

How to Score the NEVADA CHILD AND ADOLESCENT NEEDS AND STRENGTHS (NV-CANS 2.0)

Step 1. Count number of Potentially Adverse/Traumatic Childhood Experiences (number of items marked **Y**) and enter into the box below.

Step 2. Count total number of actionable treatment needs (items scored **2** or **3**) in each domain and enter into the boxes below.

Potentially Traumatic/Adverse Childhood Experiences		max score = 14 ** score excluded from total **
Child Behavioral/Emotional Needs or Challenges (EC) Domain		max score = 15 or 9 EC
Life Functioning/Functioning (EC) Domain		max score = 11 or 5 EC
Youth Strengths		max score = 13
Cultural Factors		max score = 4
Risk Factors & Behaviors		max score = 11
Dyadic Considerations (EC only)		max score = 2
Caregiver Resources & Needs		max score = 16
Transition to Adulthood Domain (14+)		max score = 11 or n/a
Total Actionable Treatment Needs	0	

Example:

BEHAVIORAL/EMOTIONAL NEEDS				
0=no evidence	1=history or suspicion			
2=interferes with functioning; action needed	3=disabling, dangerous, immediate or intensive action needed			
	0	1	2	3
Psychosis (Thought Disorder)	●	○	○	○
Depression	●	○	○	○
Anxiety	○	○	●	○
Oppositional	●	○	○	○
Conduct	●	○	○	○
Attention	○	○	○	●
Impulsivity/Hyperactivity	○	○	○	●
Anger Control	○	○	●	○
Substance Use ¹	●	○	○	○
Eating Disturbance	●	○	○	○
Behavioral Regression	○	●	○	○
Somatization	○	○	●	○
Attachment Difficulties	○	●	○	○
Adjustment to Trauma	○	○	●	○
Emotional and/or Physical Regulation	○	○	●	○

Behavioral/Emotional Needs
Total is 7. Count the 2's and 3's
(highlighted), and do not
count any 0's or 1's.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

Nevada-CANS 2.0 (0-21)

Child's Name:	DOB:	Gender:	Race/Ethnicity:		
Caregiver(s):	Form Status:	<input type="checkbox"/> Initial	<input type="checkbox"/> Subsequent	<input type="checkbox"/> Annual	<input type="checkbox"/> Discharge
	Case Name:				
Assessor:	Case Number:				
	Date of Assessment:				

POTENTIALLY TRAUMATIC/ ADVERSE CHILDHOOD EXPERIENCES		
YES = Client is suspected of having at least one incident, multiple incidents or chronic, ongoing experience of this type of trauma NO = no evidence of any trauma of this type		
	YES	NO
1. Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>
2. Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>
3. Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>
4. Neglect	<input type="checkbox"/>	<input type="checkbox"/>
5. Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>
6. Witness to Family Violence	<input type="checkbox"/>	<input type="checkbox"/>
7. Exposure to Violence (Non-Family)	<input type="checkbox"/>	<input type="checkbox"/>
8. Trafficked ¹	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. War/Terrorism Affected	<input type="checkbox"/>	<input type="checkbox"/>
10. Victim/Witness to Criminal Activity	<input type="checkbox"/>	<input type="checkbox"/>
11. Parental Criminal Behavior	<input type="checkbox"/>	<input type="checkbox"/>
12. Disruptions in Caregiving/Attachment Losses	<input type="checkbox"/>	<input type="checkbox"/>
13. System-Induced Trauma	<input type="checkbox"/>	<input type="checkbox"/>
14. Natural and/or Manmade Disaster	<input type="checkbox"/>	<input type="checkbox"/>

CHILD BEHAVIORAL/EMOTIONAL NEEDS				
0 = no evidence		1 = history or suspicion; monitor		
2 = interferes with functioning; action needed		3 = disabling, dangerous; intensive or immediate action needed		
	0	1	2	3
15. Psychosis (Thought Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Substance Use ²	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Eating Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Behavioral Regression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Somatization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Attachment Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Emotional and/or Physical Regul.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIFE FUNCTIONING DOMAIN				
0 = no evidence		1 = history or suspicion; monitor		
2 = interferes with functioning; action needed		3 = disabling, dangerous; intensive or immediate action needed		
	0	1	2	3
30. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Developmental/Intellectual ³	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Recreational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Sexual Development ⁴	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Activities of Daily Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. School ⁵	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Decision-Making	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUTH STRENGTHS				
0=Centerpiece strength		1=Useful strength		
2=Identified strength		3=No evidence		
	0	1	2	3
41. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Educational Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Optimism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Talents and Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Youth Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Peer Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Vocational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Resilience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Community Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Cultural Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CULTURAL FACTORS				
0 = no evidence		1 = history or suspicion; monitor		
2 = interferes with functioning; action needed		3 = disabling, dangerous; intensive or immediate action needed		
	0	1	2	3
54. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Traditions and Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Family Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISK FACTORS & BEHAVIORS				
0 = no evidence	1 = history or suspicion; monitor			
2 = interferes with functioning; action needed	3 = disabling, dangerous; intensive or immediate action needed			
	0	1	2	3
58. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Non-Suicidal Self-Injurious Behav.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Other Self-Harm (Recklessness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Danger to Others ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Sexual Aggression ⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Problematic Sexual Behavior ⁸	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Runaway ⁹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Delinquent Behavior ¹⁰	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Intentional Misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Bullying Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Victimization/Exploitation ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER RESOURCES & NEEDS				
0 = no evidence; this could be a strength				
1 = history or suspicion; monitor; may be an opportunity to build				
2 = interferes with functioning; action needed				
3 = disabling, dangerous; immediate or intensive action needed				
	0	1	2	3
69. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Mental Health/Post-traumatic Reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Knowledge (Understanding of Youth's Needs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Family Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Access to Public Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Community Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Martial/Partner Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSITION TO ADULTHOOD MODULE				
In addition to the domains above, this section must be completed for youth ages 14 and older. Triggered modules may be completed for this age group as well.				
0 = no evidence	1 = history or suspicion; monitor			
2 = interferes with functioning; action needed	3 = disabling, dangerous; intensive or immediate action needed			
	0	1	2	3
TA1. Independent Living Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TA2. Youth Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TA3. Parental/Caregiving Role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TA4. Intimate Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TA5. Medication Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSITION TO ADULTHOOD MODULE continued					
0 = no evidence	1 = history or suspicion; monitor				
2 = interferes with functioning; action needed	3 = disabling, dangerous; intensive or immediate action needed				
	N/A	0	1	2	3
TA6. Youth Educational Attainment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TA7. Job Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TA8. Trans. to Adult Services System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TA9. Accessibility to Child Care Resources and/or Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TA10. Financial Resources		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TA11. Youth Residential Stability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This section is to be completed when the child is birth thru 5 years old. The Potentially Traumatic/Adverse Childhood Experiences (below) must also be completed for this age group. This section can also be completed for youth of any age who are experiencing developmental challenges.

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.		
YES = Client is suspected of having at least one incident, multiple incidents or chronic, ongoing experience of this type of trauma		
NO = no evidence of any trauma of this type		
	YES	NO
1. Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>
2. Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>
3. Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>
4. Neglect	<input type="checkbox"/>	<input type="checkbox"/>
5. Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>
6. Witness to Family Violence	<input type="checkbox"/>	<input type="checkbox"/>
7. Exposure to Violence (Non-Family)	<input type="checkbox"/>	<input type="checkbox"/>
8. Trafficked	<input type="checkbox"/>	<input type="checkbox"/>
9. War/Terrorism Affected	<input type="checkbox"/>	<input type="checkbox"/>
10. Victim/Witness to Criminal Activity	<input type="checkbox"/>	<input type="checkbox"/>
11. Parental Criminal Behavior	<input type="checkbox"/>	<input type="checkbox"/>
12. Disruption in Caregiving/Attachment Losses	<input type="checkbox"/>	<input type="checkbox"/>
13. System Induced Trauma	<input type="checkbox"/>	<input type="checkbox"/>
14. Natural or Manmade Disaster	<input type="checkbox"/>	<input type="checkbox"/>

CHALLENGES				
0 = no evidence		1 = history or suspicion; monitor		
2 = interferes with functioning; action needed		3 = disabling, dangerous; intensive or immediate action needed		
	0	1	2	3
EC1. Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC2. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC3. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC4. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC5. Attachment Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC6. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC7. Regulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC8. Atypical Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC9. Sleep (12 months to 5 years old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FUNCTIONING				
0 = no evidence		1 = history or suspicion; monitor		
2 = interferes with functioning; action needed		3 = disabling, dangerous; intensive or immediate action needed		
	0	1	2	3
EC10. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC11. Early Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC12. Social and Emotional Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC13. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC14. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISK BEHAVIORS & FACTORS				
0 = no evidence		1 = history or suspicion; monitor		
2 = interferes with functioning; action needed		3 = disabling, dangerous; intensive or immediate action needed		
	0	1	2	3
EC15. Self-Harm (12 months to 5 years old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC16. Exploited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	0	1	2	3
EC17. Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC18. Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC19. Labor and Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC20. Birth Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC21. Failure to Thrive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CULTURAL FACTORS				
0 = no evidence		1 = history or suspicion; monitor		
2 = interferes with functioning; action needed		3 = disabling, dangerous; intensive or immediate action needed		
	0	1	2	3
EC22. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC23. Traditions and Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC24. Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STRENGTHS				
0 = Centerpiece strength		1 = Useful strength		
2 = Identified strength		3 = No evidence		
	0	1	2	3
EC25. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC26. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC27. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC28. Resiliency (Persist. & Adaptability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC29. Relationships Permanence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC30. Playfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC31. Family Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DYADIC CONSIDERATIONS				
0 = no evidence		1 = history or suspicion; monitor		
2 = interferes with functioning; action needed		3 = disabling, dangerous; intensive or immediate action needed		
	0	1	2	3
EC32. Caregiver Emot. Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC33. Caregiver Adj. to Traumatic Exper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER RESOURCES AND NEEDS				
0 = no evidence		1 = history or suspicion; monitor		
2 = interferes with functioning; action needed		3 = disabling, dangerous; intensive or immediate action needed		
	0	1	2	3
EC34. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC35. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC36. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC37. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC38. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC39. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC40. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC41. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC42. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC43. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC44. Family Relationship to the System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC45. Legal Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC46. Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INDIVIDUAL ASSESSMENT MODULES
(rate if indicated on page 1)

- ²Substance Use Module
- ³Developmental Needs Module
- ⁴Sexual Identity Module
- ⁵School Module
- ⁶Dangerousness Module
- ⁷Sexually Aggressive Behaviors Module
- ⁸Problematic Sexual Behavior Module
- ⁹Runaway Module
- ¹⁰Juvenile Justice Module

0 = no evidence 2 = interferes with functioning; action needed	1 = history or suspicion; monitor 3 = disabling, dangerous; intensive or immediate action needed	1	2	3
CSE1. Duration of Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSE2. Perception of Dangerousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSE3. Knowledge of Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSE4. Trauma Bonding/Stockholm Syn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSE5. Exploitation of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSE6. Unprotected Intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSE7. Arrests of Loitering/Solicitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSE8. Other Arrests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSE9. Sexually Transmitted Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSE10. Pregnancies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSE11. Abortions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSE12. Attitude Toward Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSE13. Prior School Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 = no evidence 2 = interferes with functioning; action needed	1 = history or suspicion; monitor 3 = disabling, dangerous; intensive or immediate action needed	1	2	3
SI1. Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SI2. Gender Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SI3. Caregiver Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SI4. Other Adult Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SI5. Peer Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SI6. Opportunities for Openness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SI7. Targeted for Sexual Orientation/Gender Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 = no evidence 2 = interferes with functioning; action needed	1 = history or suspicion; monitor 3 = disabling, dangerous; intensive or immediate action needed	1	2	3
SUD1. Severity of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUD2. Duration of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUD3. Stage of Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUD4. Peer Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUD5. Parental Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUD6. Environmental Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 = no evidence 2 = interferes with functioning; action needed	1 = history or suspicion; monitor 3 = disabling, dangerous; intensive or immediate action needed	NA	0	1	2	3
SCH1. Classroom Behavior	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCH2. Non-Classroom Behavior	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCH3. Academic Achievement	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCH4. School Attendance	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCH5. Tardiness	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCH6. Class Avoidance	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCH7. School Discipline	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCH8. Learning Disability	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCH9. Bullying Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCH10. Victimization/Exploitation/ Bullied by Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCH11. Passiveness	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 = no evidence 2 = interferes with functioning; action needed	1 = history or suspicion; monitor 3 = disabling, dangerous; intensive or immediate action needed	1	2	3
DN1. Cognitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DN2. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DN3. Sensory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DN4. Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DN5. Self-Care/Daily Living Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DN6. Autism Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DN7. Regulatory Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Strengths		0	1	2	3
0 = Centerpiece strength 2 = Identified strength	1 = Useful strength 3 = No evidence				
SCH12. Clubs/Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCH13. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCH14. Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCH15. Relationships w/ Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCH16. Caregiver Involvement in School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 = no evidence 2 = interferes with functioning; action needed	1 = history or suspicion; monitor 3 = disabling, dangerous; intensive or immediate action needed	0	1	2	3
DNG1. Hostility		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DNG2. Paranoid Thinking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DNG3. Secondary Gains from Anger		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DNG4. Violent Thinking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resiliency Factors					
DNG5. Aware of Violence Potential		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DNG6. Response to Consequences		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DNG7. Commitment to Self-Control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 = no evidence 2 = interferes with functioning; action needed	1 = history or suspicion; monitor 3 = disabling, dangerous; intensive or immediate action needed	0	1	2	3
RUN1. Frequency of Running		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RUN2. Consistency of Destination		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RUN3. Safety of Destination		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RUN4. Involvement in Illegal Acts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RUN5. Likelihood of Return on Own		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RUN6. Involvement of Others		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RUN7. Realistic Expectations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RUN8. Planning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 = no evidence 2 = interferes with functioning; action needed	1 = history or suspicion; monitor 3 = disabling, dangerous; intensive or immediate action needed	0	1	2	3
SAB1. Relationship		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAB2. Physical Force/Threat		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAB3. Planning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAB4. Age Differential		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAB5. Type of Sex Act		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAB6. Power Differential		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAB7. Response to Accusation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAB8. Temporal Consistency		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAB9. History of Sexual Abusive Beh.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAB10. Severity of Sexual Abuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAB11. Prior Treatment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 = no evidence 2 = interferes with functioning; action needed	1 = history or suspicion; monitor 3 = disabling, dangerous; intensive or immediate action needed	0	1	2	3
JJ1. Seriousness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JJ2. History		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JJ3. Arrests		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JJ4. Planning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JJ5. Community Safety		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JJ6. Legal Compliance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JJ7. Peer Influences		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JJ8. Environmental Influences		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 = no evidence 2 = interferes with functioning; action needed	1 = history or suspicion; monitor 3 = disabling, dangerous; intensive or immediate action needed	0	1	2	3
PSB1. Hypersexuality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSB2. High Risk Sexual Behavior		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSB3. Masturbation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSB4. Sexually Reactive Behavior		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>