a child with severe psychotic disorder . The child frequently is experiencing symptoms of psychosis and frequently has no reality assessment. There is evidence of ongoing delusions or hallucinations or

	both. Command hallucinations would be coded here. This level is used for extreme cases of the diagnoses listed above.
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53. ATTENTION/CONCENTRATION –Problems with attention, concentration and task completion would be rated here. These may include symptoms that are part of STANDARD DIAGNOSTIC CRITERIA Attention-Deficit Hyperactivity Disorder. Inattention/distractibility not related to opposition would also be rated here.

0	This rating is used to indicate a child with no evidence of attention/concentration problems. This child is able to stay on task in an age-appropriate manner.
1	This rating is used to indicate a child with evidence of mild problems with attention/concentration . Child may have some difficulties staying on task for an age appropriate time period in school or play.
2	This rating is used to indicate a child with moderate attention problems . In addition to problems with sustained attention, child may become easily distracted or forgetful in daily activities, have trouble following through on activities, and become reluctant to engage in activities that require sustained effort. A child who meets STANDARD DIAGNOSTIC CRITERIA diagnostic criteria for ADHD would be rated here.
3	This rating is used to indicate a child with severe impairment of attention or concentration . A child with profound symptoms of ADHD or significant attention difficulties related to another diagnosis would be rated here.

54. IMPULSIVITY –Problems with impulse control, impulsive behaviors, including motoric disruptions would be rated here.

0	This rating is used to indicate a child with no evidence of age inappropriate impulsivity in action or thought.
1	This rating is used to indicate a child with evidence of mild levels of impulsivity evident in either action or thought. For instance, youth may be impulsive in action or thought such as occasional difficulty in waiting for his/her turn or yelling out answers in class that are age-inappropriate.
2	This rating is used to indicate a child with moderate levels of impulsivity evident in behavior . The child is frequently impulsive and may represent a significant management problem . A child who often intrudes on others, demonstrates some motoric difficulties (such as pushing or shoving others), or often exhibits aggressive impulses would be rated here.
3	This rating is used to indicate a child with significant levels of impulsivity evident in behavior. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child may be impulsive on a nearly continuous basis. He or she endangers self or others without thinking.

55. DEPRESSION - *Symptoms included in this dimension are irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation. This dimension can be used to rate symptoms of the following psychiatric disorders as specified in STANDARD DIAGNOSTIC CRITERIA: Depressive Disorders (unipolar, dysthymia, NOS), Bipolar Disorder.*

0	This rating is given to a child with no evidence of depression .
1	This rating is given to a child with mild emotional problems. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to gross avoidance behavior.
2	This rating is given to a child with a moderate level of emotional disturbance. Any diagnosis of depression would be coded here . This level is used to rate children who meet the criteria for an affective disorder listed above.
3	This rating is given to a child with a severe level of depression . This would include a child who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life . Disabling forms of depressive diagnoses would be coded here. This level is used to indicate an extreme case of one of the disorders listed above .

56. ANXIETY - *This item describes the child's level of fearfulness, worrying or other characteristics of anxiety.*

0	No evidence of any anxiety or fearfulness.
1	History or suspicion of anxiety problems or current mild to moderate anxiety associated with a recent negative life event . This level is used to rate either a mild phobia or anxiety problem or a sub-threshold level of symptoms for the anxiety listed disorders.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness . Anxiety has interfered significantly in child's ability to function in at least one life domain .
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain

57. OPPOSITIONAL BEHAVIOR (Compliance with authority) - *This item is intended to capture how the*

child relates to authority. *Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance with authority rather than inflicting damage and hurting others.*

0	This rating indicates that the child/adolescent is generally compliant .
1	This rating indicates that the child/adolescent has mild problems with compliance with some rules or adult instructions. Child may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
2	This rating indicates that the child/adolescent has moderate problems with compliance with rules or adult instructions . A child who meets the criteria for Oppositional Defiant Disorder in Standard Diagnostic Criteria would be rated here.
3	This rating indicates that the child/adolescent has severe problems with compliance with rules or adult instructions . A child rated at this level would be a severe case of Oppositional Defiant Disorder . They would be virtually always noncompliant . Child repeatedly ignores authority.

58. CONDUCT - *These symptoms include antisocial behaviors like shoplifting, lying, vandalism, cruelty to animals, and assault. This dimension would include the symptoms of Conduct Disorder as specified in Standard Diagnostic Criteria.*

0	This rating indicates a child with no evidence of behavior disorder.
1	This rating indicates a child with a mild level of conduct problems. The child may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex, and community. This might include occasional truancy, repeated severe lying, or petty theft from family.
2	This rating indicates a child with a moderate level of conduct problems that may meet criteria for Conduct Disorder . This could include episodes of planned aggressive or other anti-social behavior. A child rated at this level may meet the criteria for a diagnosis of Conduct Disorder.
3	This rating indicates a child with severe Conduct Disorder . This could include frequent episodes of unprovoked, planned aggressive or other dangerous anti-social behavior .

59. SUBSTANCE USE - *These symptoms include use of alcohol and illegal drugs, the misuse of prescription medications and the inhalation of any substance for recreational purposes. This rating is consistent with Standard Diagnostic Criteria Substance-related Disorders.*

0	This rating is for a child who has no substance use difficulties at the present time . If the person is in recovery for greater than 1 year, they should be coded here, although this is unlikely for a child or adolescent.
1	This rating is for a child with mild substance use problems that might occasionally present problems for the person (intoxication, loss of money, reduced school performance, parental concern). This rating would be used for someone early in recovery (less than 1 year) who is currently abstinent for at least 30 days .
2	This rating is for a child with a moderate substance abuse problem that impairs his/her ability to function , but does not preclude functioning in an unstructured setting while participating in treatment.
3	This rating is for a child with a severe substance dependence condition that consistently impairs his/her ability to function. Substance abuse problems may present significant complications to the coordination of care for the individual. A substance-exposed infant who demonstrates symptoms of substance dependence would also be rated here.

60. ATTACHMENT DIFFICULTIES - *This item should be rated within the context of the child's significant parental or caregiver relationships.*

0	No evidence of attachment problems . Caregiver-child relationship is characterized by mutual satisfaction of needs and child's development of a sense of security and trust . Caregiver appears able to respond to child cues in a consistent, appropriate manner, and child seeks age-appropriate contact with caregiver for both nurturing and safety needs.
1	Mild problems with attachment. There is some evidence of insecurity in the child-caregiver relationship. Caregiver may at times have difficulty accurately reading child bids for attention and nurturance ; may be inconsistent in response; or may be occasionally intrusive. Child may have mild problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child may have minor difficulties with appropriate physical/emotional boundaries with others.
2	Moderate problems with attachment. Attachment relationship is marked by sufficient difficulty as to require intervention . Caregiver may consistently misinterpret child cues , act in an overly intrusive way, or ignore/avoid child bids for attention/nurturance. Child may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and may have ongoing difficulties with physical or emotional boundaries with others .

3	Severe problems with attachment. Child is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR child presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child is considered at ongoing risk due to the nature of his/her attachment behaviors. A child who meets the criteria for an Attachment Disorder in Standard Diagnostic Criteria would be rated here. Child may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.
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61. EATING DISTURBANCES - *These symptoms include problems with eating including disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating and hoarding food. These ratings are consistent with Standard Diagnostic Criteria Eating Disorders.*

0	This rating is for a child with no evidence of eating disturbances.
1	This rating is for a child with a mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
2	This rating is for a child with a moderate level of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This child may meet criteria for a Standard Diagnostic Criteria Eating Disorder (Anorexia or Bulimia Nervosa).
3	This rating is for a child with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

62. AFFECTIVE AND/OR PHYSIOLOGICAL DYSREGULATION – *These symptoms are characterized by difficulties with arousal regulation. This can include difficulties modulating or expressing emotions and energy states such as emotional outbursts or marked shifts in emotions, overly constricted emotional responses, and intense emotional responses, and/or evidence of constricted, hyperarousal or quickly fluctuating energy level. The child may demonstrate such difficulties with a single type or a wide range of emotions and energy states. This can also include difficulties with regulation of body functions, including disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. The child’s behavior likely reflects their difficulty with affective and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.*

NOTE: This item should be rated in the context of what is normative for a child’s age/developmental level.

0	This rating is given to a child with no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.
1	This rating is given to a child with some minor and occasional difficulties with affect/physiological regulation. This child could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g., sleeping, eating or elimination). This child may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.
2	This rating is given to a child with moderate problems with affect/physiological regulation. This child has difficulty/may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. This child may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). This child may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or have persistent physical or somatic complaints. This child’s behavior likely reflects difficulties with affective or physiological over-arousal or reactivity (e.g., silly behavior, loose active limbs) or under-arousal (e.g., lack of movement and facial expressions, slowed walking and talking).
3	This rating is given to a child with severe and chronic problems with highly dysregulated affective and/or physiological responses. This child may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). This child may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, this child may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally “shut down”). This child may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns or with elimination

	problems.
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63. SOMATIZATION - *These symptoms include the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudoseizures).*

0	This rating is for a child with no evidence of somatic symptoms.
1	This rating indicates a child with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.
2	This rating indicates a child with a moderate level of somatic problems or the presence of conversion symptoms . This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child may meet criteria for a somatoform disorder. Additionally, the child could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis).
3	This rating indicates a child with severe somatic symptoms causing significant disturbance in school or social functioning . This could include significant and varied symptomatic disturbance without medical cause .

64. ANGER CONTROL - *This item captures the youth's ability to identify and manage their anger when frustrated.*

0	This rating indicates a child with no evidence of any significant anger control problems.
1	This rating indicates a child with some problems with controlling anger. He/she may sometimes become verbally aggressive when frustrated. Peers and family members are aware of and may attempt to avoid stimulating angry outbursts . Child may have a history of physical aggression arising from inability to control anger, but none within the last 3 months .
2	This rating indicates a child with moderate anger control problems . His/her temper has gotten him/her in significant trouble with peers, family, and/or school. This level may be associated with some physical violence , or increasing verbal outbursts. Others are likely quite aware of anger potential.
3	This rating indicates a child with severe anger control problems . His/her temper is likely associated with frequent fighting that is often physical . Others likely fear him/her .

CHILD RISK BEHAVIORS DOMAIN

Risk behaviors are the types of things that can get children and adolescents in trouble or put them in danger of harming themselves or others. Notice that the time frames for the ratings change, particularly for the '1' and '3' ratings away from the standard 30 day rating window.

For **Risk Behaviors**, the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

65. SUICIDE RISK - *This rating describes both suicidal and significant self-injurious behavior. A rating of '2' or '3' would indicate the need for a safety plan.*

0	Child has no evidence or history of suicidal or self-injurious behaviors.
1	History of suicidal or self-injurious behaviors or significant ideation but none during the past 30 days .
2	Recent, (last 30 days) but not acute (today) suicidal ideation or gesture.
3	Current suicidal ideation and intent in the past 24 hours .

66. NON-SUICIDAL SELF INJURY- *This rating includes repetitive, physically harmful behavior that generally serves as a coping or self-soothing function to the child. This includes self-mutilation.*

0	No evidence of any forms of self-injury (e.g. cutting, burning, face slapping, head banging)
1	History of self-injury but none evident in the past 30 days .
2	Engaged in self-injury that does not require medical attention .
3	Engaged in significant self-injury that requires medical attention occurring within the past 30 days or more recently.

67. OTHER SELF HARM - *This rating includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child or others at some jeopardy. Suicidal or self-injurious behaviors are NOT rated here.*

0	No evidence of behaviors that place the child at risk of physical harm.
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1	History of behavior other than suicide or self-injury that places child at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the child.
2	Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm (but not in the past 30 days). This includes reckless behavior and intentional risk-taking behavior that may endanger the child.
3	Engaged in significant self harm behavior other than suicide or self-injury that places him/her at immediate risk of death . This includes reckless behavior or intentional risk-taking behavior within the past 30 days or more recently.

68. EXPLOITATION - PLEASE RATE THE HIGHEST LEVEL. THIS ITEM EXAMINES THE HISTORY AND LEVEL OF CURRENT RISK OF EXPLOITATION OF THE CHILD/YOUTH BY OTHERS WITHIN THE PAST YEAR.

0	No evidence of exploitation against the child/youth within the past 30 days and no significant history of child/youth being exploited within the past year; the child/youth may have been robbed or bullied on one or more occasions in the past, but no pattern of exploitation exists; child/youth is not presently at risk for re-exploitation.
1	Child/youth has a history of being exploited but has not been exploited, bullied or victimized in the past year and is not presently at risk of re-exploitation.
2	Child/youth has been exploited within the past year but is not currently in acute risk of re-exploitation; this might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.
3	Child/youth has been recently exploited and is in acute risk of re-exploitation; examples include working as a prostitute, being forced into parentified roles and responsibilities and living with an abusive relationship.

69. DANGER TO OTHERS - This rating includes actual and threatened violence. Imagined violence, when extreme, may be rated here. A rating of 2 or 3 would indicate the need for a safety plan.

0	Child has no evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals).
1	History of aggressive behavior or verbal aggression towards others but no aggression during the past 30 days . History of fire setting (not in past year) would be rated here.
2	Occasional or moderate level of aggression towards others including aggression during the past 30 days or more recent verbal aggression.
3	Frequent or dangerous (significant harm) level of aggression to others . Child or youth is an immediate risk to others.

70. CRUELTY TO ANIMALS - This rating includes any violence directed towards animals.

0	The child/youth has no evidence of cruel behaviour directed towards animals
1	History of notable cruelty to animals but none during the past 30 days.
2	Occasional or moderate level of cruelty to animals during the past 30 days, aggressive teasing, hitting, kicking, etc.
3	Frequent or dangerous (significant harm) level of cruelty to animals resulting in significant injury or death to the animal(s).

71. FIRE SETTING - This item refers to behavior involving the intentional setting of fires or fire setting that might be dangerous to the child or others. This does not include the use of candles or incense or matches to smoke.

0	No evidence or history of fire setting behavior
1	History of fire-setting but not in past six months
2	Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others (e.g. playing with matches) OR repeated fire setting behavior over a period of at least two years even if not in the past six months .
3	Acute threat of fire setting. Intentionally set fire that endangered the lives of others (e.g. attempting to burn down a house).

72. SEXUALLY ABUSIVE - Sexually abusive behavior includes both aggressive sexual behavior and sexual behavior in which the child or adolescent **takes advantage** of another person, including a younger or less powerful child through seduction, coercion, or force. **Note:** Consideration of the youth's developmental level should be considered when scoring this indicator. Youth with significant delays in cognitive, social or emotional development may relate more closely with younger children.

0	No evidence of any history of sexually abusive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent.
1	History of sexually abusive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk touching or rubbing against a non-consenting person, etc.
2	Child is engaged in sexually abusive behavior in the past year but not in the past 30 days.
3	Child has engaged in sexually abusive behavior in the past 30 days.

73. SEXUALIZED BEHAVIORS – *Includes behavior both age-inappropriate or highly sexualized behaviors that may place a child at risk for victimization or risky sexual practices. This would include sexually reactive behaviors.*

0	No evidence of problems with sexualized behaviors or high risk sexual behaviors.
1	Some evidence of sexualized behaviors. Child may exhibit occasional inappropriate sexual language or behavior , flirts when age-inappropriate, or engages in unprotected sex with single partner. This behavior does not place child at great risk. A history of sexually provocative behavior would be rated here, including the use of pornography, excessive masturbation, making obscene phone calls, peeping, flashing, exposing genitals to others, fetishes (using nonliving objects for sexual gratification, touching or rubbing against a non-consenting person, etc.
2	Moderate problems with sexually reactive behavior that place child at some risk . Child may exhibit more frequent sexually provocative behaviors in a manner that impairs functioning, or poses legal risk, engage in promiscuous sexual behaviors or have unprotected sex with multiple partners.
3	Significant problems with sexualized behaviors. Child exhibits sexual behaviors that place child or others at immediate risk.

74. BULLYING- *This item describes behavior that is repetitive and purposeful in gaining power and or controls, and involves intimidation (either verbal or physical or both) of peers and younger children. Threatening others with harm if they do not comply with the child or youth's demands would be rated here.*

0	Youth has never engaged in bullying at school or in the community.
1	Youth has been involved with groups that have bully other youth either in school or the community ; however, youth has not had a leadership role in these groups.
2	Youth has bullied other youth in school or community . Youth has either bullied the other youth individually or led a group that bullied youth
3	Youth has repeatedly utilized threats or actual violence to bully youth in school and/or community

75. DELINQUENCY - *This rating includes both criminal behavior and status offenses that may result from child or youth failing to follow required behavioral standards (e.g. truancy). Sexual offenses should be included as criminal behavior.*

0	Child shows no evidence or has no history of criminal or delinquent behavior.
1	History of criminal or delinquent behavior but none in the past 30 days. Status offenses in the past 30 days would be rated here.
2	Moderate level of criminal activity including a high likelihood of crimes committed in the past 30 days . Examples would include vandalism, shoplifting, etc.
3	Serious level of criminal or delinquent activity in the past 30 days . Examples would include car theft, residential burglary, gang involvement, etc.

76. RUNAWAY - *In general, to classify as a runaway or elopement, the child is gone overnight or very late into the night. Impulsive behavior that represents an immediate threat to personal safety would also be rated here.*

0	This rating is for a child with no history of running away and no ideation involving escaping from the present living situation.
1	This rating is for a child with no recent history or running away but who has expressed ideation about escaping present living situation or treatment . Child may have threatened running away on one or more occasions or have a history (lifetime) of running away but not in the past year .
2	This rating is for a child who has run away from home once or run away from one treatment setting within the past year . Also rated here is a child who has run away to home (parental or relative) in the past year.
3	This rating is for a child who has (1) run away from home and/or treatment settings within the last 7 days or (2) run away from home and/or treatment setting twice or more overnight during the past 30 days. Destination is not a return to home of parent or relative.

77. INTENTIONAL MISBEHAVIOR - *This rating describes intentional obnoxious social behaviors that a child engages in to intentionally force adults to sanction him/her. This item should reflect problematic intentional behaviors (socially unacceptable behavior for the culture and community in which he/she lives) that put the child at some risk of sanctions. It is not necessary that the child have awareness of the purpose of his/her misbehavior (to provoke sanctions/reactions) in order to be rated here as this behavior*

is not always conscious/planned behavior. **This item should not be rated for children who engage in such behavior solely due to developmental delays or lack of social skill.**

0	Child shows no evidence of problematic social behaviors.
1	Mild level of problematic social behaviors that force adults to sanction the child . Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.
2	Moderate level of problematic social behaviors. Child may be intentionally getting in trouble in school or at home and the sanctions or threat of sanctions that result are causing problems in the child's life .
3	Severe level of problematic social behaviors. This would be indicated by frequent seriously inappropriate social behavior that force adults to seriously and/or repeatedly sanction the child. Intentional behaviors are sufficiently severe (cause harm to others) that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community).

CAREGIVER NEEDS AND STRENGTHS DOMAIN

These ratings should be completed with a focus on permanent caregivers. However, when a temporary placement (substitute caregiver) is impacting a child's functioning the temporary caregivers can be scored. In general, caregiver ratings should be completed for the household. If multiple households are involved in the permanency planning, then this section should be completed once for each household under consideration for permanency. Residential home, group home, or Independent Living settings are not scored as caregivers. In the instructions below, PARENTS refers to birth parents, adoptive parents, and legal guardians.

For Caregiver Needs and Strengths the following definitions and action levels apply:

- 0** indicates a dimension where there is no evidence of any needs. This is a strength.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

Complete items 78-105 for birth parents and substitute caregivers.

78. KNOWLEDGE OF CHILD'S NEEDS AND SERVICE OPTIONS - *This rating should be based on caregiver's knowledge of the specific strengths of the child and any needs experienced by the child and their ability to understand the rationale for the treatment or management of these problems.*

0	This level indicates that the parent/caregiver is fully knowledgeable about the child's psychological strengths and needs, talents and limitations and available services to meet needs and build strengths.
1	This level indicates that the parent/caregiver, while being generally knowledgeable about the child, has some mild deficits in knowledge or understanding of either the child's psychological condition or his/her talents, skills and assets or service options to facilitate child's healthy development
2	This level indicates that the parent/caregiver does not know or understand the child well and that significant deficits exist in the caregiver's ability to relate to the child's problems and strengths or clear absence of knowledge of service options to support child's healthy development.
3	This level indicates that the parent/caregiver has little or no understanding of the child's current condition. The placement is unable to cope with the child given his/her status at the time, not because of the needs of the child but because the caregiver does not understand or accept the situation .

79. NUTRITION MANAGEMENT - *This item refers to the parent/caregiver's ability to understand his/her child/children's nutritional needs and provide a reasonably healthy diet.*

0	Parent/caregiver is able to plan and produce a healthy diet for children.
1	Parent/caregiver is able to plan a healthy diet but may struggle with providing it consistently .
2	Parent/caregiver is unable to provide a consistently healthy diet for children. Parent/caregiver is not knowledgeable about nutritional needs of children.
3	Parent/caregiver is not able or not willing to provide healthful nutrition management for children

80. DISCIPLINE - *Discipline is defined as all parenting behaviors and strategies that support positive behavior in children.*

0	Parent/caregiver generally demonstrates an ability to discipline her/his children in a consistent and respectful manner . Parent/caregiver's expectations are age-appropriate and he/she usually is able to set age appropriate limits and to enforce them.
1	Parent/caregiver is often able to set age appropriate limits and to enforce them. On occasion her/his interventions may be too harsh, too lenient, or inconsistent . At times, her/his expectations of her/his children may be too high or too low .
2	Parent/caregiver demonstrates limited ability to discipline his/her children in a consistent and age-appropriate manner. She/he rarely is able to set age appropriate limits and to enforce them. Her/his interventions may be

	erratic and overly harsh but not physically harmful. Her/his expectations of her/his children are frequently unrealistic.
3	Significant difficulties with discipline methods. Parent/caregiver disciplines her/his children in an unpredictable fashion. There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are rigid, extreme, and physically harmful (such as shaking the child, whipping, etc.).

81. LEARNING ENVIRONMENT - *This item describes the parent/caregiver's ability to create a home environment that encourages the child/children to learn.*

0	Parent/caregiver is able to provide a positive, developmentally appropriate learning environment for children.
1	Parent/caregiver is able to provide an environment that generally supports learning , although parent/caregiver may be somewhat uninvolved in that learning.
2	Parent/caregiver does not actively or consistently support a learning environment for children.
3	Parent/caregiver actively works to prevent the creation of a learning environment for children.

82. INVOLVEMENT WITH CARE - *This rating should be based on the level of involvement and follow-through the caregiver(s) has in the planning and provision of needed services.*

0	This level indicates a caregiver(s) who is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child or adolescent.
1	This level indicates a caregiver(s) who is consistently involved in the planning and/or implementation of services for the child or adolescent but is not an active advocate on behalf of the child or adolescent.
2	This level indicates a caregiver(s) who is minimally involved in the care of the child or adolescent. Caregiver may visit the child when in out of home placement, but does not become involved in service planning and implementation.
3	This level indicates a caregiver(s) who is uninvolved with the care of the child or adolescent. Caregiver may want individual out of home or fails to visit the child when in residential placement.

83. PARENT/CAREGIVER'S KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES - *This item refers to the parent/caregiver's ability to be knowledgeable both about his/her legal rights and legal and moral responsibilities as a parent/caregiver.*

0	Parent/caregiver has a strong understanding of rights and responsibilities.
1	Parent/caregiver has an understanding of rights and responsibilities but may still require some help in learning about certain aspects of these needs.
2	Parent/caregiver requires assistance in understanding rights and responsibilities.
3	Parent/caregiver requires substantial assistance in identifying and understanding rights and responsibilities.

84. FINANCIAL STATUS - *This item refers to the family's income regardless of its source in comparison to the family's financial needs.*

0	Family has financial resources necessary to meet needs or has limited resources but is effectively utilizing those to meet needs.
1	Family has financial resources necessary to meet most needs; however, some limitations exist .
2	Family has financial difficulties that limit their ability to meet significant family needs.
3	Family is experiencing financial hardship that has made them unable to meet family needs.

85. ORGANIZATION - *This rating should be based on the ability of the parent/caregiver to participate in or direct the organization of the household, services, and related activities.*

0	Parent/caregiver is well organized and efficient in coordinating household, services, and activities
1	Parent/caregiver has minimal difficulties with organizing or maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to call back case manager.
2	Parent/caregiver has moderate difficulty organizing or maintaining household to support needed services.
3	Parent/caregiver is unable to organize household to support needed services.

86. NATURAL SUPPORTS - *This item refers to the assets and resources that the parent/caregiver(s) can bring to bear in addressing the multiple needs of the child and family. This item would include access to and utilization of extended family, social supports, and community institutions such as libraries, YMCAs, Park District and other services.*

0	Parent/caregiver has sufficient social and familial supports so that there are few limitations on what can be provided for the child.
1	Parent/caregiver can access the necessary natural supports to help address the child's major and basic needs

	but those resources might be stretched.
2	Parent/caregiver has limited natural supports (e.g. a grandmother living in same town who is sometimes available to watch the child) that may not be sufficient to meet the needs of the child.
3	Parent/caregiver has very little or no natural supports available to assist in the care and treatment of the child.

87. KNOWLEDGE OF SOCIAL SERVICE OPTIONS - *This item refers to the family's knowledge of choices they might have for specific treatments, interventions or other services that might help the family address their needs or the needs of one of the family's members. A family with a child having special needs (e.g., hearing-impaired, medically complex, developmental disability, etc.) would be included here.*

0	Parent/caregiver has strong understanding of service needs and options.
1	Parent/caregiver has understanding of service needs and options but may still require some help in learning about certain aspects of these services.
2	Parent/caregiver requires assistance in understanding service needs and options.
3	Parent/caregiver requires substantial assistance in identifying and understanding service needs and options.

88. RESIDENTIAL STABILITY - *This item rates the parent/caregiver's current and likely future housing circumstances.*

0	This rating indicates a family/parent in stable housing with no known risks of instability .
1	This rating indicates a family/parent that is currently in stable housing but there are significant risks of housing disruption (e.g. loss of job).
2	This rating indicates a family/parent that has moved frequently or has very unstable housing .
3	This rating indicates a family/parent that is currently homeless .

89. JOB FUNCTIONING - *This item is rated only for individuals who are employed or are in an employment like environment (e.g. training program, internship). An individual whose disability prevents employment would be rated as N/A.*

0	If able, parent/caregiver is fully employed with no problems at work . Alternatively, Parent/caregiver may not be seeking employment or chooses to be a full-time homemaker.
1	Parent/caregiver is partially employed, employed significantly below her/his level of education/experience/training, or is having some work related problems .
2	Parent/caregiver is having significant work-related problems or is temporarily unemployed because of such difficulties.
3	Significant difficulties with vocational functioning . Parent/caregiver is chronically unemployed or obtains financial resources through activities that are illegal and/or potentially harmful to her/himself and her/his family members (prostitution, drug dealing, for example).

90. MILITARY TRANSITIONS *Please rate the higher level from the past 30 days.*

0	Caregiver not experiencing any transitions related to military service. Caregivers not involved in military services would be rated here.
1	Caregiver anticipating a transition related to military service in the near future or a caregiver experienced a transition in the past which was challenging .
2	Caregiver experiencing a transition related to military service.
3	Caregiver experiencing a transition related to military service that has a major impact on their care giving roles.

91. PARTNER RELATIONS - *This item refers to the parent/caregiver's relationship with another adult. If married, this refers to the parent/caregiver's husband or wife.*

0	Parent/caregiver has a strong, positive, partner relationship with another adult. This adult functions as a member of the family. A person without a relationship who currently has no interest in one would be rated here.
1	Parent/caregiver has a generally positive partner relationship with another adult. This adult may not function as a member of the family.
2	Parent/caregiver is currently not involved in any partner relationship and the lack of relationship interferes with functioning .
3	Parent/caregiver is currently involved in a negative, unhealthy relationship with another adult. This would also include a parent/caregiver involved in a relationship with domestic violence issues.

92. RELATIONS WITH EXTENDED FAMILY - *This item refers to the parent/caregiver's relationship with other relatives who do not currently live with the family.*

0	Extended family members play a central role in the functioning and wellbeing of the family. They have predominately positive relationships with members of the extended family and conflicts are resolved quickly.
1	Extended family members play a supportive role in family functioning. They generally have positive relationships with members of the extended family. Conflicts may linger but eventually are resolved.

2	Extended family members are marginally involved in the functioning and wellbeing of the family. They have generally strained or absent relationships with extended family members.
3	Family is not in contact or estranged from extended family members . They have negative relationships with continuing conflicts.

93. ACCESSIBILITY TO CHILD CARE SERVICES *Please rate the highest level from the past 30 days*

0	Caregiver has access to sufficient child care services.
1	Caregiver has limited access to child care services. Needs are met minimally by existing, available services.
2	Caregiver has limited access to child care services. Current services do not meet the caregiver's needs .
3	Caregiver has no access to child care services.

94. PARENT/CAREGIVER'S UNDERSTANDING OF IMPACT OF OWN BEHAVIOR ON CHILDREN - *This item is intended to describe the degree to which a parent/caregiver has self-awareness regarding how his/her actions and behavior affect his/her children.*

0	Parent/caregiver(s) has a clear understanding of the impact of his/her behavior on children and is able to adjust behavior to limit negative impact.
1	Parent/caregiver(s) has some understanding of impact of his/her behavior but may struggle at times to change behavior to limit negative impact.
2	Parent/caregiver(s) has limited understanding of the impact of his/her behavior on children.
3	Parent/caregiver(s) has no understanding or denies any impact of his/her behavior on children.

95. EMPATHY WITH CHILDREN - *This item refers to the parent/caregiver's ability to understand and respond to the joys, sorrows, anxieties and other feelings of children with helpful, supportive emotional responses.*

0	Adaptive emotional responsiveness. Parent/caregiver is emotionally empathic and attends to child's emotional needs.
1	Parent/caregiver is generally emotionally empathic and typically attends to child's emotional needs.
2	Limited adaptive emotional responsiveness. Parent/caregiver is often not empathic and frequently is not able to attend to child's emotional needs .
3	Significant difficulties with emotional responsiveness. Parent/caregiver is not empathic and rarely attends to the child's emotional needs.

96. ABILITY TO COMMUNICATE - *This item describes the parent/caregiver's ability to articulate in an understandable way their thoughts, feelings, beliefs, and concerns regarding parenting and children's needs and strengths.*

0	Parent/caregiver(s) is able to express feeling and thoughts effectively with regard to family and child issues.
1	Parent/caregiver(s) is able to express feeling and thoughts but sometimes struggle to express these so that others can listen and/or understand.
2	Parent/caregiver(s) requires help learning to express feelings and thoughts effectively with regard to family and child issues.
3	Parent/caregiver(s) requires substantial help learning to express feelings and thoughts effectively with regard to family and child issues.

97. FAMILY STRESS *Please rate the highest level from the past 30 days*

0	Caregiver able to manage the stress of child/children's needs.
1	Caregiver has some problems managing the stress of child/children's needs.
2	Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.

98. PHYSICAL HEALTH - *Physical health includes medical and physical challenges faced by the parent/caregiver(s).*

0	Parent/caregiver(s) has no physical health challenges that require assistance or impact childcare.
1	Parent/caregiver (s) has some physical health challenges but they do not interfere with ability to care for the child at this time.
2	Parent/caregiver (s) has significant physical health challenges that prevent them from being able to provide some needed assistance .
3	Parent/caregiver(s) is physically unable to provide any care or assistance to the child as needed.

99. MENTAL HEALTH - *This item refers to the parent/caregiver's mental health status. Serious mental illness would be rated as a '2' or '3' unless the individual is in recovery or successfully managing illness.*

0	Parent/caregiver (s) has no mental health limitations that require assistance or impact childcare.
1	Parent/caregiver (s) has some mental health limitations but they do not significantly interfere with ability to care for the child at this time.
2	Parent/caregiver(s) has significant mental health limitations that make difficult or prevent them from being able to care for the child without immediate assistance.
3	Parent/caregiver (s) is unable to provide any needed assistance or attendant care to child due to serious mental illness.

100. SUBSTANCE USE - *This item rates the parent/caregiver's pattern of alcohol and/or drug use. Substance-related disorders would be rated as a '2' or '3' unless the individual is in recovery.*

0	Parent/caregiver (s) has no substance-related limitations that impact or impair parent/caregiving ability and childcare.
1	Parent/caregiver (s) has some substance-related limitations that interfere or may interfere with parenting ability and childcare.
2	Parent/caregiver (s) has significant substance-related limitations that make difficult or prevent them from being able to parent and care for their child without assistance.
3	Parent/caregiver (s) is unable to provide any needed assistance or childcare due to serious substance dependency or abuse.

101. DEVELOPMENTAL - *This item describes the parent/caregiver's developmental status in terms of low IQ, mental retardation or other developmental disabilities and the impact of these conditions on his/her ability to care for child.*

0	Parent/caregiver (s) has no developmental limitations that impact childcare.
1	Parent/caregiver (s) has some developmental limitations that interfere or may interfere with his or her ability for childcare at this time.
2	Parent/caregiver (s) has significant developmental limitations that make difficult or prevent them from being able to parent and care for their child without assistance.
3	Parent/caregiver (s) is unable to provide any needed assistance or childcare due to serious developmental disabilities.

102. PARENT/CAREGIVER POSTTRAUMATIC REACTIONS - *This rating describes posttraumatic reactions faced by parent/caregiver in response to their child's own traumatic experiences. These items should be considered as it relates to the impact these reactions have upon the parent and his/her ability to support their child. Reaction could include emotional numbing, avoidance, nightmares or flashbacks.*

0	Parent/caregiver has adjusted to traumatic experiences without notable posttraumatic stress reactions.
1	Parent/caregiver has some mild adjustment problems related to their child's or their own traumatic experiences . Parent/caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others.
2	Parent/caregiver has moderate posttraumatic reactions related to traumatic experiences. Caregiver may have nightmares or flashbacks of the trauma and may be avoidant of child's trauma or involvement in his/her treatment . Caregiver is likely in need of his/her own individual treatment.
3	Parent/caregiver has significant posttraumatic reactions that interfere with the caregiver's ability to participate in the child's treatment or services . Symptoms may include intrusive thoughts, hyper vigilance, or constant anxiety. The level of severity of symptoms may put the child at risk due to the caregiver not being able to support the child's emotional or physical needs around safety.

103. HYGIENE AND SELF-CARE - *This item describes the parent/caregiver's ability to take care of personal hygiene and self-care needs, including dressing, bathing, eating, etc.*

0	No evidence of hygiene or grooming problems. This is characterized by the ability to independently complete all relevant activities such as bathing, grooming, and dressing.
1	This is characterized by difficulties that impair the individual's level of functioning, but do not represent a significant short or long-term threat to the person's well-being.
2	This is characterized by an extreme disruption in one's self-care skill or moderate disruption in more than one self-care skill . The person's self-care does not represent an immediate threat to the person's safety but has the potential for creating significant long-term problems if not addressed.
3	This is characterized by extreme disruptions in multiple self-care skills . The person's self-care abilities are sufficiently impaired that he/she represents an immediate threat to him/her and requires 24-hour supervision

	to ensure safety. For example, a person with an eating disorder that prevents sufficient nutritional intake would be coded here.
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104. INDEPENDENT LIVING SKILLS - *This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities like money management, transportation, job readiness, housekeeping, and cooking.*

0	No evidence of any deficits that could impede maintaining own home.
1	Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. These problems are generally addressable with training or supervision.
2	Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services.
3	This individual is unable to live independently given their current status. Problems require a structured living environment.

105. RECREATION - *This item describes the parent/caregiver's use of leisure time for legal recreational activities.*

0	The parent/caregiver has active legal recreational interests that he/she pursues consistently.
1	The parent/caregiver has legal recreational interests but does not pursue them consistently .
2	The parent/caregiver has limited legal recreational activities.
3	The parent/caregiver has no recreational activities . (Watching television alone is not considered a recreational activity.)

COMMITMENT TO PERMANENCY PLAN GOAL – BIOLOGICAL PARENT (Please rate items 106-113 for the biological parent or any other individual/household under consideration for permanency)

106. PARENT PARTICIPATION IN PLANNED-SUPERVISED VISITATION - *This item describes both the parent's attendance at visitation and their involvement in activities with his/her child/children during these visits.*

0	Parent consistently adheres to all planned visitations and actively participates.
1	Parent generally adheres to planned visitations but may sometimes miss or engage in unplanned visitation or always attends but does not actively participate with the child/children.
2	Parent sporadically adheres to planned visitation
3	Parent does not participate in planned visitation.
NA	Not Applicable

107. RELATIONSHIP/CONTACT WITH CASEWORKER - *This item describes the parent's relationship and level of responsiveness/cooperation with his/her child/children's caseworker.*

0	Parent actively stays in contact with the caseworker and consistently responds to the caseworker's input and requests.
1	Parent does not always stay in contact with the caseworker, but is generally responsive to the worker's requests and input. Parent is generally good about following through on appointments, returning the caseworker's phone calls, etc.
2	Parent is inconsistent in his or her response to the caseworker's requests and input.
3	Parent is unresponsive and uncooperative with the caseworker. He/she may be actively hostile or seeks to avoid the worker.
NA	Not Applicable

108. INVOLVEMENT IN TREATMENT - *This item describes the degree to which the parent participates in any suggested or mandated treatment programs.*

0	Parent consistently participates in personal treatment and shows progress on targeted treatment issues as evidenced by documentation from treatment provider.
1	Parent generally participates in personal treatment, but may sometimes miss scheduled treatment visits, <u>or</u> parent has been attending treatment but provider's documentation suggests minimal progress on targeted treatment issues.
2	Parent sporadically participates in personal treatment.
3	Parent refuses to participate in personal treatment.
NA	Not Applicable

109. PARENT INVOLVEMENT/PARENT PARTICIPATION - *This item pertains to a parent who is participating in "shared parenting activities" by attending school conferences, medical appointments, residential or group home, etc.*

0	Parent is actively involved in child's life while in placement and may take part in shared parenting with the
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	substitute caregiver.
1	Parent is generally involved in the child's life while in placement, but still has periods of time where he or she has been less involved or inconsistent.
2	Parent is involved in child's life but only has minimal interactions over an extended period of time.
3	Parent is mostly uninvolved in child's life; he or she may not interact with the child.
NA	Not Applicable

110. COMMITMENT TO REUNIFICATION - *This item is a global rating of the degree to which the parent appears to be committed to doing the things necessary to allow for reunification with his/her child/children.*

0	Parent is doing whatever he/she needs to accomplish in order to be reunified.
1	Parent is generally committed to doing the required tasks in order to achieve reunification and has once or twice in the last month failed to follow through consistently (e.g., misses visits, therapy sessions and/or court appearances, etc.)
2	Parent appears or reports being ambivalent or uncommitted to reunification at this time.
3	Parent is uninterested in achieving reunification at this time.
NA	Not Applicable

111. RESPONSIBILITY IN MALTREATMENT - *This item describes the degree to which the parent is aware of their role (even if only present and not directly involved) in the maltreatment of his/her child/children.*

0	Parent accepts responsibility for his/her role in prior child maltreatment and demonstrates behavior changes that reduce risk of future maltreatment.
1	Parent understands his/her role in prior child maltreatment, but there may be some concern about their ability to translate that awareness into the prevention of future maltreatment.
2	Parent does not accept primary responsibility. He/she blames others.
3	Parent denies any role in prior child maltreatment. Parent may deny that maltreatment took place, or may deny any connection and any level of responsibility for the maltreatment of the child.
NA	Not Applicable

112. RELATIONSHIP WITH ABUSER(S) - *If the parent is not the actual abuser, this item describes the parent's current level of contact and involvement with the perpetrator of the abuse or with anyone who may have abused children in the past.*

0	Parent has no contact/relationships with individuals who were involved in earlier maltreatment of children. Anyone who had engaged in prior child maltreatment (e.g. babysitter, significant other, etc.) is now out of his/her life.
1	Parent has limited contact with individuals who were involved in earlier maltreatment of child, but he/she is aware of the importance of protecting children from this individual(s).
2	Parent remains in relationship with individuals who were involved in earlier maltreatment.
3	Parent remains in relationship with individuals who were involved in earlier maltreatment and denies any risk with these individuals; and/or parent continues to associate with individuals who could be harmful to children.
NA	Not Applicable

113. HISTORY OF MALTREATMENT OF CHILDREN - *This item describes whether the parent has any prior history of maltreating a child in his/her care.*

0	No evidence of any history of maltreatment
1	Parent's maltreatment of children is limited to the most recent findings. He/she has only the current episode of CPS involvement.
2	Parent has two indicated incidents of CPS involvement.
3	Parent has three or more indicated incidents of CPS involvement or any episode ending in the termination of parental rights.

COMMITMENT TO PERMANENCY PLAN GOAL – SUBSTITUTE CAREGIVER (Please rate items 114-115 for substitute caregivers only)

114. COLLABORATION WITH OTHER PARENTS/CAREGIVERS - *This item refers to the foster parent's relationship with the biological parent or other caregivers with regard to working together in child rearing activities.*

0	Caregiver works with the parent(s) regarding issues of the development and wellbeing of the children. Caregiver supports continual family membership, visitation, and shared parenting. They demonstrate good communication and partnership.
1	Generally good caregiver-parental collaboration with occasional difficulties but are willing to work towards better communications and partnership regarding the development and wellbeing of the children.

2	Limited adaptive collaboration. Caregiver has moderate problems of communication and collaboration with parent(s) and/or caregivers with regard to issues of the development and wellbeing of the youth.
3	Significant difficulties with collaboration. Caregiver has minimal collaboration and destructive or sabotaging communication among any parents and caregivers regarding issues related to the development and wellbeing of the youth.
NA	Not Applicable

115. CAREGIVER SUPPORT FOR PERMANENCY PLAN GOAL - *This item is a global rating of the degree to which the caregiver appears to be committed to facilitating progress toward permanency plan goals, including supporting the parent in doing the things necessary to allow for reunification with his/her child(ren).*

0	Caregiver is completely committed to doing whatever he/she needs to support permanency plan goals, including supporting the parent in moving towards reunification.
1	Caregiver is generally committed to doing the required tasks in order to support permanency plan goals, including reunification.
2	Caregiver is ambivalent or uncommitted to supporting permanency plan goals, including reunification, at this time.
3	Caregiver is uninterested in supporting the current permanency plan goals.
NA	Not Applicable

116. INCLUSION OF THE CHILD IN THE FOSTER FAMILY – *This item rates the degree to which family members accept and welcome the foster child as an equal member of the family.*

0	All members of the family view the child as an equal member . Child is included in all family celebrations and events, and child's accomplishments and milestones are given attention equal to that of other children in the family.
1	Most family members accept the child in a welcoming manner, celebrate the child's accomplishments, and include the child in family events. There may be one family member who treats the child differently, but this has little impact on the child's well-being; or the child is occasionally left out.
2	At least one parent treats the child as an unequal member of the family. The child is sometimes left out of family celebrations, trips, and events. The child's milestones are not acknowledged in a manner equal to that of other children in the family.
3	The child's status in the foster family is beneath that of other children in the family . The child may be left behind when the family takes trips, and the child's milestones are ignored when those of other family members are celebrated. Some or all of the family members ignore or resent the child's presence in the family.
NA	Not Applicable

SUB-MODULES

DIRECTIONS: Complete the following sub-modules as indicated or Triggered

DELINQUENT BEHAVIOR

SUBSTANCE ABUSE

FIRE SETTING

SEXUALLY ABUSIVE BEHAVIOR

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (ID/DD)

GLBTQ

EXPECTANT AND PARENTING

TRANSITION TO ADULTHOOD

DELINQUENT BEHAVIOR JJ

Seriousness

This item is used to describe the seriousness of the **most recent delinquent behavior**. If multiple acts were committed around the same time, **the most serious should be represented here**.

<i>Check</i>	SERIOUSNESS <i>Please rate the highest level from the past 30 days</i>
0	Youth has engaged only in status behaviors (e.g. curfew) or has no involvement with Juvenile Justice/Juvenile Court
1	Youth has engaged in status behaviors that have come to the courts attention .
2	Youth has engaged in delinquent behaviors
3	Youth has engaged in criminal behavior or illegal activities that place other citizens at risk of significant physical harm .

History

This item is used to describe the **duration** over which the youth has been engaged in criminal and/or delinquent behavior.

<i>Check</i>	HISTORY <i>Please rate using time frames provided in the anchors</i>
0	Current criminal/delinquent behavior is the first known occurrence or has no involvement with Juvenile Justice/Juvenile Court.
1	Youth has engaged in multiple criminal/delinquent acts in the past one year .
2	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.
3	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.

Delinquent Offenses

This item is a **simple count of delinquent offenses**. Delinquent offenses are counted regardless of whether they lead to findings of guilt. Status offenses are not counted in this number.

<i>Check</i>	Delinquent Offenses <i>Please rate the highest level from the past 30 days</i>
0	Youth has no known delinquent offenses .

1	Youth has history of delinquency, but no delinquent offenses in the past 30 days.
2	Youth has 1 to 2 delinquent offenses in last 30 days.
3	Youth has more than 2 delinquent offenses in last 30 day.

Planning

This item describes the degree to which the youth is **planful versus opportunistic** in his/her criminal or delinquent behavior. Impulsive actions are seen to be different than intentional behavior.

<i>Check</i>	PLANNING <i>Please rate the highest level from the past 30 days</i>
0	No evidence of any planning. Delinquent behavior appears opportunistic or impulsive or youth has no involvement with Juvenile Justice/Juvenile Court
1	Evidence suggests that youth places him/herself into situations where the likelihood of criminal/delinquent behavior is enhanced.
2	Evidence of some planning of delinquent behavior.
3	Considerable evidence of significant planning of delinquent behavior. Behavior is clearly premeditated.

Community Safety

This item describes any **danger to the community** resulting from the youth's behavior.

<i>Check</i>	COMMUNITY SAFETY <i>Please rate the highest level from the past 30 days</i>
0	Youth presents no risk to the community. He/she could be unsupervised in the community.
1	Youth engages in behavior that represents a risk to community property.
2	Youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
3	Youth engages in behavior that directly places community members in danger of significant physical harm.

Attitude Toward Compliance

This item describes **the degree to which the youth follows the rulings and directives of the court** with regard to behavior, attendance at services or interventions, school, etc. A youth with no court involvement would be rated as fully compliant ('0')

<i>Check</i>	ATTITUDE TOWARD COMPLIANCE <i>Please rate the highest level from the past 30 days</i>
0	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 or youth has no involvement with Juvenile Justice/Juvenile Court.
1	Youth is in general compliance with responsibilities imposed by the court. (e.g. occasionally missed appointments)
2	Youth is in partial noncompliance with standing court orders (e.g. youth is going to school but not attending court-order treatment)
3	Youth is in serious and/or complete noncompliance with standing court orders (e.g. parole violations)

Attitudes toward legal authority

This item describes the degree to which the youth accepts the authority of the court, its officers, and/or treatment staff.

<i>Check</i>	ATTITUDES TOWARD LEGAL AUTHORITY <i>Please rate the highest level from the past 30 days</i>
0	<u>Youth consistently demonstrates an overtly positive attitude in interactions with the court, its officers, and/or treatment staff</u>
1	<u>Youth's attitude toward the court, its officers, and/or treatment staff is generally respectful but not overtly positive</u>
2	<u>Youth's attitude toward the court, its officers, and/or treatment staff is seldom respectful but not overtly disrespectful</u>
3	<u>Youth consistently demonstrates a disrespectful attitude toward the court, its officers, and/or treatment staff</u>

Peer Influences

This item describes the degree to which a youth is **surrounded by peers who also engage in criminal and/or delinquent behavior**. A youth who only interacts with other youth engaged in this type of behavior would be rated a '3'. Most gang involved youth would be rated a '3' on this item.

<i>Check</i>	PEER INFLUENCES <i>Please rate the highest level from the past 30 days</i>
0	Youth's primary peer social network does not engage in criminal/delinquent behavior.
1	Youth has peers in his/her primary peer social network who do not engage in criminal/delinquent behavior but has some peers who do .
2	Youth predominantly has peers who engage in delinquent behavior but youth is not a member of a gang .
3	Youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

Parental Influences

This item describes the degree to which the **youth's parents are also engage in criminal behavior and activities**. A rating of '3' is reserved for parents who involve their children in criminal activities.

<i>Check</i>	PARENTAL CRIMINAL BEHAVIOR (INFLUENCES) <i>Please rate the highest level from the past 30 days</i>
0	There is no evidence that youth's parents have ever engaged in criminal/delinquent behavior.
1	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 .
2	One of youth's parents has history of criminal/delinquent behavior and youth has been in contact with this parent in the past year.
3	Both of youth's parents have history of criminal/delinquent behavior.

Environmental Influence

This item describes the degree to which the **youth's neighborhood and school** support criminal and delinquent behavior.

<i>Check</i>	ENVIRONMENTAL INFLUENCES <i>Please rate the environment around the youth's living situation</i>
0	No evidence that the child's environment stimulates or exposes the child to any criminal/delinquent behavior.
1	Mild problems in the child's environment that might expose the child to criminal/delinquent behavior.
2	Moderate problems in the child's environment that clearly expose the child to criminal/delinquent behavior.
3	Severe problems in the child's environment that stimulate the child to engage in criminal/delinquent behavior.

<i>Check</i>	ATTITUDE TOWARD EDUCATION
0	Youth understands the value of completing his/her education.
1	Youth is able to articulate the possible value of completing his/her education but may remain skeptical of the personal value of education.
2	Youth sees no value of any further education.
3	Youth is hostile towards receiving any further education.

<i>Check</i>	PRIOR SCHOOL SUCCESS
0	Youth has excelled at least one year in his/her educational experience.
1	Youth had average performance for two or more years in his/her earlier school experience.
2	Youth had average performance for at least one year in his/her earlier school experience.
3	Youth never experienced any school success that lasted for an entire school year.

ANTICIPATION OF CONSEQUENCES - *This item describes the youth's decision-making processes and awareness of consequences.*

0	Youth is regularly able to anticipate consequences and adjust behavior . Youth knows and understands risk factors.
1	Youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or he/she may sometimes fail to anticipate consequences. Youth is knowledgeable about his/her risk factors and is generally able to take responsibility .
2	Youth responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her behavior. Youth may have tendency to blame others but is sometimes able to accept some responsibility for his/her actions.
3	Youth is completely unresponsive to consequences for his/her behavior.

Was the youth arrested or charged under age 16? ___ Yes ___ NO

In the past year has the youth committed acts of delinquency against property? (Circle response) Yes No

If YES, please specify: _____

During the past year has the youth committed acts of delinquency against people? (Circle response) Yes No

If YES, please specify: _____

Has the youth used a weapon in commission of an act of delinquency? (Circle response) Yes No

If YES, please specify: _____

Has the youth committed any acts of delinquency involving illegal substances? (Circle response) Yes No

If YES, please specify: _____

SUBSTANCE USE SUB-MODULE

Check	SEVERITY OF USE <i>Please rate the highest level from the past 30 days.</i>
0	Child/Youth is currently abstinent and has maintained abstinence for at least six months .
1	Child/Youth is currently abstinent but only in the past 30 days or child/youth has been abstinent for more than 30 days but is living in an environment that makes substance use difficult .
2	Child/Youth actively uses drugs but not daily .
3	Child uses alcohol and/or drugs on a daily basis .

Check	DURATION OF USE <i>Please rate the highest level from the past 30 days.</i>
0	Child/Youth has begun use in the past year .
1	Child/Youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days where he/she did not have any use .
2	Child/Youth has been using alcohol or drugs for at least one year (but less than five years), but not daily .
3	Child/Youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years .

Check	STAGE OF RECOVERY <i>Please rate the highest level from the past 30 days.</i>
0	Child/Youth is in maintenance stage of recovery. Youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
1	Child/Youth is actively trying to use treatment to remain abstinent.
2	Child/Youth is in contemplation phase , recognizing a problem but not willing to take steps for recovery. A youth would be rated here if they identify that their use of illicit drugs or alcohol is causing them problems, but have not entered into or sought treatment for their use. They may state that they have "thought about getting help, but have not done so thus far."
3	Child/Youth is in denial regarding the existence of any substance use problem. Youth would be

	rated here if they do not connect their use of illicit drugs or alcohol to any problems they are currently having. They are likely to blame others or the system for the current issues they are having NOT their use of illicit drugs or alcohol.
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Check	RELAPSE SKILLS <i>Please rate the highest level from the past 30 days.</i>
0	Child/Youth has full range of needed skills to work to manage cravings and to avoid or manage situations that might trigger substance use.
1	Child/Youth has good range of skills to work to manage cravings and to avoid or manage situations that might trigger substance use.
2	Child/Youth has minimal skills to prevent relapse
3	Child/Youth has no relapse prevention skills

Check	PEER INFLUENCES <i>Please rate the highest level from the past 30 days.</i>
0	Child/Youth's primary peer social network does not engage in alcohol or drug use.
1	Child/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 .
2	Child/Youth predominantly has peers who engage in alcohol or drug use.
3	Child/Youth is a member of a group that consistently engages in alcohol or drug use .

Check	PARENTAL INFLUENCES <i>Please rate the highest level from the past 30 days.</i>
0	There is no evidence that child/youth's parents have ever engaged in substance abuse.
1	One of the child/youth's parents has history of substance abuse but not in the past year .
2	One or both of child/youth's parents have been intoxicated with alcohol or drugs in the presence of the youth .
3	One or both of child/youth's parents use alcohol or drugs with the youth .

Check	RISKY SUBSTANCE USE BEHAVIOR <i>Please rate the highest level from the past 30 days.</i>
0	History of use but not in the last year .
1	Level of use that could be considered experimentation that has not impaired daily functioning . (but not binge drinking) <i>Binge Drinking: NIAAA defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 g/dL. This typically occurs after 4 drinks for women and 5 drinks for men-in about 2 hours.</i>
2	Recurrent substance use that has led to impaired functioning but has not led to legal or medical interventions . (reports of driving under the influence, binge drinking, using more than 1 substance at a time, IV drug use over the past 6 months but not last 30 days, but no adult sanction)
3	Recurrent substance use in situations in which physically hazardous activity has occurred in the past 30 days . (Car wreck, black outs, having sex with strangers, over dose, alcohol poisoning, DUI/DWI, hospital admission for drug use, IV drug use in the past 30 days and use of more than 1 substance at a time)

Specify Substance-related diagnoses: _____

ILLICIT DRUG	Route of Administration	Age at 1 st Use	Regular Use? (circle response)	Past 48 hours? (circle response)
			Y N	Y N
			Y N	Y N
			Y N	Y N

			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N

FIRE SETTING SUB-MODULE

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

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

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

Check	4 - USE OF ACCELERANTS <i>Please rate most recent incident</i>
0	No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such

	as matches or a lighter.
1	Evidence suggests that the fire setting involved some use of mild accelerants (e.g. sticks, paper) but no use of liquid accelerants.
2	Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
3	Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire .

Check	5 - INTENTION TO HARM <i>Please rate most recent incident</i>
0	Child did not intend to harm others with fire. He/she took efforts to maintain some safety.
1	Child did not intend to harm others but took no efforts to maintain safety .
2	Child intended to seek revenge or scare others but did not intend physical harm , only intimidation.
3	Child intended to injure or kill others.

SEXUALLY ABUSIVE BEHAVIOR

1 - RELATIONSHIP *Please rate the most recent episode of sexual behavior*

0	No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.
1	Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child or adolescent being in the position of authority.
2	Child is clearly victimizing at least one other individual with sexually abusive behavior.
3	Child is severely victimizing at least one other individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

2 - PHYSICAL FORCE/THREAT *Please rate the highest level from the most recent episode of sexual behavior*

0	No evidence of the use of any physical force or threat of force neither in either the commission of the sex act nor in attempting to hide it.
1	Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.
2	Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.
3	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.

3 - PLANNING *Please rate the highest level from the most recent episode of sexual behavior*

0	No evidence of any planning. Sexual activity appears entirely opportunistic.
1	Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity is enhanced.
2	Evidence of some planning of sex act.
3	Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.

4 - AGE DIFFERENTIAL *Please rate the highest level from the most recent episode of sexual behavior*

0	Ages of the perpetrator and victim and/or participants essentially equivalent (less than 3 years apart).
1	Age differential between perpetrator and victim and/or participants is 3 to 4 years.
2	Age differential between perpetrator and victim at least 5 years , but perpetrator less than 13 years old.
3	Age differential between perpetrator and victim at least 5 years and perpetrator 13 years old or older.

5 - TYPE OF SEX ACT *Please rate the highest level from the most recent episode of sexual behavior*

0	Sex act(s) involve touching or fondling only.
1	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.
2	Sex act(s) involve penetration into genitalia or anus with body part.
3	Sex act involves physically dangerous penetration due to differential size or use of an object.

6 - RESPONSE TO ACCUSATION *Please rate the highest level from the past 30 days*

0	Child admits to behavior and expresses remorse and desire to not repeat.
1	Child partially admits to behaviors and expresses some remorse.
2	Child admits to behavior but does not express remorse.
3	Child neither admits to behavior nor expresses remorse. Child is in complete denial.

7 - TEMPORAL CONSISTENCY

0	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.
1	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.
2	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.
3	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.

8 - HISTORY OF SEXUALLY ABUSIVE BEHAVIOR (toward others)

0	Child or adolescent has only one incident of sexually abusive behavior that has been identified and/or investigated.
1	Child or adolescent has two or three incidents of sexually abusive behavior that have been identified and/or investigated.
2	Child or adolescent has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.
3	Child or adolescent has more than ten incidents of sexually abusive behavior with more than one victim.

9 - SEVERITY OF SEXUAL ABUSE

0	No history of any form of sexual abuse.
1	History of occasional fondling or being touched inappropriately , however, not occurring on a regular basis or by someone in a caregiver capacity or suspicion of history of sexual abuse without confirming evidence.
2	This level is to indicate a moderate level of sexual abuse. This may involve a child who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.
3	This level is to indicate a severe level of sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the child.

10 - PRIOR TREATMENT

0	No history of prior treatment or history of outpatient treatment with notable positive outcomes.
1	History of outpatient treatment which has had some degree of success .
2	History residential treatment where there has been successful completion of program .
3	History of residential or outpatient treatment condition with little or no success .

DEVELOPMENTAL/INTELLECTUAL (D/I) MODULE

Check	COGNITIVE <i>Please rate the highest level from the past 30 days</i>
0	Child/Youth has no evidence of intellectual disability.
1	Child/Youth has possible intellectual disabilities.
2	Child/Youth has mild intellectual disability. (FSIQ 50-69)
3	Child/Youth has moderate to profound intellectual disability. (FSIQ below 50)

Check	DEVELOPMENTAL <i>Please rate the highest level from the past 30 days.</i>
0	Child/Youth has no evidence of developmental disability.
1	Child/Youth has evidence of a mild developmental disability.
2	Child/Youth has evidence of a developmental disability including Autism Spectrum Disorder, Tic Disorder, Down Syndrome, or other significant developmental disability.
3	Child/Youth has evidence of a severe developmental disability.

Check	AUTISM SPECTRUM <i>This rating describes symptoms of autism spectrum disorders.</i>
0	Child/Youth has no evidence of autism spectrum disorder.
1	Child/Youth meets level 1 severity and requires support. Initiating social interactions is challenging and communication may be one sided. Difficulty switching between activities and organizational skills causes some interference with day to day functioning.
2	Child/Youth meets level 2 severities and requires substantial support. A child/youth would speak in simple sentences, and their interaction is limited to narrow special interests and has markedly odd nonverbal communication. Inflexibility of behavior, difficulty coping with change or other restricted/repetitive behaviors appears frequently enough to be obvious to the casual observer and interferes with day to day functioning. This child/youth's development creates significant challenges.
3	Child/Youth meets level 3 severities and requires very substantial supports. The child/youth would have very limited initiation of social interaction and few intelligible words. They would respond only to very direct social approaches. Great distress with changing focus or action. Repetitive behaviors/ difficulty with change/ inflexibility of behavior markedly interferes with day to day functioning.

Check	COMMUNICATION <i>Please rate the highest level from the past 30 days</i>
0	Child/Youth's communication skills, or with adaptive assistance, appear developmentally appropriate.
1	Child/Youth has mild impairment in communication skills.
2	Child/Youth has moderate impairment in communication skills.
3	Child/Youth has severe impairment in communication skills or is unable to communicate.

Check	SELF-CARE DAILY LIVING SKILLS <i>Please rate the highest level from the past 30 days</i>
0	Child/Youth'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.
1	Child/Youth requires verbal prompting on self-care tasks or daily living skills.
2	Child/Youth requires assistance (physical prompting) on self-care tasks or assistance on one self-care task (e.g. eating, bathing, dressing, and toileting).
3	Child/Youth requires assistance on more than one of the self-care tasks-eating, bathing, dressing, toileting.

For youth who identify as Lesbian, Gay, Bisexual, Trans-sexual or Questioning (LGBTQ)

Check	1 - CHOSEN FAMILY SUPPORT
0	Youth has a well-developed and supported group of people who function as a chosen family
1	Youth has at least one close friend who functions as a chosen family
2	Youth can identify one or more people in their life with whom they would like to have a family-like relationship but currently those relationships are not at that level of caring and support
3	Youth cannot identify any possible chosen family members

Check	2 - OTHER ADULT SUPPORTS
0	Youth has multiple significant adult support who are accepting of the youth's sexuality
1	Youth has at least one significant adult support who is accepting of the youth's sexuality
2	Youth has no current significant adult supports, however, they have generally positive relationships with adults some of whom are supportive and accepting
3	Youth has no adult relationships that are supportive and/or accepting

Check	3 - PEER CONNECTIONS
0	Youth has significant (stable and long-standing) multiple peer connections who share the youth's sexuality.
1	Youth has at least one stable and long standing peer connections who share the youth's sexuality.
2	Youth knows others who share the youth's sexuality but does not have any stable or long-standing relationships
3	Youth is isolated for others who share the youth's sexuality.

Check	4 - OPPORTUNITIES FOR OPENESS
0	Youth is generally able to be open in all aspect of life.
1	Youth has significant opportunities to be open and can be most of the time
2	Youth has limited opportunities for openness.
3	Youth feels dramatically restricted and feels unable to be open rarely

Check	5 - COMING OUT
0	Youth has come out with regard to sexuality with all significant people in the youth's life.
1	Youth has come out with regard to sexuality with most but not all significant people in the youth's life.
2	Youth has come out with regard to sexuality with some people
3	Youth has not yet come out with regard to sexuality.

Check	6- CAREGIVER ACCEPTANCE
0	Primary caregiver(s) are fully supportive of the youth and accepting of the youths LGBTQ.
1	Primary caregiver(s) are generally (but not fully) supportive of the youth and accepting of the youth's LGBTQ. Caregiver may be accepting but not supportive.
2	Primary caregiver(s) are not supportive or accepting of the youth's LGBTQ or the primary caregiver(s) has no knowledge of the youth's LGBTQ
3	Primary caregiver(s) is rejecting of the youth's LGBTQ.

Check	7 - EXPERIENCED HOMONEGATIVITY
0	Youth has no experience of homonegativity. People in the youth's world are supportive and non-biased
1	Youth has limited experience with homonegativity. Youth is aware of bias and may have occasionally experienced some but it has not adversely affected them. Or, youth may have a history of experiencing hurtful homonegativity but are no longer exposed to the negative environments.
2	Youth has experienced homonegativity that has had an impact on their life, choices, or functioning.
3	Youth has experienced extreme homonegativity on multiple occasions from multiple people.

Check	8 - INTERNAL HOMONEGATIVITY
0	Youth is fully accepting of LBGTQ.
1	Youth is generally accepting of LBGTQ but has some doubts, fears, concerns.
2	Youth has a somewhat negative view of LBGTQ.
3	Youth has an extreme and blaming view (self or others) LBGTQ.

Check	9 - TARGETED FOR SEXUALITY
0	Youth has never been targeted for physical or emotional abuse due to sexuality.
1	Youth has been targeted for physical or emotional abuse in the past due to sexuality but not recently
2	Youth is being targeted for physical or emotional abuse due to sexuality.
3	Youth is being targeted with an extreme and dangerous level of physical or emotional abuse due to sexuality.

FOR YOUTH WHO ARE EXPECTANT AND PARENTING

PARENT NEEDS AND STRENGTHS (YOUTH AS CAREGIVER)

- 1. HYGIENE AND SELF-CARE** - *This item describes the parent/caregiver's ability to take care of personal hygiene and self-care needs, including dressing, bathing, eating, etc. As it relates to their pregnancy and post-delivery*

0	No evidence of hygiene or grooming problems. This is characterized by the ability to independently complete all relevant activities such as bathing, grooming, and dressing.
1	This is characterized by difficulties that impair the individual's level of functioning, but do not represent a significant short or long-term threat to the person's well-being.
2	This is characterized by an extreme disruption in one's self-care skill or moderate disruption in more than one self-care skill. The person's self-care does not represent an immediate threat to the person's safety but has the potential for creating significant long-term problems if not addressed.
3	This is characterized by extreme disruptions in multiple self-care skills. The person's self-care abilities are sufficiently impaired that he/she represents an immediate threat to him/her and requires 24-hour supervision to ensure safety. For example, a person with an eating disorder that prevents sufficient nutritional intake would be coded here.

- 2. ROUTINE MEDICAL CARE**- *This item describes the youth's participation in routine prenatal care and awareness of physiological needs and changes during pregnancy.*

0	The youth has received/ is receiving routine prenatal care (or currently not expecting), and is aware of medical needs during pregnancy (safe OTC and prescription medications to take, signs of common infections, taking prenatal vitamins, knows signs of labor.)
1	The youth has had some prenatal care, is in generally good health, and is somewhat informed about

	medical needs during pregnancy.
2	The youth has had inconsistent or sporadic prenatal care, and has quite limited knowledge about medical needs during pregnancy.
3	The youth has had no prenatal care and/or is unaware of her medical needs/issues during pregnancy.

3. LABOR/CHILDBIRTH- *This item describes the youth's awareness of the process of childbirth/delivery and her preparedness for the event.*

0	The youth is aware of the physical signs of labor and birth and has established a birthing plan (has identified a facility to deliver, has identified medical and personal individuals to support her, has decided on a pain management plan, has identified means of managing anxiety and energy level during labor, has discussed breastfeeding immediately following delivery, etc.) or is currently not expecting.
1	The youth has participated in some education about the process of labor and delivery and is beginning to develop a birthing plan, exploring options for a birthing plan.
2	The youth has some limited knowledge related to the process of labor and delivery, but has had little formal education and only a vague idea about her options or preferences for a birthing plan.
3	The youth has had no education and has no information about impending labor and delivery.

4. SEXUAL HEALTH- *This item describes the youth's response to planned or unplanned pregnancy, attitude about pregnancy, attitude about other biological parent.*

0	The youth has a strong understanding of sexual health.
1	Youth has some understanding of sexual health.
2	The youth has some limited knowledge about sexual health.
3	The youth has no knowledge of sexual health.

5. AWARENESS OF POSTPARTUM STRESSORS- *This item describes the youth's understanding of symptoms of postpartum depression, mood regulation strategies, etc.*

0	The youth is strong in knowledge of postpartum stressors.
1	Youth has the ability to understand postpartum stressors.
2	The youth has some limited knowledge about postpartum stressors.
3	The youth has no knowledge of postpartum stressors.

6. INTIMATE RELATIONSHIPS- *This item is used to rate the youth's current status in terms of romantic or intimate relationships and partners' support of pregnancy/parenting status.*

0	Adaptive partner relationship. Youth has a strong, positive, partner relationship with another individual.
1	Mostly adaptive partner relationship. Youth has a generally positive partner relationship with another individual.

2	Limited adaptive partner relationship. Youth is currently not involved in any partner relationship with another individual.
3	Significant difficulties with partner relationships. Youth is currently involved in a negative, unhealthy relationship with another individual.

7. RELATIONSHIP WITH OTHER BIOLOGICAL PARENT OF THE BABY- *This item is used to rate the youth's current status in terms of romantic or intimate relationships and father of the baby's support of pregnancy/parenting status.*

0	Adaptive partner relationship. Youth has a strong, positive, partner relationship with another individual.
1	Mostly adaptive partner relationship. Youth has a generally positive partner relationship with another individual.
2	Limited adaptive partner relationship. Youth is currently not involved in any partner relationship with another individual.
3	Significant difficulties with partner relationships. Youth is currently involved in a negative, unhealthy relationship with another individual.

8. PARENTING SKILLS- *This item describes the youth's ability to appropriately discipline his/her child/children and apply effective parenting techniques (e.g., ability to set rules, give consequences and rewards, etc.).*

0	The youth is able to appropriately discipline their child and use effective parenting techniques.
1	The youth has some difficulties with appropriately disciplining their child and using effective parenting techniques (for example, the youth may sometimes be inconsistent or not always agree on consequences with partner).
2	The youth has significant difficulties appropriately disciplining their child. They have limited parenting techniques and/or are using ineffective parenting techniques.
3	The youth is unable to discipline their child or they are using inappropriate parenting techniques.

9. INVOLVEMENT WITH CARE- *This rating should be based on the level of involvement the youth has in planning and provision of services for his/her child/children.*

0	This level indicates a youth who is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of their child.
1	This level indicates a youth who is consistently involved in the planning and/or implementation of services for their child.
2	This level indicates a youth who is only somewhat or inconsistently involved in the implementation and planning of the care of their child.
3	This level indicates a youth who is uninvolved with the care of their child. Youth likely wants child out of home or fails to visit in out-of-home placement or acute care setting.

10. PROBLEM SOLVING- *This item refers to the youth's ability to resolve conflicts in the family and to find solutions to family functioning problems.*

0	The youth is able to collaboratively solve family functioning problems.
1	The youth has some difficulties in resolving conflicts and may impose solutions that may not be accepted by everyone in the family.
2	The youth has significant difficulties in resolving conflicts and chooses solutions that maintain or enhance conflicts.
3	The youth is unable to resolve conflicts and is triggering explosive behaviors.

11. KNOWLEDGE OF CHILD- *This rating should be based on youth's knowledge of the specific strengths of his/her child/children and any problems experienced by the child and their ability to understand the rationale for the treatment or management of these problems.*

0	This level indicates that the present youth is fully knowledgeable about their child...s psychological strengths, weaknesses, talents, and limitations. Youth has realistic expectations of their child and supports his/her best efforts.
1	This level indicates that the present youth, while being generally knowledgeable about their child, has some mild deficits in knowledge or understanding of either their child's psychological condition or his/her talents, skills, and assets. Youth may be supported in efforts; however, expectations may be higher than level youth can perform to.
2	This level indicates that the youth does not know or understand their child well and that notable deficits exist in the youth's ability to relate to their child's problems and strengths. Youth has unrealistic expectations of their child. There is a high level of parental pressure.
3	This level indicates that the present youth has a significant problem in understanding their child's current condition.

12. ABILITY TO COMMUNICATE- *This item describes the youth's ability to articulate in an understandable way their thoughts, feelings, beliefs, and concerns regarding parenting and their child's needs and strengths.*

0	Youth is able to express feelings and thoughts effectively with regard to family and their child's issues.
1	Youth is able to express feelings and thoughts but sometimes struggles to express these so that others can listen and/or understand.
2	Youth requires help learning to express feelings and thoughts effectively with regard to family and their child's issues.
3	Youth requires substantial help learning to express feelings and thoughts effectively with regard to family and their child's issues.

13. ABILITY TO LISTEN- *This item describes the youth's ability to listen attentively and understand others' thoughts and concerns regarding their parenting style and their child's needs and strengths.*

0	Youth is able to listen carefully and understand both good and bad news regarding family and child issues.
1	Youth has listening skills but sometimes struggles to hear either good or bad news regarding family and child issues.
2	Youth requires help to listen effectively.
3	Youth requires substantial help with learning to listen effectively.

14. UNDERSTANDING OF IMPACT OF OWN BEHAVIOR ON CHILD- *This item is intended to describe the degree to which the youth has self-awareness regarding how their actions and behavior affect their child.*

0	Youth has a clear understanding of the impact of his/her behavior on their child and is able to adjust behavior to limit negative impact.
1	Youth has some understanding of impact of his/her behavior but may struggle at time to change behavior to limit negative impact.
2	Youth has limited understanding of the impact of his/her behavior on their child.
3	Youth has no understanding or denies any impact of his/her behavior on their child.

15. STABLE LIVING SITUATION- *This dimension rates the youth's current and likely future housing circumstances. If youth lives outside of the family home then the rating applies to the youth's current residence.*

0	Youth and child have stable housing for the foreseeable future.
1	Youth and child are currently in stable housing but have either moved in the past three months or there are significant risks of housing disruption (i.e., loss of job, change in foster/group homes).
2	Youth and child have moved multiple times in the past year or current housing is unstable.
3	Youth and child are currently homeless or have experienced periods of homelessness in the past six months and current housing remains unstable.

16. ENVIRONMENTAL CUES- *This item rates the level of the youth's exposure to criminal behavior or substance use in immediate environment (i.e. home or community).*

0	No evidence that the youth's environment stimulates or exposes their child to any criminal behavior or substance use.
1	Mild problems in the youth's environment that might expose their child to criminal behavior or substance use.
2	Moderate problems in the youth's environment that clearly exposes their child to criminal behavior or substance use.
3	Severe problems in the youth's environment exposing their child to criminal behavior or substance use.

17. PHYSICAL HEALTH- *Physical and behavioral health includes medical, physical, and mental health, and substance abuse challenges currently faced by the youth.*

0	Youth has no health limitations that interfere with assistance or care of their child.
1	Youth has some health limitations that interfere with provision of assistance or care to their child.
2	Youth has significant health limitations that prevent him/her from being able to provide some of the needed assistance or that make care of their child difficult.
3	Youth is physically or mentally unable to provide any needed assistance or care for their child.

18. DEVELOPMENTAL/INTELLECTUAL- *This item refers to any developmental or intellectual disability challenges currently faced by the youth.*

0	Youth has no developmental limitations that impact assistance or care of their child.
1	Youth has some developmental limitations that do not interfere with provision of assistance or care to their child.
2	Youth has significant developmental limitations that prevent them from being able to provide some of needed assistance or make care of their child difficult.
3	Youth is unable to provide any needed assistance or care for their child due to a developmental or intellectual disability.

19. EMPATHY FOR CHILD- *This item describes the youth's capacity to understand how their child is feeling and if they can demonstrate this clearly through their interactions with their child.*

0	Youth is strong in his/her capacity to understand how their child is feeling and consistently demonstrates this in interaction with his/her child.
1	Youth has the ability to understand how their child is feeling in most situations and is able to demonstrate support for their child in this area most of the time.
2	Youth is only able to empathetic toward their child in some situations and at times the lack of empathy interferes with their child's growth and development.
3	Youth shows no empathy for their child in most situations, especially when their child is distressed. Youth's lack of empathy is impeding their child's development.

20. ACCESS TO CHILDCARE- *This item refers to whether or not the youth has been able to secure sufficient child care services for their child.*

0	Youth has access to sufficient child care services.
1	Youth has limited access to child care services. Needs are met minimally by existing, available services.
2	Youth has limited access to, or access to limited child care services. Current services do not meet the child's needs.
3	Youth has no access to child care services.

21. FAMILY STRESS- *The definition of family should come directly from the youth regarding whomever the youth considers to be their family. This item reflects the degree of stress or burden experienced by the youth's family as a result of the needs of the child of the youth.*

0	Family is able to manage the stress of the child's needs.
1	Family has some problems managing the stress of the child's needs.
2	Family has notable problems managing the stress of the child's needs. This stress interferes with the functioning of the family.
3	Family is unable to manage the stress associated with the child's needs. This stress creates severe problems of family functioning.

22. SAFETY- *This item refers to the level of safety of the youth's household for their child.*

0	Youth's household is safe and secure. His/her child is at no risk of harm from others.
1	Youth's household is safe but concerns exist about the safety of their child due to history or others in the neighborhood that might be abusive.
2	The youth's child is in some danger from one or more individuals with access to the household.
3	The youth's child is in immediate danger from one or more individuals with unsupervised access.

23. FINANCIAL RESOURCES- *This item refers to the financial assets that the youth can bring to bear in addressing the multiple needs of their child.*

0	Youth has sufficient financial resources to raise their child (e.g., child rearing).
1	Youth has some financial resources that actively help with raising their child.
2	Youth has limited financial resources that may be able to help with raising their child.
3	Youth has no financial resources to help with raising their child. The youth is in need of financial resources.

24. ATTACHMENT DIFFICULTIES- *This item refers to the youth's attachment with his/her child.*

0	No evidence of problems with attachment.
1	Mild problems with attachment are present. The youth's child may appear uncomfortable around him/her, may resist touch, or appear anxious and clingy some of the time. The youth may feel disconnected from their child.
2	Moderate problems with attachment are present. The youth's child may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development.
3	Severe problems with attachment are present. The youth's child is unable to use caregivers to meet needs for safety and security.

25. KNOWLEDGE OF SOCIAL AND EMOTIONAL GROWTH FOSTERING- *This item describes the youth's ability and understanding of nurturing parenting, child growth and development.*

0	The youth is strong in his/her knowledge of social and emotional growth and can demonstrate this with his/her child.
1	Youth has the ability to understand social and emotional growth and is able to demonstrate support for his/her child in this area most of the time.
2	The youth has some limited knowledge about the social and emotional growth of his/her child.
3	The youth has no knowledge of social and emotional growth of his/her child.

26. RESPONSE TO DISTRESS- *This item describes the youth's ability to sooth; recognize distress, physical interactions, etc.*

0	The youth is strong in his/her ability to understand and respond appropriately to distress.
1	Youth has the ability to understand distress and is able to demonstrate appropriate responses for their child in this area most of the time.
2	The youth has some limited knowledge about distress and how to respond to his/her child.
3	The youth has no knowledge of appropriate response to distress of his/her child.

27. KNOWLEDGE OF BASIC CHILD CARE- *this item describes the youth's ability to understand bathing, diapering, feeding and nutrition, infant wellness and sick baby car, etc.*

0	The youth is strong in his/her knowledge basic child care and can demonstrate this with their child.
1	Youth has the ability to understand basic child care.
2	The youth has some limited knowledge about basic child care.
3	The youth has no knowledge of basic child care of.

28. SAFETY OF CHILD- *This item describes the youth's understanding of safe physical environment, risky care, safe sleep/SIDS, car seats, etc.*

0	The youth is strong in his/her knowledge of safety for the child and can demonstrate this with their child.
1	Youth has the ability to understand child safety and is able to demonstrate ability in this area most of the time.
2	The youth has some limited knowledge about child safety.
3	The youth has no knowledge of child safety.

29. KNOWLEDGE OF SERVICES AVAILABLE- *This item describes the youth's understanding of services available to them as a parent for their child. Ex. Birth to Three, etc.*

0	The youth is strong in his/her knowledge of services available to him/her as a parent for their child.
1	Youth has some knowledge of services available to him/her as a parent for their child.
2	The youth has some limited knowledge about services available to him/her as a parent for their child.
3	The youth has no knowledge of services available to him/her as a parent for their child.

AGE SPECIFIC MODULE
YOUTH TRANSITIONING TO ADULTHOOD SUB-MODULE (16+)

1 - INDEPENDENT LIVING SKILLS - *This rating focuses on the presence or absence of skills and impairments in independent living abilities or the readiness to take on those responsibilities.*

0	This level indicates a person who is fully capable of independent living. No evidence of any deficits or barriers that could impede maintaining own home.
1	This level indicates a 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. These problems are generally addressable with training or supervision.
2	This level indicates a person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.
3	This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment.

2 - TRANSPORTATION - *This item is used to rate the level of transportation required to ensure that the individual could effectively participate in his/her own treatment and in other life activities. Only unmet transportation needs should be rated here.*

0	The individual has no unmet transportation needs.
1	The individual has occasional unmet transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle. The needs can be met with minimal support, for example, assistance with bus routes to facilitate independent navigation, or provision of a bus card.
2	The individual has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily to work or therapy) that do not require a special vehicle. Individual can self-transport with a med-van service.
3	The individual requires frequent (e.g., daily to work or therapy) transportation in a special vehicle. He or she is

	completely reliant on others for transportation and cannot self-transport.
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3 - PARENTING ROLES - *This item is intended to rate the individual in any caregiver roles. For example, an individual with a son or daughter or an individual responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role.*

0	Individual has a parenting role and he/she is functioning appropriately in that role or is not in a parenting role.
1	The individual has responsibilities as a parent but occasionally experiences difficulties with this role.
2	The individual has responsibilities as a parent and either the individual is struggling with these responsibilities or these issues are currently interfering with the individual's functioning in other life domains.
3	The individual has responsibilities as a parent and the individual is currently unable to meet these responsibilities or these responsibilities are making it impossible for the individual to function in other life domains. Individual has the potential of abuse or neglect in his/her parenting.

4 - INTIMATE RELATIONSHIPS - *This item is used to rate the individuals current status in terms of romantic/intimate relationships.*

0	Adaptive partner relationship. Individual has a strong, positive, partner relationship with another adult, or they have maintained a positive partner relationship in the past but are not currently in an intimate relationship.
1	Mostly adaptive partner relationship. Individual has a generally positive partner relationship with another individual. This relationship may, at times, impede the individual's healthy development.
2	Limited adaptive partner relationship. The individual has a recent history of being in a domestically violent relationship or a recent history of being in a relationship where he/she was overly dependent on his/her partner. Individual may or may not be currently involved in any partner relationship with another individual.
3	Significant difficulties with partner relationships. Individual is currently involved in a negative or domestically violent relationship or a relationship where he/she is totally dependent on his/her partner.

5 - EDUCATIONAL ATTAINMENT - *This rates the degree to which the individual has completed his/her planned education.*

0	Individual has achieved all educational goals OR has no educational goals and educational attainment has no impact on lifetime vocational functioning.
1	Individual has set educational goals and is currently making progress towards achieving them.
2	Individual has set educational goals but is currently not making progress towards achieving them.
3	Individual has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning.

6 - JOB FUNCTIONING - *This item is intended to describe functioning in vocational settings.*

0	Youth is gainfully employed in a job and experiencing no problems in attendance, performance or relationships at work.
1	Youth is gainfully employed but may have some difficulties at work with attendance, performance or relationships
2	Youth has significant job-related problems with attendance, performance, or relationships.
3	Youth is experiencing severe problems in an employment situation with performance or relationships. Youth may have recently been fired.
NA	Not applicable as the child is not employed.

26. VOCATIONAL STRENGTHS - *Generally this rating is reserved for adolescents and is **not applicable for children 14 years and younger**. Computer skills would be rated here. Scoring of this item supplements Ansell-Casey assessment.*

0	This level indicates an adolescent with vocational skills who is currently working in a natural environment .
1	This level indicates an adolescent with pre-vocational and some vocational skills but limited work experience .
2	This level indicates an adolescent with some pre-vocational skills but who is not presently working in any area related to those skills. This also may indicate a child or youth with a clear vocational preference .

3	This level indicates an adolescent with no known or identifiable vocational or pre-vocational skills and no expression of any future vocational preferences.
NA	This item can be rated not applicable when a child is less than 14 years old.

7 – PERSONALITY CHANGES

This rating identifies problems with relating to other people including significant manipulative behavior, social isolation, or significant conflictual relationships.

0	No evidence of notable personality challenges/interpersonal problems.
1	Evidence of mild degree, probably sub-threshold for the diagnosis of a personality disorder. For example, mild but consistent dependency in relationships might be rated here. Or, some evidence of mild antisocial or narcissistic behavior. Also, an unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.
2	Evidence of sufficient degree of interpersonal problems. Individual's relationship problems may warrant a STANDARD DIAGNOSTIC CRITERIA Axis II diagnosis.
3	Evidence of a severe challenges with his/her personality/interpersonal functioning that has significant implications for the individual's long-term functioning. Interpersonal problems are disabling and block the individual's ability to function independently.

KNOWLEDGE OF COMMUNITY & INFORMAL RESOURCES - *This item refers to the understanding of the assets and resources that the transitioning youth can bring to bear in addressing their needs. This item would include access to and utilization of extended family, social supports, and community institutions such as libraries, YMCAs, Park District and other services.*

0	Transitioning youth has sufficient social and familial/caring adult supports to meet their needs.
1	Transitioning youth can access the necessary resources to help address their major and basic needs but those resources might be stretched.
2	Transitioning youth has limited resources that may not be sufficient to meet their needs.
3	Transitioning youth has severely limited resources or no social/family/caring adult supports available to assist in meeting their needs.

KNOWLEDGE OF SOCIAL SERVICE/FORMAL OPTIONS - *This item refers to the Transitioning Youth's knowledge of choices they might have for specific treatments, interventions or other services that might help them address their needs.*

0	Parent/caregiver has strong understanding of service needs and options.
1	Parent/caregiver has understanding of service needs and options but may still require some help in learning about certain aspects of these services.
2	Parent/ caregiver requires assistance in understanding service needs and options.
3	Parent/caregiver requires substantial assistance in identifying and understanding service needs and options.

FINANCIAL STATUS - *This item refers to the Transitioning Youth income regardless of its source in comparison to the youth's financial needs.*

0	Transitioning Youth has financial resources necessary to meet needs or has limited resources but is effectively utilizing those to meet needs.
1	Transitioning Youth has financial resources necessary to meet most needs; however, some limitations exist .
2	Transitioning Youth has financial difficulties that limit their ability to meet significant needs.
3	Transitioning Youth is experiencing financial hardship that has made them unable to meet their needs.

JOB FUNCTIONING - *This item is rated only for individuals who are employed or are in an employment like environment (e.g. training program, internship). An individual whose disability prevents employment would be rated as N/A.*

0	If able, Transitioning Youth is fully employed with no problems at work . Alternatively, Transitioning Youth is a full-time student.
1	Transitioning Youth is partially employed, employed significantly below her/his level of education/experience/training, or is having some work related problems .
2	Transitioning Youth is having significant work-related problems or is temporarily unemployed because of such difficulties.
3	Significant difficulties with vocational functioning . Transitioning Youth is chronically unemployed or

obtains financial resources through activities that are illegal and/or potentially harmful to her/him (prostitution, drug dealing, for example).
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WV OLDER YOUTH CHECKLIST

(Please complete with all youth over the age of 16)

Essential Documents/Activities	Yes	No	In Process	Date of Completion
I have obtained a State Issued Identification Card				
I have obtained a Social Security Card				
I have obtained a certified copy of my birth certificate				
I have obtained a driver's license (if applicable) or I know where to get a study guide and where and how to take a drivers exam.				
I have registered with Selective Service (if a male 18 or older).				
I have completed a credit check prior to turning 18.				
I have applied for disability benefits prior to age 18 (if applicable).				
I have obtained proof of Citizenship (if applicable)				
I have Obtained my education records				
I have obtained my medical records (including immunization record)				
I have applied for and received a Medical Card (if applicable).				
I have obtained religious documents and information (if applicable)				
I have obtained death Certificate(s) (if parent(s) are deceased).				
I have established an individual portfolio that contains medical history (current medical information, identified primary care physician, dentist, optometrist, etc.), family medical history (any information that could be relevant to potential future medical issues) financial information (account numbers, cd maturity dates, W2,s, taxes, receipts, etc.), critical documents, work documents (current resume, employment dates, emergency contacts, etc.) and personal information (passwords, wills, living will, medical power of attorney, social worker name, etc.).				
I have developed a resume (when work experience can be described).				
I have a Food Handlers Card				

I have a library card.				
I have a realistic Independent Living Plan that is reviewed by the MDT.				
I have completed the Ansell Casey Life Skills (ACLSA) Assessment within the past year.				
I have completed an Individual Learning Plan based on ACLSA results within last year.				
I have met with a Chafee Specialist and I am aware of all independent living services available to me now and after I turn 18.				
Essential Life Skills/Experiences	Yes	No	In Process	Date of Completion
I am participating in and receiving ongoing life skills instruction.				
I have completed a career interest inventory.				
I can demonstrate basic home repairs and basic safety (overflowing commode, leaky faucet, change light bulb, vacuum canister, filter replacement, fuse box, smoke detector, refrigerator contents, etc.)				
I can demonstrate understanding of basic home and fire safety.				
I can demonstrate that I know how to and can utilize independent kitchen safety, menu planning , and budgeting				
I know where to get tax forms, how to fill them out as well as how to submit them. I fully understand tax filing requirement and where to access free assistance.				
I have prepared a 3 course meal on my own with invited guest (s).				
I have explored, participated and maintained at least 1 hobby that I am likely to continue as an adult.				
I have completed and enrolled (or on a waiting list) for drivers education.				
I Know how to purchase tickets, ride a bus, make exchanges and can navigate public bus transportation independently.				
I Know how to purchase and utilize taxi, air and train transportation independently.				
I have participated in career and educational exploration/counseling.				
I have established a checking or savings account.				
I have established a safety deposit box.				
I am employed or have work experience.				
I am currently volunteering or have volunteer experience.				

I have 3 non-parent adults to provide support.				
Expectant/Parenting	Yes	No	In Process	Date of Completion
I am a parent of a wonderful child (children).				
I have an official birth certificate for my child				
I have a Social Security card for my child				
I have immunization/medical records for my child				
I have the name/address of physicians and hospitals utilized since birth				
I have obtained pediatric services or have a list of resources				
I have linked with childcare services or have a list of resources				
I have contacted an area agency for Title XX support for Childcare (if applicable).				

**AGE SPECIFIC MODULE
CHILDREN 0-5 YEARS OLD SUB-MODULE**

1. MOTOR - *This rating describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor functioning.*

0	Child's fine and gross motor functioning appears normal. There is no reason to believe that the child has any problems with motor functioning.
1	The child has mild fine (e.g. using scissors) or gross motor skill deficits. The child may have exhibited delayed sitting, standing, or walking, but has since reached those milestones.
2	The child has moderate motor deficits. A non-ambulatory child with fine motor skills (e.g. reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here. A full-term newborn that does not have a sucking reflex in the first few days of life would be rated here.
3	The child has severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift his or her head.

2. SENSORY - *This rating describes the child's ability to use all senses including vision, hearing, smell, touch, taste and kinesthetics.*

0	The child's sensory functioning appears normal. There is no reason to believe that the child has any problems with sensory functioning.
1	The child has mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).
2	The child has moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).
3	The child has significant impairment on one or more senses (e.g. profound hearing or vision loss).

3. COMMUNICATION - The item refers to learning disabilities involving expressive and/or receptive language. It does not refer to challenges expressing feelings. Elective mutism would be described here

0	Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
1	Child has receptive communication skills but limited expressive communication skills.
2	Child has both limited receptive and expressive communication skills.
3	Child is unable to communicate.

4. FAILURE TO THRIVE - *Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.*

0	The child does not appear to have any problems with regard to weight gain or development. There is no evidence of failure to thrive.
1	The child has mild delays in physical development (e.g. is below the 25 th percentile in terms of height or weight).
2	The child has significant delays in physical development that could be described as failure to thrive (e.g. is below the 10 th percentile in terms of height or weight).
3	The child has severe problems with physical development that puts his/her life at risk (e.g. is at or beneath the 1 st percentile in height or weight).

5. FEEDING/ELIMINATION - *This category refer to all dimensions of eating and/or elimination. Pica would be rated here.*

0	Child does not appear to have any problems with feeding or elimination.
1	Child has mild problems with feeding and/or elimination (e.g. picky eating).
2	Child has moderate to severe problems with feeding and/or elimination. Problems are interfering with functioning in at least one area.
3	Child has profound problems with feeding and/or elimination.

6. BIRTH WEIGHT - *This dimension describes the child's weight as compared to normal development.*

0	Child is within normal range for weight and has been since birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.
1	Child was born underweight but is now within normal range or child is slightly beneath normal range. A child with a birth weight of between 1500 grams (3.3 pounds) and 2499 grams would be rated here.
2	Child is considerably under weight to the point of presenting a development risk to the child. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.
3	Child is extremely under weight to the point where the child's life is threatened. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

7. PRENATAL CARE - *This dimension refers to the health care and birth circumstances experienced by the child in utero.*

0	Child's biological mother had adequate prenatal care (e.g. 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
1	Child's biological mother had some short-comings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here (her care must have begun in the first or early second trimester). A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.
2	Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.
3	Child's biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here.

U	Unknown
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8. LABOR AND DELIVERY - *This dimension refers to conditions associated with, and consequences arising from complications in labor and delivery of the child.*

0	Child and biological mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.
1	Child or mother had some mild problems during delivery, but child does not appear to be affected by these problems. An emergency C-Section or a delivery-related physical injury (e.g. shoulder displacement) to the child would be rated here.
2	Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or who needed some resuscitative measures at birth, would be rated here.
3	Child had severe problems during delivery that have long-term implications for development (e.g. extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here.
U	Unknown

9. PARENT OR SIBLING PROBLEMS - *This dimension describes how this child's parents and older siblings have done/are doing in their respective developments.*

0	The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems
1	The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems (e.g. Attention Deficit, Oppositional Defiant, or Conduct Disorders). It may be that child has at least one healthy sibling.
2	The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem (e.g. a severe version of any of the disorders cited above, or any developmental disorder).
3	One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems (all siblings must have some problems).
U	Unknown

10. MATERNAL/CARETAKER AVAILABILITY - *This dimension addresses the primary caretaker's emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal availability up until 3 months (12 weeks) post-partum.*

0	The child's mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth.
1	The primary caretaker experienced some minor or transient stressors which made her slightly less available to the child (e.g. another child in the house under two years of age, an ill family member for whom the caretaker had responsibility, a return to work before the child reached six weeks of age).
2	The primary caretaker experienced a moderate level of stress sufficient to make him/her significantly less emotionally and physically available to the child in the weeks following the birth (e.g. major marital conflict, significant post-partum recuperation issues or chronic pain, two or more children in the house under four years of age).
3	The primary caretaker was unavailable to the child to such an extent that the child's emotional or physical well-being was severely compromised (e.g. a psychiatric hospitalization, a clinical diagnosis of severe Post-Partum Depression, any hospitalization for medical reasons which separated caretaker and child for an extended period of time, divorce or abandonment).
U	Unknown

11. CURIOSITY - *This rating describes the child's self-initiated efforts to discover his/her world.*

0	This level indicates a child with exceptional curiosity. Infants display mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
1	This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.
2	This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.

3	This level indicates a child with very limited or no observable curiosity. Child may seem frightened of new information or environments.
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12. PLAYFULNESS - *This rating describes the child's enjoyment of play alone and with others.*

0	This level indicates a child with substantial ability to play with self and others. Child enjoys play, and if old enough, regularly engages in symbolic and means-end play. If still an infant, child displays changing facial expressions in response to different play objects.
1	This level indicates a child with good play abilities. Child may enjoy play only with self or only with others, or may enjoy play with a limited selection of toys.
2	This level indicates a child with limited ability to enjoy play. Child may remain preoccupied with other children or adults to the exclusion of engaging in play, or may exhibit impoverished or unimaginative play.
3	This level indicates a child who has significant problems with play both by his/her self and with others. Child does not engage in symbolic or means-end play, although he or she will handle and manipulate toys.

13. TEMPERAMENT *This rating describes the child's general mood state and ability to be soothed.*

0	This level indicates a child with an easy temperament. S/he is easily calmed or distracted when angry or upset
1	This level indicates a child with some mild problems being calmed, soothed, or distracted when angry or upset. Child may have occasional episodes or extended crying or tantrums.
2	This level indicates a child with a difficult temperament. Child has difficulty being calmed, soothed, or distracted. Persistent episodes of crying, tantrums or other difficult behaviors are observed.
3	This level indicates a child who has significant difficulties being calmed, soothed, or distracted when angry or upset. Repeated and extreme persistent episodes of crying, tantrums, or other difficult behaviors are observed when the child is angry or upset.

14. DAY CARE PRESCHOOL

0	This level indicates a child with no problems in day care or preschool environments or who does not attend.
1	This level indicates a child with mild problems in day care of school environments.
2	This level indicates a child who has difficulties in day care or preschool environments. These problems may include things such as separation anxiety or difficult behavior.
3	This level indicates a child who has significant problems in day care or preschool environments. Child may have recently been asked to stop attending.

COMMERCIAL SEXUAL EXPLOITATION MODULE

For purposes of this section, exploitation is defined as the engaging in sexual activities for the exchange of goods.

Check	DURATION OF EXPLOITATION
0	Exploitation has begun in last three months.
1	Exploitation has begun in past year.
2	Exploitation has been intermittent for more than two years.
3	Exploitation has been ongoing for more than two years.

Check	PERCEPTION OF DANGEROUSNESS
0	Youth is fully aware of the dangerousness of his/her situation and behavior. Youth may take precautions to reduce dangerousness, such as using protection for intercourse or avoiding conflicts.
1	Youth is partially aware of the dangerousness of his/her situation and behavior. Youth generally fails to take precautions.
2	Youth is unaware of the dangerousness of his/her situation and behavior.

3	Youth actively minimizes the dangerousness of his/her situation and behavior.
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Check	KNOWLEDGE OF EXPLOITATION
0	Youth understands that he/she is currently being exploited.
1	Youth has some understanding that he/she might currently be exploited; however, he/she is unsure.
2	Youth is unaware of his/her exploitation
3	Youth actively denies and/or rationalizes his/her exploitation

Check	STOCKHOLM SYNDROME
0	Youth recognizes that their pimp or other exploiter is not operating in the best interests of the youth.
1	Youth suspects that his/her pimp or other exploiter may not be operating in the best interests of the youth.
2	Youth believes that the pimp or other exploiter is operating in their best interests.
3	Youth actively defends and justifies the behavior of his/her pimp or other exploiter to protect them from accusations of exploitation.

Check	UNPROTECTED INTERCOURSE <i>This item is used to describe the degree to which the youth uses standard protection from sexually transmitted disease during intercourse</i>
0	Youth always uses protection during intercourse.
1	Youth generally uses protection during intercourse. Youth may occasionally forget or act impulsively engaging in intercourse even when protection is not readily available.
2	Youth sometimes uses protection during intercourse. Youth may only use protection in situations where he/she is very concern about risks.
3	Youth never uses protection during intercourse.

Check	ARRESTS FOR LOITERING <i>This item includes arrests for crimes committed during or associated with exploitation.</i>
0	Youth has not been arrested for loitering or soliciting.
1	Youth has been arrested once or twice for either loitering or soliciting.
2	Youth has been arrested three, four or five times for loitering or soliciting.
3	Youth has been arrested six or more times for loitering or soliciting.

Check	OTHER ARRESTS
0	Youth has not been arrested for any other crimes.
1	Youth has been arrested once for crimes other than involving alleged activities related to prostitution.
2	Youth has been arrested twice for crimes other than involving alleged activities related to prostitution.
3	Youth has been arrested three or more times for crimes other than involving alleged activities related to prostitution.

Check	SEXUALLY TRANSMITTED DISEASE
	Youth has no current known STDs nor any history of significant STDs.
	Youth has history of serious STD's or is currently suspected of having an STD that has not yet been fully diagnosed.
	Youth currently has an STD.
	Youth currently has an STD that is putting him/her or others at risk of disability or death.

Check	SAFETY <i>This item describes the need for Child/Youth protective interventions.</i>
0	Household is safe and secure. Child/Youth/Youth is at no risk from others.
1	Household is safe but concerns exist about the safety of the child/youth due to history or others in the neighborhood that might be abusive.
2	Child/Youth is in some danger from one or more individuals with access to the household.
3	Child/Youth is in immediate danger from one or more individuals with unsupervised access.