Nevada —
Child and Adolescent
Needs and Strengths

NV-CANS 2.0

Ages 0-21

2018
REFERENCE
GUIDE

ACKNOWLEDGEMENTS

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INTRODUCTION

THE CANS

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

SIX KEY PRINCIPLES OF THE CANS

1. **Items were selected because they are each relevant to service/treatment planning**. An item exists because it might lead you down a different pathway in terms of planning actions.

2. **Each item uses a 4-level rating system.** Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.

3. **Rating should describe the youth, not the youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an "actionable" need (i.e. '2' or '3').

4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth's developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child or a youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the youth's developmental age.

5. **The ratings are generally "agnostic as to etiology."** In other words, this is a descriptive tool; it is about the "what" not the "why." Only two items, Adjustment to Trauma and Intentional Misbehavior, have any cause-effect judgments.

6. **A 30-day window is used for ratings in order to make sure assessments stay "fresh" and relevant to the child/youth's present circumstances.** However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE CANS

The CANS is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The CANS gathers information on a child/youth's and parents'/caregivers' needs and strengths. Strengths are the child/youth's assets: areas of life where they are doing well or have an interest or ability. Needs are areas where a child/youth requires help or serious intervention. Care providers use an assessment process to get to know the child or youth and families with whom they work and to understand their strengths and needs. The CANS helps care providers decide which of a child/youth's needs are the most important to address in treatment or service planning. The CANS also helps identify strengths, which can be the basis of a treatment plan. By working with the child/youth and family during the assessment process and talking together about the CANS, care providers can develop a treatment or service plan that addresses a child/youth's strengths and needs while building strong engagement.

The CANS is made up of domains that focus on various areas in a child/youth's life, and each domain is made up of a group of specific items. There are domains that address how the child/youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There

is also a section that asks about the family's beliefs, preferences, and about general family concerns. The provider, in collaboration with the child/youth and family, gives a number rating to each of these items. These ratings help the provider, child/youth and family understand where intensive or immediate action is most needed, and also where a child/youth has assets that could be a major part of the treatment or service plan.

The CANS ratings, however, do not tell the whole story of a child/youth's strengths and needs. Each section in the NV-CANS is merely the output of a comprehensive assessment process and is documented alongside narratives, developed by the care provider, child/youth and family that can provide more information about the child/youth.

HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons & Tracy, 1998). The strength of this measurement approach has been that it has face validity and is easy to use, while providing comprehensive information regarding clinical status.

The CANS assessment builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the child/youth and the parent/caregiver, looking primarily at the 30-day period prior to completion of the CANS. It is a tool developed with the primary objective of supporting decision making at all levels of care: children, youth and families, programs and agencies, child serving systems. It provides structured communication and critical thinking about the child/youth and their context. The CANS is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual's progress. It can also be used as a communication tool that provides a common language for all child-serving entities to discuss the child/youth's needs and strengths. A review of the case record in light of the CANS assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

Annual training and certification is required for providers who administer the CANS and their supervisors. Additional training is available for CANS super users as experts of CANS assessment administration, scoring, and use in the development of service or recovery plans.

MEASUREMENT PROPERTIES

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children/youth and families. A number of individuals from different backgrounds have been trained and certified to use the CANS assessment reliably including health and mental health providers, child welfare case workers, probation officers, and family advocates. With approved training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications or more complex versions of the CANS require a higher educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level (Anderson et al., 2001). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use.   In most jurisdictions, re-certification is annual.   A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings.*

Validity

Studies have demonstrated the CANS' validity, or its ability to measure children/youth and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons,

2004). The CANS assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et al., 2015; Lardner, 2015).

RATING NEEDS & STRENGTHS

The CANS is easy to learn and is well liked by children, youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require complex scoring or calculations in order to be meaningful to the youth and family.

- ✦ Basic core items – grouped by domain - are rated for all individuals.
- ✦ A rating of '1', '2' or '3' on key core questions triggers extension modules.
- ✦ Individual assessment modules provide additional questions for information in a specific area.

Each CANS rating suggests different pathways for service planning. For the majority of items, there are four levels of rating with specific anchored definitions. These item level descriptions are designed to translate into the following action levels (separate for needs and strengths):

Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength present	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'N/A' rating is available, it should be used only in the rare instances where an item does not apply to that particular youth or child.

For some items (i.e., Potentially Traumatic/Adverse Childhood Experiences), rating options are No/Yes. There is a rating guide provided that describes 'No' and 'Yes' ratings, and each item also has more detailed anchor descriptions for those levels.

To complete the NV-CANS, a CANS-trained and certified care coordinator, case worker, clinician, or other care provider should read the anchor descriptions for each item and then record the appropriate rating on the NV-CANS form (or electronic record).

Remember that the item anchor descriptions are examples of circumstances which fit each rating ('0', '1','2', or '3'). The descriptions, however, are not inclusive. The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

Ratings of '1', '2, or '3' on key core items trigger additional questions in the individualized assessment modules: Substance Use, Sexual Identity, Developmental Disabilities, Dangerousness, Sexually Aggressive Behaviors, Problematic Sexual Behavior, Runaway, and Juvenile Justice.

There are also two age-related domains. The Early Childhood Domain is to be completed for all children aged 0-6. The Transition to Adulthood Domain is to be completed for all youth aged 14+ or younger youth with transition-relevant issues.

The CANS is an information integration tool, intended to include multiple sources of information (e.g., child/youth and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the CANS supports the belief that children, youth and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with children/youth and their families to discover individual and family functioning and strengths. Failure to demonstrate a child/youth's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on a child/youth's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and the child/youth in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the CANS and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children/youth and families.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of '2' or '3' on a CANS need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities. It is important to remember that when developing service and treatment plans for healthy child/youth trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop child/youth capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the CANS can be used to monitor outcomes. This can be accomplished in two ways. First, CANS items that are initially rated a '2' or '3' are monitored over time to determine the percent of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (Behavioral/Emotional Needs, Risk Behaviors, Life Functioning, etc.). These scores can be compared over the course of treatment. CANS dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The CANS is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the CANS and share experiences, additional items, and supplementary tools.

HOW IS THE CANS USED?

The CANS is used in many ways to transform the lives of children, youth and their families and to improve the programs and systems that serve them. This guide will help you to also use the CANS as a multi-purpose tool.

IT IS AN ASSESSMENT STRATEGY

When initially meeting children/youth and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "Questions to Consider" which may be useful in when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many care providers have found this useful to use during initial sessions either in person or over the phone (if there are

follow up sessions required) to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an item on the CANS is rated a '2' or '3' ('action needed' or 'immediate action needed') it indicates not only that it is a serious need for our child/youth, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any Needs, Impacts on Functioning, or Risk factors that you rate as a '2' or higher in that document.

IT FACILITATES OUTCOMES MEASUREMENT

The CANS is often completed every 6 months to measure change and transformation. We work with children, youth and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

IT IS A COMMUNICATION TOOL

The CANS allows for a shared language to talk with and about our children/youth and their families, creating opportunities for collaboration. Additionally, when a child/youth leaves a treatment program, completing a closing CANS helps in describing progress, measuring ongoing needs, and supporting continuity of care decisions by linking recommendations for future care to current needs.

It is our hope that this guide will help you to make the most out of the NV-CANS and guide you in filling it out in an accurate way that helps you make good clinical decisions.

CANS: A STRATEGY FOR CHANGE

The CANS is an excellent strategy in addressing children/youth's behavioral health care. As it is meant to be an outcome of an assessment, it can be used to organize and integrate the information gathered from clinical interviews, records reviews, and information from screening tools and other measures.

It is a good idea to know the CANS and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the child/youth and family. This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The CANS domains can be a good way to think about capturing information. You can start your assessment with any of the sections— Life Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, "We can start by talking about what you feel that you and your child/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

Some people may "take off" on a topic. Being familiar the CANS items can help in having more natural conversations. So, if the family is talking about situations around the youth's anger control and then shift into something like---"you know, he only gets angry when he is in Mr. S's classroom," you can follow that and ask some questions about situational anger, and then explore other school related issues.

MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the CANS and how it will be used. The description of the CANS should include teaching the child/youth and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. As a best practice, share with the child/youth and family the CANS domains and items (see the CANS Core Item list beginning on page 13) and encourage the family to look over the items prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting

or a process. A copy of the completed CANS ratings should be reviewed with each family and they should be encouraged to discuss with you any changes to the ratings, and any items that they feel needs more or less emphasis.

LISTENING USING THE CANS

Listening is the most important skill that you bring to working with the CANS. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

✦ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief "yes", "and"—things that encourage people to continue

✦ **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking "if I were this person, I would do X" or "that's just like my situation, and I did "X." But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It's not really about you.

✦ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child/youth that you are with him/her.

✦ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "does that make sense to you"? Or "do you need me to explain that in another way?"

✦ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "Ok, it sounds like . . . is that right? Would you say that is something that you feel needs to be watched, or is help needed?"

REDIRECT THE CONVERSATION TO PARENTS/CAREGIVERS' OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people's observations such as "well, my mother thinks that his behavior is really obnoxious." It is important to redirect people to talk about their observations: "so your mother feels that when he does X, that is obnoxious. What do YOU think?" The CANS is a tool to organize all points of observation, but the parent or caregiver's perspective can be the most critical. Once you have their perspective, you can then work on organizing and coalescing the other points of view.

ACKNOWLEDGE FEELINGS

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as "I hear you saying that it can be difficult when ..." demonstrates empathy.

WRAPPING IT UP

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their young person, and if there is anything that they would like to add. This is a good time to see if there is anything "left over"—feelings or thoughts that they would like to share with you.

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a "total picture" of the individual and family, and offer them the opportunity to change any ratings.

Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

So you might close with a statement such as: "OK, now the next step is a 'brainstorm' where we take this information that we've organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So let's start . . ."

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CANS BASIC STRUCTURE

The Nevada Child and Adolescent Needs and Strengths 2.0 expands depending upon the needs of child/youth and the family. Basic core items are rated for all children/youth and parents or caregivers. Individualized Assessment Modules are triggered by key core items (noted in *italics and bold* below). A few additional questions are required for the decision models to function.

CORE ITEMS

Potentially Traumatic/Adverse Childhood Experiences (All Ages)
1. Sexual Abuse
2. Physical Abuse
3. Emotional Abuse
4. Neglect
5. Medical Trauma
6. Witness to Family Violence
7. Exposure to Violence (Non-Family)
8. *Trafficked*
9. War/Terrorism Affected
10. Victim/Witness to Criminal Activity
11. Parental Criminal Behavior
12. Disrupt. in Caregiving/Att. Losses
13. System-Induced Trauma
14. Natural/or Manmade Disaster

Behavioral/Emotional Needs
15. Psychosis (Thought Disorder)
16. Depression
17. Anxiety
18. Oppositional
19. Conduct
20. Attention
21. Impulsivity/Hyperactivity
22. Anger Control
23. *Substance Use*
24. Eating Disturbances
25. Behavioral Regression
26. Somatization
27. Attachment Difficulties
28. Adjustment to Trauma
29. Emotional and/or Physical Regulation

Life Functioning Domain
30. Family Functioning
31. Living Situation
32. Social Functioning
33. *Developmental/Intellectual*
34. Recreational
35. Medical/Physical
36. Sleep
37. *Sexual Development*
38. Activities of Daily Living
39. *School*
40. Decision-Making

Strengths Domain
41. Family Strengths
42. Interpersonal
43. Educational Setting
44. Optimism
45. Talents and Interests
46. Spiritual/Religious
47. Youth Involvement with Care
48. Natural Supports
49. Peer Influences
50. Vocational
51. Resilience
52. Community Life
53. Cultural Identity

Cultural Factors Domain
54. Language
55. Traditions and Rituals
56. Family Cultural Stress
57. Cultural Stress

Risk Behaviors Domain
58. Suicide Risk
59. Non-Suicidal Self-Injurious Behavior
60. Other Self-Harm (Recklessness)
61. *Danger to Others*
62. *Sexual Aggression*
63. *Problematic Sexual Behavior*
64. *Runaway*
65. *Delinquent Behavior*
66. Intentional Misbehavior
67. Bullying Others
68. *Victimization/Exploitation*

Caregiver Resources & Needs Domain
69. Medical/Physical
70. Mental Health/Post-traumatic
71. Substance Use
72. Developmental
73. Supervision
74. Involvement with Care
75. Organization
76. Knowledge (Understanding of Child's Needs)
77. Social Resources
78. Residential Stability
79. Family Stress
80. Access to Public Resources
81. Transportation
82. Community Safety
83. Marital/Partner Violence in the Home
84. Safety

AGE-SPECIFIC DOMAINS

Transition to Adulthood Domain (Age 14+)   The core items, including the Potentially Traumatic/Adverse Childhood Experiences (above) must be completed for this age group.

TA1. Independent Living Skills
TA2. Youth Transportation
TA3. Parental/Caregiving Role
TA4. Intimate Relationships
TA5. Medication Compliance
TA6. Youth Educational Attainment

TA7. Job Functioning
TA8. Transition to Adult Services Systems
TA9. Accessibility to Child Care Resources and/or Respite
TA10. Financial Resources
TA11. Youth Residential Stability

Early Childhood Domain   This section is completed for all children from birth thru 5 years-old. The Potentially Traumatic/Adverse Childhood Experiences (items #1 – 14 above) must also be completed for this age group.

Challenges
EC1. Impulsivity/Hyperactivity
EC2. Depression
EC3. Anxiety
EC4. Oppositional
EC5. Attachment Difficulties
EC6. Adjustment to Trauma
EC7. Regulatory
EC8. Atypical Behaviors
EC9. Sleep
Functioning
EC10. Family Functioning
EC11. Early Education
EC12. Social and Emotional Funct.
EC13. Developmental/Intellectual
EC14. Medical/Physical
Risk Behaviors & Factors
EC15. Self-Harm
EC16. Exploited

Risk Behaviors & Factors
EC17. Prenatal Care
EC18. Exposure
EC19. Labor and Delivery
EC20. Birth Weight
EC21. Failure to Thrive
Cultural Factors - Family
EC22. Language
EC23. Traditions and Rituals
EC24. Cultural Stress
Strengths
EC25. Family Strengths
EC26. Interpersonal
EC27. Natural Supports
EC28. Resiliency (Persist. & Adaptab.)
EC29. Relationship Permanence
EC30. Playfulness
EC31. Family Spiritual/Religious

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EC33. Caregiver Adj to Trauma Exp.
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EC34. Supervision
EC35. Involvement with Care
EC36. Knowledge
EC37. Social Resources
EC38. Residential Stability
EC39. Medical/Physical
EC40. Mental Health
EC41. Substance Use
EC42. Developmental
EC43. Safety
EC44. Family Rel. to the System
EC45. Legal Involvement
EC46. Organization

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES (All Ages)

All of the traumatic/adverse childhood experiences items are static indicators. In other words, these items indicate whether or not a child/youth has experienced a particular trauma. If they have ever had one of these experiences it would always be rated in this section, even if the experience was not currently causing problems or distress in the child/youth's life. Thus, these items are not expected to change except in the case that the child/youth has a new trauma experience or a historical trauma is identified that was not previously known.

Rate these items within the child/youth's lifetime.

For the **Potentially Traumatic/Adverse Childhood Experiences**, use the following categories and action levels:

No   No evidence of any trauma of this type.

Yes   Youth has had at least one incident, or multiple incidents, or chronic, on-going experience of this type of trauma.

1.   SEXUAL ABUSE
This item describes whether or not the child/youth has experienced sexual abuse.

Questions to Consider	Ratings and Descriptions
✦ Has the caregiver or child/youth disclosed sexual abuse? ✦ How often did the abuse occur? ✦ Did the abuse result in physical injury?	**No** There is no evidence that the child/youth has experienced sexual abuse. **Yes** Child/youth has experienced sexual abuse – single or multiple episodes, or chronic over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or associated physical injury. Children/youth who have experiences with secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) would also be rated here.

2.   PHYSICAL ABUSE
This item describes whether or not the child/youth has experienced physical abuse.

Questions to Consider	Ratings and Descriptions
✦ Is physical discipline used in the home? What forms? ✦ Has the child/youth ever received bruises, marks, or injury from physical discipline?	**No** There is no evidence that the child/youth has experienced physical abuse. **Yes** Child/youth has experienced physical abuse – mild to severe, or repeated physical abuse with intent to do harm and that causes sufficient physical harm to necessitate hospital treatment.

3. EMOTIONAL ABUSE

This item rates whether the child/youth has experienced verbal and nonverbal emotional abuse, including belittling, shaming, and humiliating a youth, calling names, making negative comparisons to others, or telling a child/youth that he or she is "no good." This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child/youth and "emotional neglect," described as the denial of emotional attention and/or support from caregivers.

Questions to Consider	Ratings and Descriptions	
✦ How does the caregiver talk to/interact with the child/youth? ✦ Is there name calling or shaming in the home?	No	There is no evidence that child/youth has experienced emotional abuse.
	Yes	Child/youth has experienced emotional abuse (mild to severe, for any length of time) including: insults or occasionally being referred to in a derogatory manner by caregivers, being denied emotional attention or completely ignored, or threatened/terrorized by others.

4. NEGLECT

This item describes whether or not the child/youth has experienced neglect. Neglect can refer to a lack of food, shelter or supervision (physical neglect), lack of access to needed medical care (medical neglect), or failure to receive academic instruction (educational neglect).

Questions to Consider	Ratings and Descriptions	
✦ Is the child/youth receiving adequate supervision? ✦ Are the child/youth's basic needs for food and shelter being met? ✦ Is the child/youth allowed access to necessary medical care by caregivers? ✦ Do the caregivers prevent the child/youth from accessing education?	No	There is no evidence that the child/youth has experienced neglect.
	Yes	Child/youth has experienced neglect. This includes occasional neglect (e.g., child/youth left home alone for a short period of time when developmentally inappropriate and with no adult supervision, or occasional failure to provide adequate supervision of the child/youth); multiple and/or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing) on a regular basis.

5. MEDICAL TRAUMA

This item describes whether or not the child/youth has experienced medically-related trauma, resulting from, for example, inpatient hospitalizations, outpatient procedures, and significant injuries.

Questions to Consider	Ratings and Descriptions	
✦ Has the child/youth had any broken bones, stitches or other medical procedures? ✦ Has the child/youth had to go to the emergency room, or stay overnight in the hospital?	No	There is no evidence that the child/youth has experienced any medical trauma.
	Yes	Child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs; associated distress such as minor surgery, stitches or bone setting; acute injuries and moderately invasive medical procedures such as major surgery that required only short term hospitalization; events that may have been life threatening and may have resulted in chronic health problems that alter the child/youth's physical functioning.

Supplemental Information: This item takes into account the impact of the event on the child/youth. It describes experiences in which the child/youth is subjected to medical procedures that are experienced as upsetting and overwhelming. A child/youth born with physical deformities who is subjected to multiple surgeries could be included. A child/youth who must experience chemotherapy or radiation could also be included. Youth who experience an accident and require immediate medical intervention that results in on-going physical limitations or deformities (e.g. burn victims) could be included here. Common medical procedures, which are generally not welcome or pleasant but are also not emotionally or psychologically overwhelming for child (i.e., shots, pills), would generally not be rated here.

6.   WITNESS TO FAMILY VIOLENCE
This item describes exposure to violence within the child/youth's home or family.

	Ratings and Descriptions
Questions to Consider ◆ Is there frequent fighting in the child/youth's family? ◆ Does the fighting ever become physical?	**No** — There is no evidence that child/youth has witnessed family violence. **Yes** — Child/youth has witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) and episodes in which significant injuries have occurred as a direct result of the violence.

7.   EXPOSURE TO VIOLENCE (NON-FAMILY)
This item describes exposure to violence outside the home or family.

	Ratings and Descriptions
Questions to Consider ◆ Does the child/youth live in a neighborhood with frequent violence? ◆ Has the child/youth been exposed to violence at their school setting?	**No** — No evidence that the child/youth has witnessed violence outside the home (e.g., community or school setting). **Yes** — Child/youth has witnessed or experienced violence in the community or their school, such as: fighting; severe and repeated instances of violence and/or the death of another person in their community/school as a result of violence; is the direct victim of violence/criminal activity in the community/school that was life threatening; or has experienced chronic/ongoing impact as a result of community/school violence (e.g., family member injured and no longer able to work).

8.   TRAFFICKED*
This item rates the child/youth's experience of human trafficking – the movement of children for the purposes of forced labor or sexual exploitation. Sexual abuse of children without movement would be rated under the Victimization/Exploitation item.

	Ratings and Descriptions
Questions to Consider ◆ Has the child/youth ever been moved for the purpose of being exploited? ◆ Has the child/youth even been used for illicit activities such as pornography, trafficking drugs, etc.?	**No** — There is no evidence that child/youth has experienced human trafficking. **Yes** — Child/youth has experienced human trafficking, including: being moved within a country, or across borders, whether by force or not, with the purpose of exploiting the child/youth. Exploitation could include forced labor (including the use of children for armed conflict), the sexual exploitation of a child/youth for pornography or pornographic performances, offering a child/youth for illicit activities such as the production or trafficking of drugs, etc. These activities, by their nature or the circumstances in which they are carried out, are likely to harm the health or safety of the child/youth.

*A rating of 1, 2 or 3 on this item triggers the completion of the Commercially Sexually Exploited Module.

9.   WAR/TERRORISM AFFECTED

This item describes the child/youth's exposure to war, political violence, torture or terrorism.

Questions to Consider
- ✦ Has the child/youth or their family lived in a war-torn region?
- ✦ How close was child/youth to war or political violence, torture or terrorism?
- ✦ Was the family displaced?

Ratings and Descriptions

No	There is no evidence that the child/youth has been exposed to war, political violence, torture or terrorism.
Yes	Child/youth has experienced or been affected by war, terrorism or political violence. Examples include: Family members directly related to the child/youth may have been exposed to war, political violence, or torture resulting in displacement, injury or disability, or death; parents may have been psychically or psychologically disabled from the war and are unable to adequately care for the child/youth; child/youth may have spent an extended amount of time in a refugee camp, or feared for their own life during war or terrorism due to bombings or shelling very near to them; child/youth may have been directly injured, tortured, kidnapped or injured in a terrorist attack; child/youth may have served as a soldier, guerrilla, or other combatant in their home country. Child/youth who did not live in war or terrorism-affected region or refugee camp, but family was affected by war, would be rated here.

Supplemental Information: Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological." Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).

10.   VICTIM/WITNESS TO CRIMINAL ACTIVITY

This item describes the child/youth's exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault, or battery.

Questions to Consider
- ✦ Has the child/youth or someone in their family ever been the victim of a crime?
- ✦ Has the child/youth seen criminal activity in their community or home?

Ratings and Descriptions

No	There is no evidence that the child/youth has been victim or a witness to criminal activity.
Yes	Child/youth has been victimized or has witnessed criminal activity. This includes a single instance, multiple instances, or chronic and severe instances of criminal activity that was life threatening or caused significant physical harm, or child/youth has witnessed the death of a family friend, loved one.

Supplemental Information: Any behavior that could result in incarceration is considered criminal activity. So, a child/youth who has been sexually abused or witnesses a sibling being sexually abused or physically abused to the extent that assault charges could be filed would be rated here, in addition to being rated on the appropriate abuse-specific items on the CANS. A child/youth who has witnessed drug dealing, prostitution, assault or battery would also be rated on this item.

11.   PARENTAL CRIMINAL BEHAVIOR

This item describes the criminal behavior of biological and stepparents, and other legal guardians, but not foster parents.

Questions to Consider
- ✦ Has the child/youth's parents/ guardian or family been involved in criminal activities or even been in jail?

Ratings and Descriptions

No	There is no evidence that child/youth's parents have ever engaged in criminal behavior.
Yes	One or both of the child/youth's parents/guardians have history of criminal behavior that resulted in a conviction or incarceration.

12. DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This item rates the youth's exposure to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses, potentially resulting in disruptions in attachment.

Questions to Consider
- Has the youth ever lived apart from his/her parents/caregivers?
- What happened that resulting in the youth living apart from his/her parents/caregivers?

Ratings and Descriptions

No	There is no evidence that the youth has experienced disruptions in caregiving and/or attachment losses.
Yes	Youth has been exposed to at least one disruption in caregiving familiar alternative caregivers or unknown caregivers (this includes placement in foster or other out-of-home care such as residential care facilities). Youth may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may have been temporary or permanent.

Supplemental Information: Youth 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 youth's caregiver remains the same, would not be rated on this item.

13. SYSTEM-INDUCED TRAUMA

This item describes the child/youth's experiences of trauma related to involvement in the public child, youth, and family serving systems, including child welfare, mental and physical health, and legal systems. These experiences include, but are not limited to, removal from the home, out-of-home placement and/or multiple placements and relationship disruption, multiple school placements, and disruption of familial and community relationships. Loss related to system involvement should be captured here. Some of these losses may be concrete, such as people, medical records, prescriptions, familiar toys/clothes/surroundings and housing. Abstract losses to be considered include interrupted development, exposure to legal processes (including testifying against perpetrator), cultural connectedness, and witnessing of parental humiliation by a person in authority.

Direct system-induced trauma would include any experience of neglect and/or abuse by system supervised caregivers or others at the placement (e.g., abuse by other children in placement setting), repeated, insensitive, or humiliating interviews or evaluations, separation from siblings in placement, and/or no contact with significant extended family members and/or community relationships.

Questions to Consider
- Has the child/youth had any involvement with child welfare, mental and physical health, and legal systems?
- Has the child/youth exited and reentered the system repeatedly?

Ratings and Descriptions

No	No evidence that the child/youth has had any involvement in public child, youth and family serving systems.
Yes	Child/youth has had involvement or there is suspicion of involvement in the public child, youth and family serving systems. This includes minor to repeated and/or a significant degree of involvement.

14. NATURAL OR MANMADE DISASTER

This item describes the child/youth's exposure to either natural or manmade disasters.

Questions to Consider
- Has the child/youth been present during a natural or manmade disaster?
- Does the child/youth watch television shows containing these themes or overhear adults talking about these kinds of disasters?

Ratings and Descriptions

No	There is no evidence that the child/youth has experienced or been exposed to natural or manmade disasters.
Yes	Child/youth has experienced or been exposed to or witnessed natural or manmade disasters either directly or second-hand (i.e. on television, hearing others discuss disasters). This includes disasters such as a fire or earthquake or manmade disaster; car accident, plane crashes, or bombings; observing a caregiver who has been injured in a car accident or fire or watching a neighbor's house burn down; 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. caregiver loses job).

BEHAVIORAL/EMOTIONAL NEEDS

The ratings in this section identify the behavioral health needs of the child/youth. While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In the DSM, a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This is consistent with the ratings of '2' or '3' as described by the action levels below.

Please Note: Information on DSM-5 diagnoses is provided for informational and descriptive purposes only. The CANS is not intended to be used for diagnostic purposes, and a youth does noted to have a specific diagnosis or meet diagnostic criteria in order to be rated actionable (a '2' or '3' on an item).

Question to Consider for this Domain: What are the presenting social, emotional, and behavioral needs of the child/youth?

Rate the highest level from the past 30 days based on relevant information from all sources.

For the **Behavioral/Emotional Needs Domain**, use the following categories and action levels:

0   No current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

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15. PSYCHOSIS (THOUGHT DISORDER)

This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders. The common symptoms of these disorders include hallucinations (i.e. experiencing things others do not experience), delusions (i.e. a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), disorganized thinking, and bizarre/idiosyncratic behavior.

Questions to Consider
- Does the child/youth exhibit behaviors that are unusual or difficult to understand?
- Does the child/youth engage in certain actions repeatedly?
- Are the unusual behaviors or repeated actions interfering with the child/youth's functioning?

Ratings and Descriptions

0   No current need; no need for action or intervention.
No evidence of psychotic symptoms. Both thought processes and content are within normal range.

1   Identified need requires monitoring, watchful waiting, or preventive activities.
Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age inappropriate). This also includes a child/youth with a history of hallucinations but none currently. Use this category for children/youth who are exhibiting some symptoms for schizophrenia spectrum and other psychotic disorders.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Evidence of disturbance in thought process or content that may be impairing child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of dangerous hallucinations, delusions, or bizarre behavior. Behavior might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm.

PYSCHOSIS (THOUGHT DISORDER) continued

Supplemental information: While a growing body of evidence suggests that schizophrenia can begin as early as age nine, schizophrenia is more likely to begin to develop during the teenage years. Even young children can have psychotic disorders, most often characterized by hallucinations. Posttraumatic Stress Disorder secondary to sexual or physical abuse can be associated with visions of the abuser when children are falling asleep or waking up. These occurrences would not be rated as hallucinations unless they occur during normal waking hours.

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16. DEPRESSION
Symptoms included in this item are irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This item can be used to rate symptoms of the Depressive Disorders as specified in DSM-5.

	Ratings and Descriptions
	0 No current need; no need for action or intervention. No evidence of problems with depression.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to gross avoidance behavior.
Questions to Consider ✦ Is child/youth concerned about possible depression or chronic low mood and irritability? ✦ Has child/youth withdrawn from normal activities? ✦ Does the child/youth seem lonely or not interested in others?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child/youth's ability to function in at least one life domain.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating is given to a child/youth with a severe level of depression. This would include a child/youth 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 rated here. This level is used to indicate an extreme case of one of the disorders from the category listed above.

Supplemental information: Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults. It might be somewhat less common among children, particularly young children. The main difference between depression in children and adolescents and depression in adults is that among children and adolescents it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression. Youth may use illicit drugs or overuse prescription drugs to self-medicate. Ratings on this item can reflect symptoms of DSM-5 Depressive Disorders (Disruptive Mood Dysregulation Disorder, Major Depressive Disorder, Persistent Depressive Disorder (Dysthymia), etc.). Children in the depressive phase of Bipolar Disorder may be rated here.

17. ANXIETY

This item rates evidence of symptoms associated with DSM-5 Anxiety Disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors). Panic attacks can be a prominent type of fear response.

Questions to Consider
- Does the child/youth have any problems with anxiety or fearfulness?
- Is the child/youth avoiding normal activities out of fear?
- Does the child/youth act frightened or afraid?

Ratings and Descriptions

0   No current need; no need for action or intervention.
No evidence of anxiety symptoms.

1   Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history, suspicion, or mild level of 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 DSM-5 Anxiety Disorders.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child/youth's ability to function in at least one life domain.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.

Supplemental information: As noted in the DSM-5, Anxiety Disorders share features of excessive fear (i.e. emotional response to real or perceived imminent threat) and anxiety (i.e. anticipation of future threat) and related behavioral disturbances (e.g., panic attacks, avoidance behaviors, restlessness, being easily fatigued, difficulty concentrating, irritable mood, muscle tension, sleep disturbance, etc.) which cause significant impairment of functioning or distress. Anxiety disorders differ from one another in the types of objects or situations that induce fear, anxiety, or avoidance behavior, and the associated cognitive ideation.

18. OPPOSITIONAL (Non-compliance with Authority)

This item rates the child/youth's relationship with authority figures. Generally, oppositional behavior is displayed in response to conditions set by a parent, teacher, or other authority figure with responsibility for and control over the child/youth.

Questions to Consider
- Does the child/youth follow their parents' rules?
- Have teachers or other adults reported that the child/youth does not follow rules or directions?
- Does the child/youth argue with adults when they try to get the child/youth to do something?
- Does the child/youth do things that they have been expressly told not to do?

Ratings and Descriptions

0   No current need; no need for action or intervention.
No evidence of oppositional behaviors.

1   Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history or mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child/youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child/youth's functioning in at least one life domain. Behavior causes emotional harm to others. A child/youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child/youth has severe problems with compliance with rules or adult instructions. A child/youth rated at this level would be a severe case of Oppositional Defiant Disorder. Child/youth repeatedly ignores authority.

Supplemental Information: 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.

19. CONDUCT
This item rates the degree to which a youth engages in behavior that is consistent with the symptoms of a Conduct Disorder.

Ratings and Descriptions

Questions to Consider
- Is the youth seen as dishonest? How does the youth handle telling the truth/lies?
- Has the youth been part of any criminal behavior?
- Has the youth ever shown violent or threatening behavior towards others?
- Has the youth ever tortured animals?
- Does the youth disregard or is unconcerned about the feelings of others (lack empathy)?

0	No current need; no need for action or intervention. No evidence of serious violations of others or laws.
1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A youth rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Evidence of a severe level of conduct problems, as described above, that places the youth or community at significant risk of physical harm due to these behaviors. This rating indicates a youth with a severe conduct disorder. This could include frequent episodes of unprovoked, planned aggressive or other anti-social behavior.

Supplemental Information: These symptoms include antisocial behaviors like theft/shoplifting, pathological lying, deceitfulness, vandalism, cruelty to animals, assault and/or serious violations of rules. This dimension includes the symptoms of Conduct Disorder as specified in DSM-5. Estimates of the prevalence of conduct disorders range from 2% to 10%. Prevalence rates rise from childhood to adolescence and are higher among males than females. The course of conduct disorder is variable, with a majority of cases remitting in adulthood. Early-onset type, however, predicts a worse prognosis and an increased risk of criminal behavior and substance-related disorders in adulthood.

20. ATTENTION
Problems with attention and staying on task would be rated here.

Ratings and Descriptions

Questions to Consider
- Can the youth stay on task?
- Is the youth's inability to stay on task interfering with school?

0	No current need; no need for action or intervention. This rating is used to indicate a youth that is able to pay attention and stay on task at a level consistent with age and developmental level.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This rating is used to indicate a youth with evidence of problems with attention. The youth may occasionally have difficulty staying on task for an age appropriate time period.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. This rating is used to indicate a youth with evidence of problems with attention that impact their functioning. The youth frequently has difficulty staying on task for an age appropriate time period.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. This rating is used to indicate a youth with evidence of major problems with attention. The youth is unable to stay on task for an age appropriate time period.

21. IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit/Hyperactivity Disorder (ADHD) and Impulse-Control Disorders as indicated in the DSM-5. Children/youth with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), sexual behavior, fire-starting or stealing.

Questions to Consider
- Is the child/youth unable to sit still for any length of time?
- Does child/youth have trouble paying attention for more than a few minutes?
- Is the child/youth able to control themselves (behavior, talking)?

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence of symptoms of loss of control of behavior.
1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or evidence of impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. The child/youth may exhibit limited impulse control, e.g., child/youth may yell out answers to questions or may have difficulty waiting their turn. Some motor difficulties may be present as well, such as pushing or shoving others.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child/youth's functioning in at least one life domain. This indicates a child/youth with moderate levels of impulsive behavior who may represent a significant management problem. A child/youth who often intrudes on others and often exhibits aggressive impulses would be rated here.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that can place the child/youth at risk of physical harm. This indicates a child/youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child/youth may be impulsive on a nearly continuous basis. They endanger self or others without thinking.

Supplemental Information: This item is designed to allow for the description of the child/youth's ability to control their own behavior, including impulsiveness, hyperactivity and/or distractibility. If a child/youth has been diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) and/or disorders of impulse control, these may be rated here. Children/youth with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A '3' on this item is reserved for those whose lack of control of behavior has placed them in physical danger during the period of the rating. Consider the child/youth's environment when rating (e.g., bored kids tend to be impulsive kids).
ADHD is characterized by either frequently displayed symptoms of inattention (e.g., difficulty sustaining attention, not seeming to listen when spoken to directly, losing items, forgetful in daily activities, etc.) or hyperactivity or impulsivity (e.g., fidgety, difficulty playing quietly, talking excessively, difficulty waiting his or her turn, etc.) to a degree that it causes functioning problems.

22. ANGER CONTROL

This item captures the child/youth's ability to identify and manage their anger when frustrated.

	Ratings and Descriptions
	0 No current need; no need for action or intervention. No evidence of any significant anger control problems.
Questions to Consider ✦ How does the child/youth control their emotions? ✦ Does child/youth get upset or frustrated easily? ✦ Does child/youth overreact if someone criticizes or rejects them? ✦ Does the child/youth seem to have dramatic mood swings?	**1** Identified need requires monitoring, watchful waiting, or preventive activities. History, suspicion of, or evidence of some problems with controlling anger. Child/youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Youth's difficulties with controlling his/her anger are impacting functioning in at least one life domain. Their temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth's temper or anger control problem is dangerous. They frequently get into fights that are often physical. Others likely fear them.

23. SUBSTANCE USE*

This item describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by a youth. This rating is consistent with DSM-5 Substance-Related and Addictive Disorders.

	Ratings and Descriptions
	0 No current need; no need for action or intervention. Youth has no notable substance use history or difficulties at the present time.
Questions to Consider ✦ Has the youth used alcohol or drugs on more than an experimental basis? ✦ Do you suspect that the youth may have an alcohol or drug use problem? ✦ Has the youth been in a recovery program for the use of alcohol or illegal drugs?	**1** Identified need requires monitoring, watchful waiting, or preventive activities. Youth has substance use problems that might occasionally interfere with their daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). This rating is also used to reflect a significant history of substance use problems without evidence of current problems related to use.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Youth has a substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the youth. Immediate and/or intensive interventions are indicated.

*A rating of 1, 2 or 3 on this item triggers the completion of the Substance Use Module.

Supplemental Information: As noted in the DSM-5, the essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems including impaired control, social impairment, risky use, and physiological symptoms.

24. EATING DISTURBANCE

This item rates problems with eating, including disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating, and hoarding food.

Ratings and Descriptions

Questions to Consider
- How does the youth feel about their body?
- Does youth seem to be overly concerned about their weight?

0	No current need; no need for action or intervention. No evidence of eating disturbances.
1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history, suspicion or 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	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Eating disturbance impairs youth's functioning in at least one life domain. 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). The youth may meet criteria for a DSM-5 Feeding and Eating Disorders (including Anorexia Nervosa, Bulimia Nervosa, Avoidant/Restrictive Food Intake Disorder, etc.). Food hoarding also would be rated here.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Youth's eating disturbance is dangerous or puts their health at risk. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

Supplemental Information: Anorexia Nervosa is characterized by: refusal to maintain a body weight that is at or above the minimum normal weight for age and height, intense fear of gaining weight or becoming fat, denying the seriousness of having a low body weight, or having a distorted image of your appearance or shape. Repeated bingeing and getting rid of the extra calories from bingeing by vomiting, excessive exercise, fasting, or misuse of laxatives, diuretics, enemas or other medications characterize Bulimia Nervosa.

25. BEHAVIORAL REGRESSION

This item describes shifts in previously adaptive functioning evidenced in regressions in behaviors or physiological functioning.

Ratings and Descriptions

Questions to Consider
- Is the child/youth displaying behaviors that were more typical of when they were younger?
- Is the behavior pathological or in line with environmental changes?

0	No current need; no need for action or intervention. No evidence of behavioral regression.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth with some regressions in age-level of behavior (e.g., thumb sucking, whining when age-inappropriate).
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth with regressions in age-level of behavior that impact functioning, including: loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth with more significant regressions in behaviors in an earlier age that place them at risk as demonstrated by changes in speech or loss of bowel or bladder control.

26. SOMATIZATION

Symptoms in this item include the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudoseizures).

Questions to Consider
- Has the child/youth had a complete physical exam?
- Does the child/youth have consistent medical care?
- What needs of the child/youth have been previously identified?
- Is the physical complaint a function of development or communication?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of unexplained somatic symptoms.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Some somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Somatic problems that are impairing the child/youth's functioning in one life domain, 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/youth may meet criteria for a somatoform disorder. Additionally, the child/youth could manifest any conversion symptoms here (e.g., pseudo-seizures, paralysis).

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth with somatic symptoms (significant and varied symptomatic disturbance without medical cause) causing significant disturbance in school or social functioning.

27. ATTACHMENT DIFFICULTIES

This item should be rated within the context of the child/youth's significant parental or caregiver relationships.

Questions to Consider
- Does the child/youth struggle with separating from caregiver?
- Does the child/youth approach or attach to strangers in indiscriminate ways?
- Does the child/youth have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance?
- Does the child/youth have separation anxiety issues that interfere with their ability to engage in childcare or preschool?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of attachment problems. Caregiver-youth relationship is characterized by mutual satisfaction of needs and child/youth's development of a sense of security and trust. Caregiver is able to respond to child/youth cues in a consistent, appropriate manner, and child/youth seeks age-appropriate contact with caregiver for both nurturing and safety needs.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Some history or evidence of insecurity in the caregiver-youth relationship. Caregiver may have difficulty accurately reading child/youth's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child/youth may have some 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/youth may have minor difficulties with appropriate physical/emotional boundaries with others.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Problems with attachment that interfere with child/youth's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret child/youth cues, act in an overly intrusive way, or ignore/avoid youth bids for attention/nurturance. Child/youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR child/youth presents with diffuse emotional/physical boundaries leading to indiscriminate

| | 3 | attachment with others. Child/youth is considered at ongoing risk due to the nature of their attachment behaviors. Child/youth may have experienced chronic, inadequate care or significant early separation from or loss of caregiver, or may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships. |

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28. ADJUSTMENT TO TRAUMA

This item describes the youth's reaction to any of a variety of traumatic experiences—such as emotional, physical, or sexual abuse, disasters, neglect, separation from family members, witnessing violence in their home or community, or victimization or murder of family members or close friends.

Questions to Consider	Ratings and Descriptions
✦ What was the youth's trauma? ✦ How is it connected to the current issue(s)? ✦ What are the individual's coping skills? ✦ Who is supporting the youth?	**0** No current need; no need for action or intervention. No evidence that youth has experienced a traumatic life event, or youth has adjusted well to traumatic/adverse experiences.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. The youth has experienced a traumatic event and there are some changes in their behavior that are controlled by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with youth's functioning in at least one life domain. Older children may have all of the above as well as behavior symptoms, tantrums, and withdrawn behavior.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

Supplemental Information: This is one item where speculation about why a person is displaying a certain behavior is considered: There should be an inferred link between the trauma and behavior.
- ✦ If a youth has not experienced any trauma or if their traumatic experiences no longer impact their functioning, then they would be rated a '0'.
- ✦ A '1' would indicate a youth who is making progress in adapting or recovering from a trauma(s) or a youth who experienced a trauma(s) where the impact on their well-being is not yet known and/or mild problems are present that we suspect are related to the trauma (watchful waiting).
- ✦ A '2' would indicate a moderate level of symptoms related to the youth's history of trauma exposure. Problems at this degree may meet criterion for a DSM diagnosis. Such diagnoses may be trauma related such as Posttraumatic Stress Disorder (PTSD) or related to one or more other diagnoses.
- ✦ A '3' indicates severe symptoms requiring immediate attention. There is likely more than one DSM diagnosis and/or another trauma related disorder present (e.g. PTSD, complex trauma).
- ✦ A youth who meets diagnostic criteria for a Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stressor-Related Disorders from DSM-5 as a result of their exposure to traumatic/adverse childhood experiences would be rated a '2' or '3' on this item.

Note: This item should be rated '1,' '2' or '3' for youth who have any type of symptoms/needs that are related to their exposure to a traumatic/adverse event.

29. EMOTIONAL AND/OR PHYSICAL REGULATION

This item is 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, hyperaroused, or quickly fluctuating energy level.

The child/youth may demonstrate such difficulties with a single type or a wide range of emotions and energy states. This can also include difficulties with regulation of body functions, including disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. The child/youth's behavior likely reflects their difficulty with affective and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.

Questions to Consider	Ratings and Descriptions
✦ Does the child/youth have reactions that seem out of proportion (larger or smaller than is appropriate) to the situation? ✦ Does the child/youth have extreme or unchecked emotional reactions to situations? ✦ Has the child/youth's developmental age been considered with regard to presenting behaviors?	**0** No current need; no need for action or intervention. Child/youth has no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. History or evidence of difficulties with affect/physiological regulation. The child/youth 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). The child/youth may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. History or evidence of difficulties with affect/physiological regulation. The child/youth 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). The child/youth may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is unable to regulate affect and/or physiological responses. The child/youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). The child/youth may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, the child/youth may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e. emotionally "shut down"). The child/youth may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems.

LIFE FUNCTIONING DOMAIN

Life domains are the different arenas of social interaction found in the lives of children, youth and their families. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the youth and family are experiencing.

Question to Consider for this Domain: How is the child/youth functioning in individual, family, peer, school, and community realms?

Rate the highest level from the past 30 days based on relevant information from all sources.

For the **Life Functioning Domain**, use the following categories and action levels:

0   No current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

30. FAMILY FUNCTIONING

This item evaluates and rates the child/youth's relationships with those who are in their family. It is recommended that the description of family should come from the child/youth's perspective (i.e. who the child/youth describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the child/youth is still in contact. Foster families should only be considered if they have made a significant commitment to the child/youth. For children/youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this item, take into account the relationship the child/youth has with their family as well as the relationship of the family as a whole.

Questions to Consider
✦ How does the child/youth get along with the family
✦ Are there problems between family members?
✦ Has there ever been any violence in the family?
✦ What is the relationship like between the child/youth and their family?

Ratings and Descriptions

0   No current need; no need for action or intervention.
No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members.

1   Identified need requires monitoring, watchful waiting, or preventive activities.
History or suspicion of problems, and/or child/youth is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with the child/youth. Arguing may be common but does not result in major problems.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Child/youth's problems with parents, siblings and/or other family members are impacting their functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth's problems with parents, siblings, and/or other family members are debilitating, placing them at risk. This would include problems of domestic violence, absence of any positive relationships, etc.

Supplemental Information: Family Functioning should be rated independently of the problems the child/youth experienced or stimulated by the child/youth currently being assessed.

31. LIVING SITUATION

This item refers to how the child/youth is functioning in their current living arrangement, which could be with a relative, in a foster home, etc. (If child/youth is living with the family, ratings for Family Functioning and Living Situation would be the same.)

Questions to Consider
✦ Is the child/youth at risk of being removed from the home?
✦ Does the child/youth's behavior contribute to stress and tension in the home?
✦ How does the caregiver address issues that arise between members of the household?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of problem with functioning in current living environment. Child/youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth experiences mild problems with functioning in current living situation. Caregivers express some concern about child/youth's behavior in living situation, and/or child/youth and caregiver have some difficulty dealing with issues that arise in daily life.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth has moderate to severe problems with functioning in current living situation. Child/ youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth has profound problems with functioning in current living situation. Child/youth is at immediate risk of being removed from living situation due to problematic behaviors.

Supplemental Information: When the child/youth is potentially returning to biological parents, this item is rated independent of the Family Functioning item. When the child/youth lives with biological or adoptive parents, this item is rated the same as the Family Functioning item. Hospitals, shelters and detention centers do not count as "living situations." If a child/youth is presently in one of these places, rate the previous living situation.

32. SOCIAL FUNCTIONING

This item rates social skills and relationships – current status in getting along with others in the child/youth's life. It includes age appropriate behavior and the ability to make and sustain relationships during the past 30 days.

Questions to Consider
✦ Currently, how well does the child/youth get along with others?
✦ Has there been an increase in peer conflicts?
✦ Does child/youth have unhealthy friendships?
✦ Does child/youth tend to change friends frequently?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of problems and/or child/youth has developmentally appropriate social functioning.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history or suspicion of problems in social relationships. Child/youth is having some difficulty interacting with others and building and/or maintaining relationships.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth is having some problems with social relationships that interfere with functioning in other life domains.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to the child/youth's safety, health, and/or development.

Supplemental Information: Social Functioning is different from Interpersonal (Strengths Domain) in that functioning is a description of how the child/youth is doing currently; interpersonal strengths are longer-term assets.

33. DEVELOPMENTAL/INTELLECTUAL*

This item describes the child/youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

Questions to Consider	Ratings and Descriptions
◆ Does the child/youth's growth and development seem age appropriate? ◆ Has the child/youth been screened for any developmental problems?	**0** No current need; no need for action or intervention. No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. There are concerns about possible developmental delay. Child/youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder (if available, FSIQ 55-69). IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

*A rating of '1', '2' or '3' on this item triggers the completion of the Developmental Disabilities Module

Supplemental Information: This item rates the presence of intellectual or developmental disabilities only and does not refer to broader issues of healthy development. Note that learning disability in and of itself would not be rated in this item. A child/youth with suspected low IQ or developmental delays who has not been previously diagnosed and/or assessed would be rated here and a referral for assessment would be recommended.

34. RECREATIONAL

This item rates the youth's access to and use of leisure activities

Questions to Consider	Ratings and Descriptions
◆ What activities is the youth involved in? ◆ Are there barriers to participation in extracurricular activities? ◆ How does the youth use their free time?	**0** No current need; no need for action or intervention. No evidence of any problems with recreational functioning or play. Youth has access to sufficient activities that they enjoy and makes full use of leisure time to pursue recreational activities that support their healthy development and enjoyment.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Youth is doing adequately with recreational activities although at times has difficulty using leisure time to pursue recreational activities.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Youth may experience some problems with recreational activities and effective use of leisure time.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has no access to or interest in recreational activities. Youth has significant difficulties making use of leisure time.

35. MEDICAL/PHYSICAL

This item rates the child/youth's health status, as well as physical limitations, including chronic conditions that impair eating, breathing, vision, hearing, mobility, or other functions.

Questions to Consider
- Does the child/youth have anything that limits their physical activities?
- How much does this interfere with the child/youth's life?

Ratings and Descriptions

0	No current need; no need for action or intervention. Child/youth has no current health problems, chronic conditions or physical limitations.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has a physical condition(s) or medical issues that places mild limitations on activities.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth has a physical condition(s) or medical issues that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties could be rated here.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has severe medical issues or multiple physical conditions that put them at risk.

36. SLEEP

This item rates the child/youth's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause, including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues.

Questions to Consider
- Does the child/youth appear rested?
- Is the child/youth often sleepy during the day?
- Does the child/youth have frequent nightmares or difficulty sleeping?
- How many hours does the child/youth sleep each night?

Ratings and Descriptions

0	No current need; no need for action or intervention. Child/youth gets a full night's sleep each night.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has some problems sleeping. Generally, child/youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is generally sleep deprived. Sleeping is almost always difficult and the child/youth is not able to get a full night's sleep.

37. SEXUAL DEVELOPMENT*

This item looks at broad issues of sexual development including sexual behavior or sexual concerns, and the reactions of others to any of these factors. The youth's sexual orientation, gender identity or expression (SOGIE) could be rated here only if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.

Questions to Consider
- Are there concerns about the youth's healthy sexual development?
- Is the youth sexually active?
- Does the youth have less/more interest in sex than other youth their age?

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence of issues with the youth's sexual development.
1	Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include concerns about sexual identity or anxiety about the reaction of others.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Moderate to serious problems with sexual development that interferes with youth's life functioning in other life domains.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has severe problems with sexual development.

*A rating of '1', '2' or '3' on this item triggers the completion of the Sexual Identity Module.

38. ACTIVITIES OF DAILY LIVING

This item rates the ability of the youth to perform activities of daily living (i.e., self-care -- including feeding, bathing, dressing, grooming; work; and leisure activities).

Questions to Consider
- How do these problems impact the youth's functioning (and not other people's personal preferences)?

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence of problems with activities of daily living. The youth is fully independent across these areas, as developmentally appropriate.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Mild problems with activities of daily living. The youth is generally good with such activities but may require some adult support to complete some specific developmentally appropriate activities.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Moderate problems with activities of daily living. The youth has difficulties with developmentally appropriate activities.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Severe problems with activities of daily living. The youth requires significant and consistent adult support to complete developmentally appropriate activities.

39. SCHOOL*

This item rates the child's experiences in school/preschool/daycare settings and the child's ability to get his/her needs met in these settings. This item also considers the presence of problems within these environments in terms of attendance, academic achievement, support from the school staff to meet the child's needs, and the child's behavioral response to these environments.

Questions to Consider
- What is the youth's experience in school?
- Does the youth have difficulties with academics, social relationships, behavior, or attendance at school?

Ratings and Descriptions

0	No current need; no need for action or intervention. Youth is performing well in school.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Youth is performing adequately in school although some problems may exist.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth is experiencing moderate problems with school attendance, behavior, and/or achievement.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Youth is experiencing severe problems in school with school attendance, behavior and/or achievement.

*A rating of '1', '2' or '3' on this item triggers the completion of the School Module.

40. DECISION-MAKING

This item describes the youth's age-appropriate ability to make decisions and understanding of choices and consequences. This rating should reflect the degree to which an individual can concentrate on an issue, think through decisions, anticipate consequences of decisions, and follow through on decisions.

Questions to Consider
- How is the youth's judgment and ability to make good decisions?
- Does the youth typically make good choices for themselves?

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence of problems with judgment or decision making that result in harm to development and/or well-being.
1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of problems with judgment in which the youth makes decisions that are in some way harmful to their development and/or well-being.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Problems with judgment in which the youth makes decisions that are in some way harmful to their development and/or well-being. As a result, the youth requires more supervision than expected for their age.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Youth makes decisions that would likely result in significant physical harm to self or others. Youth requires intense and constant supervision, over and above that expected for youth's age.

STRENGTHS DOMAIN

This domain describes the assets of the child/youth that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing a child/youth's strengths while also addressing their behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on the child/youth's needs. Identifying areas where strengths can be built is a significant element of service planning. In these items the 'best' assets and resources available to the child/youth are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

Question to Consider for this Domain: What are the child/youth's assets that can be used in treatment planning to support healthy development?

Rate the highest level from the past 30 days based on relevant information from all sources

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For the **Strengths Domain**, use the following categories and action levels:

0   Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.

1   Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.

2   Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.

3   An area in which no current strength is identified; efforts are needed to identify potential strengths.

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41. FAMILY STRENGTHS

This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child/youth's perspective (i.e., who the child/youth describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child/ youth is still in contact.

Questions to Consider

✦ Does the child/youth have good relationships with any family member?

✦ Is there potential to develop positive family relationships?

✦ Is there a family member that the child/youth can go to in time of need for support? That can advocate for the child/youth?

Ratings and Descriptions

0   Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child/youth and is able to provide significant emotional or concrete support. Child/youth is fully included in family activities.

1   Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Family has some good relationships and good communication. Family members are able to enjoy each other's company.   There is at least one family member who has a strong, loving relationship with the child/youth and is able to provide limited emotional or concrete support.

2   Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.

3   An area in which no current strength is identified; efforts are needed to identify potential strengths. Family needs significant assistance in developing relationships and communications, or child/youth has no identified family. Child/youth is not included in normal family activities.

FAMILY STRENGTHS continued

Supplemental Information: Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child/youth's perspective (i.e., who the child/youth describes as their family). If you do not know this information, a definition of family that includes biological/adoptive relatives and their significant others with whom the child/youth is still in contact is recommended. Do not rate residential placement as "family."

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42. INTERPERSONAL

This item is used to identify a child/youth's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child/youth can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

	Ratings and Descriptions
	0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.
Questions to Consider ◆ Does the child/youth have the trait ability to make friends? ◆ Do you feel that the child/youth is pleasant and likable? ◆ Do adults or same age peers like the child/youth?	**1** Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.
	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.

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43. EDUCATIONAL SETTING

This item is used to evaluate the nature of the school's relationship with the child/youth and family, as well as the level of support the child/youth receives from the school. Rate according to how much the school is an effective partner in promoting child/youth's functioning and addressing child/youth's needs in school.

Questions to Consider
+ Is the school an active partner in the child/youth's education?
+ Does child/youth like school?
+ Has there been at least one year in which child/youth did well in school?
+ When has the child/youth been at their best in school?

Ratings and Descriptions

0   Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
    The school works closely with the child/youth and family to identify and successfully address the child/youth's educational needs OR the child/youth excels in school.

1   Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
    School works with the child/youth and family to address the child/youth's educational needs OR the child/youth likes school.

2   Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
    The school is currently unable to adequately address the child/youth's academic or behavioral needs.

3   An area in which no current strength is identified; efforts are needed to identify potential strengths.
    There is no evidence of the school working to identify or successfully address the child/youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the child/youth's needs and/or there is no school to partner with at this time.

NA Child/youth is not in school, or has already graduated.

Supplemental Information: 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/youth. A rating of '2' would be given if the school is not able to address the child/youth's needs despite an IEP, etc.

44. OPTIMISM
This item should be rated based on the child/youth's sense of self in their own future. This rates the child/youth's future orientation.

Questions to Consider
+ Does the child/youth have a generally positive outlook on things; have things to look forward to?
+ How does the child/youth see themselves in the future?
+ Is the child/youth forward looking/sees themselves as likely to be successful?

Ratings and Descriptions

0   Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
    Child/youth has a strong and stable optimistic outlook for their future.

1   Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
    Child/youth is generally optimistic about their future.

2   Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
    Child/youth has difficulty maintaining a positive view of themselves and their life. Child/youth's outlook may vary from overly optimistic to overly pessimistic.

3   An area in which no current strength is identified; efforts are needed to identify potential strengths.
    There is no evidence of optimism at this time and/or child/youth has difficulties seeing positive aspects about themselves or their future.

Supplemental Information: There is a strong literature indicating that kids with a solid sense of themselves and their future have better outcomes than children/youth who do not. A rating of '1' would be a child/youth who is generally optimistic. A rating of '3' would be a child/youth who has difficulty seeing any positives about themselves or their future.

45. TALENTS AND INTERESTS

This item refers to hobbies, skills, artistic interests and talents that are positive ways that young people can spend their time, and also give them pleasure and a positive sense of self.

Questions to Consider
- What does the child/youth do with free time?
- What does the child/youth enjoy doing?
- Is the child/youth engaged in any pro-social activities?
- What are the things that the child/youth does particularly well?

Ratings and Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
	Child/youth has a talent that provides pleasure and/or self-esteem. A child/youth with significant creative/artistic/athletic strengths would be rated here.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
	Child/youth has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child/youth with a notable talent. For example, a child/youth who is involved in athletics or plays a musical instrument would be rated here.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
	Child/youth has expressed interest in developing a specific talent, interest or hobby even if that talent has not been developed to date, or whether it would provide them with any benefit.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths.
	There is no evidence of identified talents, interests or hobbies at this time and/or child/youth requires significant assistance to identify and develop talents and interests.

46. SPIRITUAL/RELIGIOUS

This item refers to the child/youth's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the child/youth; however an absence of spiritual and/or religious beliefs does not represent a need for the family.

Questions to Consider
- Does the child/youth have spiritual beliefs that provide comfort?
- Is the family involved with any religious community? Is the child/youth involved?
- Is child/youth interested in exploring spirituality?

Ratings and Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
	Child/youth is involved in and receives comfort and support from spiritual and/or religious beliefs, practices and/or community. Child/youth may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort the child/youth in difficult times.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
	Child/youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
	Child/youth has expressed some interest in spiritual or religious belief and practices.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths.
	There is no evidence of identified spiritual or religious beliefs, nor does the child/youth show any interest in these pursuits at this time.

47. YOUTH INVOLVEMENT WITH CARE

This item refers to the child/youth's participation in planning and implementing efforts to address their identified needs.

	Ratings and Descriptions
Questions to Consider ✦ How does youth understand their needs and challenges? ✦ Does the youth attend sessions willingly and participate fully?	**0** Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Youth is knowledgeable of their needs and helps direct planning to address them.
	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Youth is knowledgeable of their needs and participates in planning to address them.
	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Youth is at least somewhat knowledgeable of their needs but is not willing to participate in plans to address them.
	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Youth is neither knowledgeable about their needs nor willing to participate in any process to address them.

Supplemental Information: This item identifies whether the youth is an active partner in planning and implementing any treatment plan or service package. Like all ratings this should be done in a developmentally informed way. Expectations for involvement in planning are lower for children than for youth. Small children are not expected to participate so a '3' rating is OK to mean no evidence or not identified. Remember the absence of a strength is not a need.

48. NATURAL SUPPORTS

This item refers to unpaid helpers or supports in the child/youth's natural environment. These include individuals who provide social support to the target child/youth and family. All family members and paid caregivers are excluded.

	Ratings and Descriptions
Questions to Consider ✦ Who does the child/youth consider to be a support? ✦ Does the child/youth have non-family members in their life that are positive influences?	**0** Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/youth has significant natural supports that contribute to helping support the child/youth's healthy development.
	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth has identified natural supports that provide some assistance in supporting the child/youth's healthy development.
	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/youth has some identified natural supports, however, these supports are not actively contributing to the child/youth's healthy development.
	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/youth has no known natural supports (outside of family and paid caregivers).

49. PEER INFLUENCES
This item rates the influence of the youth's peers on each other.

	Ratings and Descriptions
Questions to Consider ♦ Does the youth have friends? Do the friends demonstrate good judgment? ♦ Are the individual's current friends court-involved? ♦ Are they otherwise involved in their community?	**0** Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Youth's primary peer social network is a strong positive influence on each other.
	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Youth has peers in their primary peer social network who engage in prosocial behavior most of the time.
	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Youth has some peers who engage in prosocial behavior but youth is not a primary member of this group.
	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Youth rarely spends time with prosocial peers and/or could be gang-involved.

50. VOCATIONAL
This item is used to refer to the strengths of the school/vocational environment and may or may not reflect any specific educational/work skills possessed by the youth.

	Ratings and Descriptions
Questions to Consider ♦ Does the youth know what they wants to 'be when they grows up?' ♦ Has the youth ever worked or is the youth developing prevocational skills? ♦ Does the youth have plans to go to college or vocational school, for a career?	**0** Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Youth is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations.
	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Youth is working; however, the job is not consistent with developmentally appropriate career aspirations.
	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Youth is temporarily unemployed. A history of consistent employment should be demonstrated and the potential for future employment without the need for vocational rehabilitation should be evidenced. This also may indicate a youth with a clear vocational preference.
	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Youth is unemployed and has no clear vocational aspirations or a plan to achieve these aspirations. This level indicates a youth with no known or identifiable vocational skill and no expression of any future vocational preferences.

Supplemental Information: Vocational strengths are rated independently of functioning (i.e. a youth can have considerable strengths but not be doing well at the moment). Developing vocational skills and having a job is a significant indicator of positive outcomes in adult life. A rating of '1' would indicate that the youth has some vocational skills or work experience. A rating of '3' would indicate that the youth needs significant assistance in developing those skills.

51. RESILIENCE

This item rates the child/youth's ability to identify and use their internal strengths in times of need and in managing daily life. Resilience also refers to the child/youth's ability to bounce back from stressful life events.

Questions to Consider
- What does the child/youth do well?
- Is the child/youth able to recognize their skills as strengths?
- Is the child/youth able to use their strengths to problem solve and address difficulties or challenges?

Ratings and Descriptions

0   Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.

    Child/youth's internal strength in overcoming or the ability to bounce back is a core part of identity and associated with a well-developed and recognizable set of supports and strengths for dealing with challenges.

1   Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.

    Child/youth uses internal strengths in overcoming or the ability to bounce back for healthy development, problem solving, or dealing with stressful life events.

2   Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.

    Child/youth has limited ability to recognize and use internal strengths in overcoming or the ability to bounce back to effectively to support healthy development, problem solving or dealing with stressful life events.

3   An area in which no current strength is identified; efforts are needed to identify potential strengths.

    Child/youth is currently unable to identify internal strengths for preventing or overcoming negative life events or outcomes.

52. COMMUNITY LIFE

This item reflects the youth's connection to people, places or institutions in his or her community. This connection is measured by the degree to which the youth is involved with institutions of that community which might include (but are not limited to) community centers, little league teams, jobs, after-school activities, religious groups, etc. Connections through specific people (e.g., friends and family) could be considered an important community connection, if many people who are important to the youth live in the same neighborhood.

Questions to Consider
- Does the youth feel like they are part of a community?
- Are there activities that the youth does in the community?

Ratings and Descriptions

0   Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.

    Youth is well integrated into their community. The youth is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.

1   Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.

    Youth is somewhat involved with their community. This level can also indicate a youth with significant community ties although they may be relatively short term (e.g. past year).

2   Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.

    Youth has an identified community but has only limited, or unhealthy, ties to that community.

3   An area in which no current strength is identified; efforts are needed to identify potential strengths.

    There is no evidence of an identified community of which youth is a member at this time.

Supplemental Information: Children who have moved a lot or who have been in multiple foster care settings may have lost this sense of connection to community life and could be rated a '3'.

53. CULTURAL IDENTITY

Cultural identify refers to the child/youth's view of self as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography, sexual orientation or gender identity and expression (SOGIE).

Questions to Consider
- Does the child/youth identify with any racial/ethnic/cultural group?
- Does the child/youth find this group a source of support?

Ratings and Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
	The child/youth has a cultural identity and is connected to others who support the child/youth's cultural identity.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
	The child/youth is developing a cultural identity and is seeking others to support the child/youth's cultural identity.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
	The child/youth is searching for a cultural identity and has not connected with others.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths.
	The child/youth does not express a cultural identity.

CULTURAL FACTORS DOMAIN

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, finding therapist who speaks family's primary language, and/or ensure that a child/youth in placement has the opportunity to participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties that children and youth may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

Health care disparities are differences in health care quality, affordability, access, utilization and outcomes between groups. Culture in this domain is described broadly to include cultural groups that are racial, ethnic or religious, or are based on age, sexual orientation, gender identity, socio-economic status and/or geography. Literature exploring issues of health care disparity states that race and/or ethnic group membership may be a primary influence on health outcomes.

The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individual when rating these items and creating a treatment or service plan.

Question to Consider for this Domain: How does the child/youth's membership in a particular cultural group impact their stress and wellbeing?

Rate the highest level from the past 30 days based on relevant information from all sources.

For the **Cultural Factors Domain**, use the following categories and action levels:

0   No current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

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54. LANGUAGE
This item looks at whether the child/youth and family need help with communication to obtain the necessary resources, supports and accommodations (e.g., interpreter). This item includes spoken, written, and sign language, as well as issues of literacy.

Questions to Consider
- What language does the family speak at home?
- Is there a child/youth interpreting for the family in situations that may compromise the child/youth or family's care?
- Does the child/youth or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?

Ratings and Descriptions

0   No current need; no need for action or intervention.
No evidence that there is a need or preference for an interpreter and/or the child/youth and family speak and read the primary language where the child/youth or family lives.

1   Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth and/or family speak or read the primary language where the child/youth or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Child/youth and/or significant family members do not speak the primary language where the child/youth or family lives. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth and/or significant family members do not speak the primary language where the child/youth or family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

55. TRADITIONS AND RITUALS

This item rates the child/youth and family's access to and participation in cultural traditions, rituals and practices, including the celebration of culturally specific holidays such as Kwanza, Dia de los Muertos, Yom Kippur, Quinceanera, etc. This also may include daily activities that are culturally specific (e.g., wearing a hijab, praying toward Mecca at specific times, eating a specific diet, access to media), and traditions and activities to include newer cultural identities.

Questions to Consider
- What holidays does the child/youth celebrate?
- What traditions are important to the child/youth?
- Does the child/youth fear discrimination for practicing the child/youth's traditions and rituals?

Ratings and Descriptions

0   No current need; no need for action or intervention.

Child/youth and/or family consistently practice their chosen traditions and rituals consistent with their cultural identity.

1   Identified need requires monitoring, watchful waiting, or preventive activities.

Child/youth and/or family generally practice their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.

Child/youth and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

Child/youth and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.

56. FAMILY CULTURAL STRESS

All individuals are members of multiple identifiable cultural groups. This item describes possible problems that children, youth, or the family may experience with the relationship between their cultural membership and the predominant culture in which they live. This can include but should not be limited to concerns with language, ritual, discrimination, identity, and group membership.

Questions to Consider
- What does the family believe is their reality of discrimination? How do they describe discrimination or oppression?
- Does this impact their functioning as both individuals and as a family?
- How does the caregiver support the child/youth's identity and experiences if different from their own?

Ratings and Descriptions

0   No evidence of stress for the family or individuals within the family that results from cultural identity and the communities in which they function.

1   Some evidence of mild or occasional stress resulting from friction between the family's, or individuals within the family's, cultural identity and the communities in which they function.

2   The family is experiencing cultural stress from friction between the family's, or individuals within the family's, cultural identity and current communities, and that is causing some problems with functioning.

3   The family is experiencing a high level of cultural stress between the family's, or individuals within the family's, cultural identity and communities in which they function that is making functioning very difficult under the present circumstances.

57. CULTURAL STRESS

This item identifies circumstances in which the child/youth's cultural identity is met with hostility or other problems within the child/youth's environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the child/youth and their family). Racism, negativity toward sexual orientation, gender identity and expression (SOGIE) and other forms of discrimination would be rated here.

Questions to Consider

- What does the family believe is their reality of discrimination? How do they describe discrimination or oppression?
- Does this impact their functioning as both individuals and as a family?
- How does the caregiver support the child/youth's identity and experiences if different from the caregiver's own?

Ratings and Descriptions

0 No current need; no need for action or intervention.

No evidence of stress between the child/youth's cultural identity and current environment or living situation.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

Some mild or occasional stress resulting from friction between the child/youth's cultural identity and current environment or living situation.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.

Child/youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. Child/youth needs support to learn how to manage culture stress.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.

Child/youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Child/youth needs immediate plan to reduce culture stress.

RISK BEHAVIORS DOMAIN

This section identifies factors that can increase a child/youth's likelihood of mental health and other difficulties developing and well as current behaviors that place the child/youth at risk. Time frames in this section can change (particularly for ratings 1 and 3) away from the standard 30-day rating window.

Rate the highest level from the past 30 days based on relevant information from all sources.

For the **Risk Behaviors Domain**, use the following categories and action levels:

0	No current need; no need for action or intervention.
1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.

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58. SUICIDE RISK
This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of a youth to end their life. A rating of '2' or '3' would indicate the need for a safety plan. Notice the specific time frames for each rating.

Ratings and Descriptions

Questions to Consider
✦ Has the youth ever talked about a wish or plan to die or to kill themselves?
✦ Has the youth ever tried to commit suicide?

0	No evidence of any needs. No evidence of suicidal ideation.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.
2	Action or intervention is required to ensure that the identified need is addressed. Recent, but not acute, suicidal ideation or gesture.
3	Intensive and/or immediate action is required to address the need or risk behavior. Current suicidal ideation and intent OR command hallucinations that involve self-harm.

59. NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

This rating includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the youth (e.g., cutting, carving, burning self, face slapping, head banging, etc.).

Questions to Consider
- Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)?
- Does the youth ever purposely hurt themselves (e.g., cutting)?

Ratings and Descriptions

0	No evidence of any needs. No evidence of any forms of self-injury.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. A history or suspicion of self-injurious behavior.
2	Action or intervention is required to ensure that the identified need is addressed. Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.
3	Intensive and/or immediate action is required to address the need or risk behavior. Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child/youth's health at risk.

Supplemental Information: Suicidal behavior with intent to die is not self-injury. Carving and cutting on the body are common examples of self-injury behavior. Generally, body piercings and tattoos are not considered a form of self-injury. Repeatedly piercing or scratching one's skin would be included. Self-injury in this fashion is thought to have addictive properties since generally the self-abusive behavior results in the release of endorphins that provide a calming feeling.

60. OTHER SELF-HARM (RECKLESSNESS)

This rating includes reckless and dangerous behaviors that, while not intended to harm self or others, place the youth or others in some jeopardy. Suicidal or self-injurious behaviors are not rated here

Questions to Consider
- Does the youth act without thinking?
- Has the youth ever talked about or acted in a way that might be dangerous to themselves (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?

Ratings and Descriptions

0	No evidence of any needs. No evidence of behaviors (other than suicide or self-mutilation) that place the youth at risk of physical harm.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places youth at risk of physical harm.
2	Action or intervention is required to ensure that the identified need is addressed. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the youth in danger of physical harm.
3	Intensive and/or immediate action is required to address the need or risk behavior. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the youth at immediate risk of death.

Supplemental Information: Any behavior that the youth engages in that has significant potential to place youth in danger of physical harm would be rated here. This item provides an opportunity to identify other potentially self-destructive behaviors (e.g., reckless driving, subway surfing, unprotected sex, substance use, etc.). If the youth frequently exhibits significantly poor judgment that has the potential to place them in danger, but has yet to actually do so, a rating of '1' might be used to indicate the need for prevention. A rating of '3' is used for a youth that has placed themselves in significant physical jeopardy during the rating period.

61. DANGER TO OTHERS*

This item rates the youth's actual or threatened violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of '2' or '3' would indicate the need for a safety plan.

	Ratings and Descriptions
Questions to Consider ♦ Has the child/youth ever injured another person on purpose? ♦ Does the child/youth get into physical fights? ♦ Has the child/youth ever threatened to kill or seriously injure others?	**0** No evidence of any needs. No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).
	1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.
	2 Action or intervention is required to ensure that the identified need is addressed. Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.
	3 Intensive and/or immediate action is required to address the need or risk behavior. Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.

*A rating of '1', '2' or '3' on this item triggers the completion of the Dangerousness Module.

Supplemental Information: Imagined violence, when extreme, may be rated here. Physically harmful aggression or command hallucinations that involve the harm of others, or child/youth setting a fire that placed others at significant risk of harm would be rated a '3'. Reckless behavior that may cause physical harm to others is not rated on this item.

62. SEXUAL AGGRESSION*

This item is intended to describe both aggressive sexual behavior and sexual behavior in which the youth takes advantage of a younger or less powerful individual. The severity and recency of the behavior provide the information needed to rate this item

	Ratings and Descriptions
Questions to Consider ♦ Has the youth ever been accused of being sexually aggressive towards another youth? ♦ Has the youth had sexual contact with a younger individual?	**0** No evidence of any needs. No evidence of sexually aggressive behavior.
	1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History or suspicion of sexually aggressive behavior and/or sexually inappropriate behavior within the past year that troubles others such as harassing talk or public masturbation.
	2 Action or intervention is required to ensure that the identified need is addressed. Youth engages in sexually aggressive behavior that negatively impacts functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching of others). Frequent disrobing would be rated here only if it was sexually provocative.
	3 Intensive and/or immediate action is required to address the need or risk behavior. Youth engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

*A rating of '1', '2' or '3' on this item triggers the completion of the Sexually Aggressive Behaviors Module.

63. PROBLEMATIC SEXUAL BEHAVIOR*

This item describes issues around sexual behavior including developmentally inappropriate sexual behavior and problematic sexual behavior.

Questions to Consider
- Has the child/youth ever been involved in sexual activities or done anything sexually inappropriate?
- Has the child/youth ever had difficulties with sexualized behavior or problems with physical/sexual boundaries?

Ratings and Descriptions

0   No evidence of any needs.
No evidence of problems with sexual behavior over the past year.

1   Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
History or evidence of problems with sexual behavior. This includes occasional inappropriate sexual behavior, language or dress. Poor boundaries with regards to physical/sexual contact may be rated here.

2   Action or intervention is required to ensure that the identified need is addressed.
Child/youth's problems with sexual behavior are impairing functioning in at least one life area. For example, frequent inappropriate sexual behavior or disinhibition, including public disrobing, multiple older sexual partners or frequent sexualized language. Age inappropriate sexualized behavior, or lack of physical/sexual boundaries is rated here.

3   Intensive and/or immediate action is required to address the need or risk behavior.
Severe problems with sexual behavior including sexual exploitation, exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior.

*A rating of '1', '2' or '3' on this item triggers the completion of the Problematic Sexual Behavior Module.

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64. RUNAWAY*

This item describes the risk of running away or actual runaway behavior.

Questions to Consider
- Has the youth ever run away from home, school, or any other place?
- If so, where did the youth go? How long did they stay away? How was the youth found?
- Does the youth ever threaten to run away?

Ratings and Descriptions

0   No evidence of any needs.
Youth has no history of running away or ideation of escaping from current living situation.

1   Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
Youth has no recent history of running away but has expressed ideation about escaping current living situation. Youth may have threatened running away on one or more occasions or has a history of running away but not in the past year.

2   Action or intervention is required to ensure that the identified need is addressed.
Youth has run from home once or run from one treatment setting within the past year. Also rated here is a youth who has run away to home (parental or relative) in the past year.

3   Intensive and/or immediate action is required to address the need or risk behavior.
Youth has run from home and/or treatment settings within the last 7 days or run from home and/or treatment setting twice or more overnight during the past 30 days. A youth who is currently a runaway is rated here.

*A rating of '1', '2' or '3' on this item triggers the completion of the Runaway Module.

65. DELINQUENT BEHAVIOR*

This item includes both criminal behavior and status offenses that may result from youth failing to follow required behavioral standards (e.g., truancy, curfew violations, driving without a license). Sexual offenses should be included as criminal behavior. If caught, the youth could be arrested for this behavior.

Questions to Consider
- ◆ Do you know of laws that the youth has broken (even if the youth has not been charged or caught)?
- ◆ Has the youth ever been arrested?

Ratings and Descriptions

0	No evidence of any needs. No evidence or has no history of delinquent behavior
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. There is a history or suspicion of delinquent behavior, but none in the past 30 days. Status offenses in the past 30 days would be rated here.
2	Action or intervention is required to ensure that the identified need is addressed. Moderate level of delinquent behavior including high likelihood of acts in the past 30 days (e.g., vandalism, shoplifting).
3	Intensive and/or immediate action is required to address the need or risk behavior. Serious recent acts of delinquent activity in the past 30 days that place others at risk of significant loss or injury, or place youth at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.

*A rating of '1', '2' or '3' on this item triggers the completion of the Juvenile Justice Module.

66. INTENTIONAL MISBEHAVIOR

This item describes intentional behaviors that a child/youth engages in to force others to administer consequences. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which the child/youth lives) that put the child/youth at some risk of consequences. It is not necessary that the child/youth be able to articulate that the purpose of their misbehavior is to provide reactions/consequences to rate this item. There is always, however, a benefit to the child/youth resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., child/youth feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for children/youth who engage in such behavior solely due to developmental delays.

Questions to Consider
- ◆ Does the youth intentionally do or say things to upset others or get in trouble with people in positions of authority or (e.g., parents or teachers)?
- ◆ Has the youth engaged in behavior that was insulting, rude or obnoxious and which resulted in sanctions for the youth such as suspension, job dismissal, etc.?

Ratings and Descriptions

0	No evidence of any needs. Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. Some problematic social behaviors that force adults to administer consequences to the child/youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.
2	Action or intervention is required to ensure that the identified need is addressed. Child/youth may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences is causing problems in the child/youth's life.
3	Intensive and/or immediate action is required to address the need or risk behavior. Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child/youth. The inappropriate social behaviors may cause harm to others and/or place the child/youth at risk of significant consequences (e.g. expulsion from school, removal from the community).

INTENTIONAL MISBEHAVIOR continued

Supplemental Information: This item refers to a child/youth engaging in inappropriate behaviors that force adults to administer consequences to them. The child/youth may be intentionally misbehaving in order to force the adult to administer consequences to them. Examples would include a youth who intentionally tests his foster parents to see whether they will kick him out of their home.

- ✦ Children/youth generally know the likely sanctions as a result of their behavior. Sometimes they will pick one sanction over another (e.g., kicked out of school rather than failing academically).
- ✦ In order to rate a '2' or '3', there must be clear evidence that the child/youth is intentionally misbehaving (rather than not having control of their behavior; this would be rated Impulsivity/Hyperactivity) AND the child/youth is trying to receive a specific consequence.
- ✦ If the child/youth has received, or is in danger of receiving, a consequence, a rating of '3' would be appropriate.
- ✦ If it is not clear that the behavior is intentional, or what the child/youth stands to gain from getting into trouble, or if it is not directed at an adult, a rating of '1' for suspicion would be recommended.
- ✦ A '1' would also be used for a child/youth seeking attention.

67. BULLYING OTHERS

This item rates behavior that involves intimidation (verbal or physical) of others; threatening others with harm if they do not comply with the child/youth's demands is rated here. A victim of bullying is not rated here.

Questions to Consider
- ✦ Have there been any reports that the child/youth has picked on, made fun or, harassed or intimidated another person?
- ✦ Are there concerns that the child/youth might bully other children?
- ✦ Does the child/youth hang around with other people who bully?

Ratings and Descriptions

0	No evidence of any needs. No evidence that the child/youth has ever engaged in bullying at school or in the community.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History or suspicion of bullying, or child/youth has engaged in bullying behavior or associated with groups that have bullied other children.
2	Action or intervention is required to ensure that the identified need is addressed. Child/youth has bullied other children in school or in the community. They have either bullied the other children, or led a group that bullied other children.
3	Intensive and/or immediate action is required to address the need or risk behavior. Child/youth has repeatedly utilized threats or actual violence when bullying others in school and/or in the community.

68. VICTIMIZATION/EXPLOITATION

This item describes a child/youth who has been victimized by others. This item is used to examine a history and pattern of being the object of abuse and/or whether the person is at current risk for re-victimization. This item includes children/ youth who are currently being bullied at school or in their community. It would also include children/youth who are victimized in other ways (e.g., sexual abuse, sexual exploitation, inappropriate expectations based on their level of development, a child/youth who is forced to take on a parental level of responsibility, etc.).

Questions to Consider

♦ Has the child/youth ever been bullied or the victim of a crime?

♦ Has the child/youth traded sexual activity for goods, money, affection or protection?

♦ Has the child been a victim of human trafficking?

Ratings and Descriptions

0	No evidence of any needs. No evidence that the child/youth has been victimized or exploited. Child/youth may have been bullied, robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Child/youth is not presently at risk for re-victimization or exploitation.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. Suspicion or history of victimization or exploitation, but the child/youth has not been victimized to any significant degree in the past year. Child/youth is not presently at risk for re-victimization or exploitation.
2	Action or intervention is required to ensure that the identified need is addressed. Child/youth has been recently victimized (within the past year) and may be at risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, sexual exploitation, or violent crime.
3	Intensive and/or immediate action is required to address the need or risk behavior. Child/youth has been recently or is currently being victimized or exploited, including human trafficking (e.g., labor or sexual exploitation including the production of pornography, sexually explicit performance, sexual activity), or in an abusive relationship, or constantly taking on responsibilities of being a parent to other family members.

*A rating of '1', '2' or '3' on this item triggers the completion of the Commercially Sexually Exploited Module.

Supplemental Information: Sexual exploitation includes any situation, context, or relationship where the child/youth receives something (e.g., food, accommodations, drugs and alcohol, cigarettes, affection, gifts, money, etc.) as a result of performing sexual activities, and/or others performing sexual activities on them. This includes commercial sexual exploitation in which a third party receives payment for the sexual exploitation of the child/youth.

CAREGIVER RESOURCES & NEEDS DOMAIN

The items in this section represent caregivers' potential areas of need while simultaneously highlighting the areas in which the caregivers can be a resource for the child/youth. In general, it is recommended that the caregiver(s) with whom the child/youth is currently living be rated. If the child/youth has been placed temporarily, then focus on the caregiver to whom the child/youth will be returned. If it is a long-term foster care placement, then rate that caregiver(s). If the child/youth is currently in a congregate care setting, such as a hospital, shelter, group home, or residential treatment center it would be more appropriate to rate the community caregivers where the child/youth will be placed upon discharge from congregate care. It is advised to focus on the planned permanent caregiver in this section. The caregiver rated should be noted in the record.

For situations in which a child/youth has multiple caregivers it is recommended to rate based on the needs of the set of caregivers as they affect the child/youth. For example, the supervisory capacity of a father who is not involved in monitoring or disciplining of a child/youth may not be relevant to the ratings. Alternatively, if the father is responsible for the children because he works the first shift and the mother works the second shift, then his skills should be factored into the ratings of the child/youth's supervision.

Question to Consider for this Domain: What are the resources and needs of the child/youth's caregiver(s) that are impacting their ability to provide care?

Rate the highest level from the past 30 days based on relevant information from all sources.

For the **Caregiver Resources & Needs Domain**, use the following categories and action levels:

0   No evidence of any needs. This could be a potential resource for the child/youth.

1   Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.

2   Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child/youth.

3   Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child/youth.

69. MEDICAL/PHYSICAL

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to parent the child/youth. This item does not rate depression or other mental health issues.

	Ratings and Descriptions
Questions to Consider ✦ How is the caregiver's health? ✦ Does the caregiver have any health problems that limit their ability to care for the family?	**0** No current need; no need for action or intervention. No evidence of medical or physical health problems. Caregiver is generally healthy.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has medical/physical problems that interfere with their capacity to parent the child/youth.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has medical/physical problems that make parenting the child/youth impossible at this time.

70. MENTAL HEALTH/POST-TRAUMATIC REACTIONS

This item refers to any mental health issues (not including substance abuse) that might limit a caregiver's capacity for providing parenting/caregiving to the child/youth. Post-traumatic reactions experienced by the caregiver, including emotional numbing and avoidance, nightmares, and flashbacks that are related to <u>their own or their child/youth's</u> traumatic experiences are also rated here.

	Ratings and Descriptions
Questions to Consider ✦ Do caregivers have any mental health needs (including adjusting to trauma experiences) that make parenting difficult? ✦ Is caregiver receiving services? ✦ Is there any evidence of transgenerational trauma that is impacting the caregiver or their ability to give care effectively?	**0** No current need; no need for action or intervention. No evidence of caregiver mental health difficulties, or caregiver has adjusted to traumatic experiences without notable post-traumatic stress reactions.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history, suspicion or some evidence of mental health difficulties including problems related to their own or their child/youth's traumatic experiences. Caregiver may exhibit some reactions about their own trauma or their child/youth's trauma that is interfering with provision of providing care.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has mental health difficulties that interfere with their capacity to parent or makes providing care difficult. This may include caregiver's difficulties related to traumatic experiences.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has mental health difficulties that make it impossible for them to parent at this time. These difficulties could be associated with traumatic experiences.

Supplemental Information: Serious mental illness would be rated '2' or '3' unless the individual is in recovery.

71. SUBSTANCE USE

This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the youth.

Questions to Consider	Ratings and Descriptions
◆ Do caregivers have any substance use needs that make parenting difficult? ◆ Is the caregiver receiving any services for the substance use problems?	**0** No current need; no need for action or intervention. No evidence of caregiver substance use issues.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to parent.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has some substance use difficulties that interfere with their capacity to parent.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has substance use difficulties that make it impossible for them to parent the child/youth at this time.

Supplemental Information: Substance-Related Disorders would be rated '2' or '3' unless the individual is in recovery.

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72. DEVELOPMENTAL

This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to parent.

Questions to Consider	Ratings and Descriptions
◆ Does the caregiver have developmental challenges that make parenting/caring for the child/youth difficult?	**0** No current need; no need for action or intervention. No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has severe developmental challenges that make it impossible to parent the child/youth at this time.

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73. SUPERVISION

This item rates the caregiver's capacity to provide the level of monitoring and discipline needed by the child/youth. Discipline is defined in the broadest sense, and includes all of the things that parents/caregivers can do to promote positive behavior with their child/youth.

Questions to Consider	Ratings and Descriptions

◆ How does the caregiver feel about their ability to keep an eye on and discipline the child/ youth?	0	No current need; no need for action or intervention. No evidence caregiver needs help or assistance in monitoring or disciplining the child/youth, and/or caregiver has good monitoring and discipline skills.
◆ Does the caregiver need some help with these issues?	1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. Child/youth is at risk of harm due to absence of supervision or monitoring.

74. INVOLVEMENT WITH CARE

This item rates the caregiver's participation in the child/youth's care and ability to advocate for the child/youth.

Ratings and Descriptions

	0	No current need; no need for action or intervention. No evidence of problems with caregiver involvement in services or interventions for the child/ youth, and/or caregiver is able to act as an effective advocate for child/youth.
Questions to Consider ◆ How involved are the caregivers in services for the child/youth?	1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver is *consistently involved* in the planning and/or implementation of services for the child/youth but is *not an active advocate* on behalf of the child/youth. Caregiver is open to receiving support, education, and information.
◆ Is the caregiver an advocate for the child/youth? ◆ Would they like any help to become more involved?	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver does not actively involve themselves in services and/or interventions intended to assist the child/youth.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver wishes for child/youth to be removed from their care.

Supplemental Information: This rating should be based on the level of involvement of the caregiver(s) has in the planning and provision of child welfare, behavioral health, education, primary care, and related services.

75. ORGANIZATION

This item is used to rate the caregiver's ability to organize and manage their household within the context of intensive community services.

Ratings and Descriptions

Questions to Consider	0	No current need; no need for action or intervention. Caregiver is well organized and efficient.

	1	Identified need requires monitoring, watchful waiting, or preventive activities.
◆ Do caregivers need or want help with managing their home? ◆ Do they have difficulty getting to appointments or managing a schedule? ◆ Do they have difficulty getting their youth to appointments or school?		Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has moderate difficulty organizing and maintaining household to support needed services.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver is unable to organize household to support needed services.

76. KNOWLEDGE (UNDERSTANDING OF THE YOUTH'S NEEDS)

This item identifies the caregiver's knowledge of the child/youth's strengths and needs, and their ability to understand the rationale for the treatment or management of these problems.

Ratings and Descriptions

	0	No current need; no need for action or intervention.
		No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child/youth's psychological strengths and weaknesses, talents and limitations.
Questions to Consider ◆ Does the caregiver understand the child/youth's current mental health diagnosis and/or symptoms? ◆ Does the caregiver's expectations of the child/youth reflect an understanding of the child/youth's mental or physical challenges?	1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver, while being generally knowledgeable about the child/youth, has some mild deficits in knowledge or understanding of the child/youth's psychological condition, talents, skills and assets.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver does not know or understand the child/youth well and significant deficits exist in the caregiver's ability to relate to the child/youth's problems and strengths.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has little or no understanding of the child/youth's current condition. Caregiver's lack of knowledge about the child/youth's strengths and needs place the child/youth at risk of significant negative outcomes.

77. SOCIAL RESOURCES

This item rates the social assets (e.g., extended family) and resources that the caregiver can bring to bear in addressing the multiple needs of the child/youth and family.

	Ratings and Descriptions	
Questions to Consider ◆ Does family have extended family or friends who provide emotional support? ◆ Can they call on social supports to watch the child/ youth occasionally?	0	No current need; no need for action or intervention. Caregiver has significant social and family networks that actively help with caregiving.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has some family, friends or social network that actively helps with caregiving.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Work needs to be done to engage family, friends or social network in helping with caregiving.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has no family or social network to help with caregiving.

78. RESIDENTIAL STABILITY

This item rates the housing stability of the caregiver(s) and <u>does not</u> include the likelihood that the child or youth will be removed from the household.

	Ratings and Descriptions	
Questions to Consider ◆ Is the family's current housing situation stable? ◆ Are there concerns that they might have to move in the near future? ◆ Has family lost their housing?	0	No current need; no need for action or intervention. Caregiver has stable housing with no known risks of instability.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has moved multiple times in the past year. Housing is unstable.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Family is homeless, or has experienced homelessness in the recent past.

79. FAMILY STRESS
This item refers to the impact of managing the child/youth's behavioral and emotional needs on the family's stress level.

Questions to Consider
- ✦ Do caregivers find it stressful at times to manage the challenges in dealing with the child/youth's needs?
- ✦ Does the stress ever interfere with ability to care for the child/youth?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of caregiver having difficulty managing the stress of the child/youth's needs and/or caregiver is able to manage the stress of child/youth's needs.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history or suspicion and/or caregiver has some problems managing the stress of child/youth's needs.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver has notable problems managing the stress of child/youth's needs. This stress interferes with their capacity to provide care.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver is unable to manage the stress associated with child/youth's needs. This stress prevents caregiver from parenting.

80. ACCESS TO PUBLIC RESOURCES
This item refers to the family's access to resources (including child care and/or respite care) that sufficiently meet the needs of the children in the family.

Questions to Consider
- ✦ Are resources able to meet the potentially complex needs of the family and/or children?

Ratings and Descriptions

0 No current need; no need for action or intervention.
Family has access to sufficient public resources that match the children's and/or family's needs.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Family has limited access to public resources that match the children's and/or family's needs, and needs are met minimally by existing, available resources.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Family has limited access to public resources that match the children's and/or family's needs, and current resources do not meet their needs.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Family has no access public resources that match the needs of the children and/or the family.

Supplemental Information:
- ✦ If a family requires state-sponsored assistance, this item should be rated either a '2' or a '3'.
- ✦ Professionals and families should share their understanding of the word "sufficient".
- ✦ If transportation is the issue, then the Transportation item should also be rated.

81. TRANSPORTATION

This item reflects the caregiver's ability to provide appropriate transportation for the child/youth.

Questions to Consider
- Does the caregiver have reliable transportation?
- Are there any barriers to securing transportation?

Ratings and Descriptions

0 No current need; no need for action or intervention.

Child/youth and their caregiver have no transportation needs. Caregiver is able to get the child/youth to appointments, school, activities, etc. consistently.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

Child/youth and their caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting the child/youth to appointments, school, activities, etc. no more than weekly.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.

Child/youth and their caregiver have frequent transportation needs (e.g. appointments). Caregiver has difficulty getting the child/youth to appointments, school, activities, etc. regularly (e.g., once a week). Caregiver needs assistance transporting child/youth and access to transportation resources.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.

Child/youth and their caregiver have no access to appropriate transportation and is unable to get the child/youth to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

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82. COMMUNITY SAFETY

This item refers to the community that the family lives in. Consider both immediate and larger community when rating this item.

Questions to Consider
- Are there resources available to the family?
- What is the culture of the community?

Ratings and Descriptions

0 No current need; no need for action or intervention.

There are no safety concerns in the neighborhood and community. Community is a positive influence for the family.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

There are minor safety concerns in the neighborhood and community, but it does not put the family or members of the family at risk.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.

There are moderate safety concerns in the neighborhood and/or community that pose a risk to the family or members of the family.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.

There are significant safety concerns in the neighborhood and/or community that put the family or members of the family at immediate risk.

83. MARITAL/PARTNER VIOLENCE IN THE HOME

This item describes the degree of difficulty or conflict in the parent/caregiver's relationship and the impact on parenting and childcare.

Questions to Consider
- How do caregivers manage conflict between them?
- How are power and control handled in the caregivers' relationship with each other?
- How frequently does the child/youth witness caregiver conflict?
- Does the caregivers' conflict escalate to verbal aggression, physical attacks or destruction of property?

Ratings and Descriptions

0 No current need; no need for action or intervention.

Parents/caregivers appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

History of marital difficulties and partner arguments. Parents/caregivers are generally able to keep arguments to a minimum when child/youth is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.

Marital/partner difficulties including frequent arguments that escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which child/youth often witnesses.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.

Marital or partner difficulties often escalates to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate child/youth's difficulties or put the child/youth at greater risk.

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84. SAFETY

This item describes the caregiver's ability to maintain the child/youth's safety within the household. It does not refer to the safety of other family or household members based on any danger presented by the assessed child/youth.

Questions to Consider
- Is the caregiver able to protect the child/youth from harm in the home?
- Are there individuals living in the home or visiting the home that may be abusive to the child/youth?

Ratings and Descriptions

0 No current need; no need for action or intervention.

No evidence of safety issues. Household is safe and secure. Child/youth is not at risk from others.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.

Child/youth is in some danger from one or more individuals with access to the home.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.

Child/youth is in immediate danger from one or more individuals with unsupervised access.

TRANSITION TO ADULTHOOD DOMAIN

This domain is to be completed for all youth age 14+.

The following items are designed primarily for youth 14 years of age and older; however, these items should also be rated for any child/youth if it is felt that transition issues apply (e.g., youth less than 14 years old in a parenting role).

Rate the highest level from the past 30 days based on relevant information from all sources.

For the **Transition to Adulthood Domain**, use the following categories and action levels:

0   No current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

TA1. INDEPENDENT LIVING SKILLS
This item focuses on the presence or absence of skills and impairments in independent living abilities or the readiness to take on those responsibilities.

Questions to Consider
- Is the youth in line with typical development?
- Are the tasks being requested in line with the youth's abilities?

Ratings and Descriptions

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

TA2. YOUTH TRANSPORTATION
This item is used to rate the level of transportation required to insure that the youth can effectively participate in their own treatment.

Questions to Consider
- Does the youth have reliable transportation?
- Are there any barriers to transportation?

Ratings and Descriptions

0	The youth has no transportation needs.
1	The youth has occasional transportation needs (e.g. appointments). These needs would be no more than weekly and do not require a special vehicle.
2	The youth 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.
3	The youth requires frequent (e.g., daily to work or therapy) transportation in a special vehicle.

TA3. PARENTAL/CAREGIVING ROLE
This item focuses on a youth in any parental/caregiving role.

Ratings and Descriptions

Questions to Consider
- Is the youth in any roles where they care for someone else – parent, grandparent, younger sibling, or their own child?
- How well can the youth fill that role?
- Does parenting responsibility impact the youth's life functioning?

0	Youth has a parenting or caregiving role, and is functioning appropriately in that role. A youth that does not have a parental or caregiving role would be rated here.
1	The youth has responsibilities as a parent/caregiver and occasionally experiences difficulties with this role.
2	The youth has responsibilities as a parent/caregiver, and currently struggles to meet these responsibilities, or these responsibilities are currently interfering with the youth's functioning in other life domains.
3	The youth has responsibilities as a parent/caregiver, and is currently unable to meet these responsibilities, or these responsibilities are making it impossible for the youth to function in other life domains. The youth has the potential of abuse or neglect in their parenting/caregiving role.

Supplemental Information: A youth with a son or daughter, or a youth responsible for the care of another family member (e.g., an elderly parent or grandparent) would be rated here. Include pregnancy as a parenting role. A parentified youth is rated in the Victimization/Exploitation item (Risk Behaviors Domain).

TA4. INTIMATE RELATIONSHIPS
This item is used to rate the youth's current status in terms of romantic/intimate relationships.

Ratings and Descriptions

Questions to Consider
- Is youth in a romantic partnership or relationship at this time?
- What is the quality of this relationship?
- Does youth see relationship as source of comfort/strength or source of distress/conflict?

0	Youth has a strong, positive, adaptive partner relationship with another adult, or has maintained a positive partner relationship in the past but is not currently in an intimate relationship.
1	Youth has a generally positive partner relationship with another youth. The relationship may, at times, impede the youth's healthy development.
2	Youth has a recent history of being in a domestically violent relationship or a recent history of being in a relationship where they were overly dependent on their partner. Youth may or may not be currently involved in any partner relationship with another youth.
3	Youth is currently involved in a negative or domestically violent relationship or a relationship where they are totally dependent on their partner.

TA5. MEDICATION COMPLIANCE
This item focuses on the youth's willingness or ability to participate in taking prescribed medication.

Ratings and Descriptions

Questions to Consider
1. Does the youth remember to take their medication? When prompted, does the youth take their medication?
2. Does the youth ever refuse to take prescribed medications?
3. Does the caregiver need reminders to maintain medication compliance?

0	The youth takes medications as prescribed without assistance or reminders.
1	The youth usually takes medications as prescribed but may intermittently stop, skip, or forget to take medications without causing instability of the underlying medical condition(s); youth may benefit from reminders and checks to consistently take medications.
2	The youth takes medications inconsistently or misuses medications, causing some instability of the underlying medical condition; youth may benefit from direct supervision of medication.
3	The youth does not take medication(s) prescribed for management of underlying medical conditions and their underlying medical conditions are not well controlled. Youth abusing medications to a significant degree (e.g., overdosing or over using medications to a dangerous degree) would also be rated here.

TA6. YOUTH EDUCATIONAL ATTAINMENT

This item rates the degree to which the youth has completed their planned education.

Questions to Consider
- Does the youth have educational goals?
- How is the youth doing in meeting these educational goals?

Ratings and Descriptions

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

TA7. JOB FUNCTIONING

If the youth is working, this item describes the youth's functioning in a job setting.

Questions to Consider
- Is the youth able to meet expectations at work?
- Does the youth have regular conflict at work?
- Is the youth timely and able to complete responsibilities?

Ratings and Descriptions

0	No evidence of any problems in work environment. Youth is excelling in a job environment.
1	Youth has some mild problems at work (e.g., tardiness, conflict). Youth is functioning adequately in a job environment.
2	Youth has moderate problems at work. Youth has problems with their development of vocational or prevocational skills.
3	Youth has severe problems at work in terms of attendance, performance or relationships. Youth may have recently lost job.
NA	Youth is not currently working.

TA8. TRANSITION TO ADULT SERVICES SYSTEM

Successful transition to an adult services system requires cooperation between the youth and those professionals representing them. This item rates the youth's readiness for transition, including paperwork/referrals, scheduled appointments, and intakes.

Questions to Consider
- Does someone else (supervisor/natural support) need to become involved? Contacted?
- Who is responsible for this process/individual steps?
- Is anyone concerned about the process/timeframes?

Ratings and Descriptions

0	No evidence that there are any barriers to successful transition.
1	Youth and professional are progressing towards successful transition but require significant support/monitoring to meet timeframes/requirements.
2	Youth and professional are waiting for paperwork/referral, etc. There is some concern that timeframes and thus youth needs will not be met.
3	Transition at this time is not likely, as the appropriate steps have not been completed or will not be completed in time, placing the youth at risk.
NA	Youth is not transitioning to adult services system.

TA9. ACCESSIBILITY TO CHILD CARE RESOURCES AND/OR RESPITE
This item refers to the youth's access to appropriate childcare for their child(ren).

Questions to Consider
- What is your understanding of the terms "sufficient" and "affordable"?
- How do your definitions compare to those of the youth's?

Ratings and Descriptions

0	Youth has access to sufficient/affordable child care resources and/or respite.
1	Youth has limited access to sufficient/affordable child care resources and/or respite. Needs are met minimally by existing, available resources.
2	Youth has limited access to sufficient/affordable child care resources and/or respite. Current resources do not meet the youth's needs.
3	Youth has no access to child care resources and/or respite.
NA	Youth is not a parent or caregiver.

TA10. FINANCIAL RESOURCES
This item rates the financial resources that the youth can bring to bear in addressing their needs.

Questions to Consider
- Are the financial issues related to desire? If so, do not rate them here.
- Are financial limitations creating barriers to the youth attending college?
- Does the youth struggle to pay for food and shelter, but is able to keep up with current trends? If so, do not rate this.

Ratings and Descriptions

0	Youth has sufficient financial resources to meet their current needs.
1	Youth has some financial resources that meet the majority of their current needs.
2	Youth has limited financial resources and needs substantial assistance to meet their needs.
3	Youth has no financial resources and is unable to meet their needs.

TA11. YOUTH RESIDENTIAL STABILITY
This item rates the current and likely future housing circumstances for the youth. If the youth lives independently, their history of residential stability can be rated.

Questions to Consider
- Is the youth staying in temporary housing, homeless shelter, transitional housing?
- Does the youth speak of couch surfing or moving frequently and staying with friends?
- Is the youth looking for new housing due to eviction, being "kicked out" of family home, or running away from family home?

Ratings and Descriptions

0	There is no evidence of residential instability. Youth has stable housing for the foreseeable future.
1	Youth has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, some residential instability if living independently, characterized by the potential loss of housing due to the person's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the youth found stressful is rated here.
2	Youth has moved multiple times in the past year. This level also includes a moderate degree of residential instability if the person is living independently, characterized by recent and temporary lack of permanent housing.
3	Youth has experienced periods of homelessness in the past six months. Also, significant degree of residential instability if living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.

EARLY CHILDHOOD DOMAIN
(BIRTH THRU FIVE YEARS OLD)

PLEASE NOTE: This section is to be completed when the child is birth to 6 years old. The Potentially Traumatic/Adverse Childhood Experiences (pg. X) must also be completed for this age group. This section can also be completed for youth of any age who are experiencing developmental challenges.

CHALLENGES

For the **Early Childhood Module – Challenges** items, use the following categories and action levels:

0   No current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

These items should be considered within what is appropriate given the child's age and development.

EC1. IMPULSIVITY/HYPERACTIVITY
Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD), Impulse-Control Disorders as indicated in the DSM-5. Children/youth with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), sexual behavior, fire-starting or stealing.

Questions to Consider
✦ Is the child unable to sit still for any length of time?
✦ Does the child have trouble paying attention for more than a few minutes?
✦ Is the child able to control their behavior, talking, etc.?

Ratings and Descriptions

0   No current need; no need for action or intervention. No evidence of symptoms of loss of control of behavior.

1   Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. The child/youth may exhibit limited impulse control,(e.g., child/youth may yell out answers to questions or may have difficulty waiting one's turn). Some motor difficulties may be present as well, such as pushing or shoving others.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child/youth's functioning in at least one life domain. This indicates a child/youth with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child/youth who often intrudes on others and often exhibits aggressive impulses would be rated here.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child/youth at risk of physical harm. This indicates a child/youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child/youth may be impulsive on a nearly continuous basis. The child/youth endangers self or others without thinking.

EC2. DEPRESSION

Symptoms included in this item are irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This item can be used to rate symptoms of the depressive disorders as specified in DSM-5.

Questions to Consider

- Is the child concerned about possible depression or chronic low mood and irritability?
- Has the child withdrawn from normal activities?
- Does the child seem lonely or not interested in others?

Ratings and Descriptions

0   No current need; no need for action or intervention.

No evidence of problems with depression.

1   Identified need requires monitoring, watchful waiting, or preventive activities.

History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.

Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child/youth's ability to function in at least one life domain.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating is given to a child/youth with a severe level of depression. This would include a child/youth 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 rated here.. [continues]

Supplemental Information: Specific information to consider regarding depression and infants and young children:

- Action Level '1': Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect.
- Action Level '2': Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions.

EC3. ANXIETY

This item rates symptoms associated with DSM-5 Anxiety Disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors). Panic attacks can be a prominent type of fear response.

Questions to Consider

- Does the child have any problems with anxiety or fearfulness?
- Is the child avoiding normal activities out of fear?
- Does the child act frightened or afraid?

Ratings and Descriptions

0   No current need; no need for action or intervention.

No evidence of anxiety symptoms.

1   Identified need requires monitoring, watchful waiting, or preventive activities.

There is a history, suspicion, or evidence of some anxiety associated with a recent negative life event. This level is used to rate either a phobia or anxiety problem that is not yet causing the individual significant distress or markedly impairing functioning in any important context.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.

Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child's ability to function in at least one life domain.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain. [continues]

ANXIETY continued

Supplemental Information: Specific information to consider regarding anxiety and infants and young children:
- ✦ Action Level '1': An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.
- ✦ Action Level '2': Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.

EC4. OPPOSITIONAL (Non-compliance with Authority)

This item rates the child/youth's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the child/youth.

Questions to Consider
- ✦ Does the child/youth follow their caregivers' rules?
- ✦ Have teachers or other adults reported that the child/youth does not follow rules or directions?
- ✦ Does the child/youth argue with adults when they try to get the child/youth to do something?
- ✦ Does the child/youth do things that they have been explicitly told not to do?

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence of oppositional behaviors.
1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child/youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child/youth's functioning in at least one life domain. Behavior causes emotional harm to others. A child/youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child/youth has severe problems with compliance with rules or adult instruction or authority.

EC5. ATTACHMENT DIFFICULTIES
This item should be rated within the context of the child's significant parental or caregiver relationships.

Questions to Consider
- ✦ Does the child struggle with separating from caregiver?
- ✦ Does the child approach or attach to strangers in indiscriminate ways?
- ✦ Does the child have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance?
- ✦ Does the child have separation anxiety issues that interfere with ability to engage in childcare or preschool?

Ratings and Descriptions

0	No current need; no need for action or intervention. 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 is able to respond to youth cues in a consistent, appropriate manner, and child seeks age-appropriate contact with caregiver for both nurturing and safety needs.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Some history or evidence of insecurity in the caregiver-child relationship. Caregiver may have difficulty accurately reading child's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Youth may have some 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	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Problems with attachment that interfere with child's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret youth cues, act in an overly intrusive way, or ignore/avoid child's bids for attention/nurturance. Child may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others. [continues]

	3	Problems are dangerous or disabling; requires immediate and/or intensive action.
		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 their attachment behaviors. 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.

Supplemental Information: DSM-5 Reactive Attachment Disorder and Disinhibited Social Engagement Disorder criteria are noted below. Social neglect, or the absence of adequate caregiving during childhood, is a part of both disorders.

Reactive Attachment Disorder: An internalizing disorder with depressive symptoms and withdrawn behavior.

A. A consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers, manifested by both of the following:
1. The child rarely or minimally seeks comfort when distressed.
2. The child rarely or minimally responds to comfort when distressed.

B. A persistent social and emotional disturbance characterized by at least two of the following:
1. Minimal social and emotional responsiveness to others.
2. Limited positive affect.
3. Episodes of unexplained irritability, sadness, or fearfulness that are evident even during nonthreatening interactions with adult caregivers.

Disinhibited Social Engagement Disorder: An externalizing disorder marked by disinhibited behavior.

A pattern of behavior in which a child actively approaches and interacts with unfamiliar adults and exhibits at least two of the following:
1. Reduced or absent reticence in approaching and interacting with unfamiliar adults.
2. Overly familiar verbal or physical behavior (that is not consistent with culturally sanctioned and with age-appropriate social boundaries).
3. Diminished or absent checking back with adult caregiver after venturing away, even in unfamiliar settings.
4. Willingness to go off with an unfamiliar adult with little or no hesitation.

EC6. ADJUSTMENT TO TRAUMA
This item is used to describe the child who is having difficulties adjusting to a traumatic experience, as defined by the child/youth. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and the behavior.

		Ratings and Descriptions
	0	No current need; no need for action or intervention.
		No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.
Questions to Consider	1	Identified need requires monitoring, watchful waiting, or preventive activities.
✦ Has the child experienced a traumatic event?		The child/youth has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child/youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.
✦ Does the child experience frequent nightmares?		
✦ Is the child troubled by flashbacks?	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
✦ What are the child's current coping skills?		Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child/youth's functioning in at least one life domain.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action.
		Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

EC7. REGULATORY

Item refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled.

Questions to Consider

+ Does the child have particular challenges around transitioning from one activity to another resulting at times in the inability to engage in activities?
+ Does the child have severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school or play?
+ Does the child require more adult supports to cope with frustration than other children in similar settings? Does the child have more distressing tantrums or yelling fits than other children?

Ratings and Descriptions

0   No current need; no need for action or intervention.

Strong evidence the child is developing strong self-' capacities. This is indicated by the capacity to fall asleep, regular patterns of feeding and sleeping. Young infants can regulate breathing and body temperature, are able to move smoothly between states of alertness, sleep, feeding on schedule, able to make use of caregiver/ pacifier to be soothed, and moving toward regulating themselves (e.g., infant can begin to calm to caregiver's voice prior to being picked up). Toddlers are able to make use of caregiver to help regulate emotions, fall asleep with appropriate transitional objects, can attend to play with increased attention and play is becoming more elaborated, or have some ability to calm themselves down.

1   Identified need requires monitoring, watchful waiting, or preventive activities.

At least one area of concern about an area of regulation--breathing, body temperature, sleep, transitions, feeding, crying--but caregiver feels that adjustments on their part are effective in assisting child to improve regulation; monitoring is needed.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Concern in one or more areas of regulation: sleep, crying, feeding, tantrums, sensitivity to touch, noise, and environment. Referral to address self-regulation is needed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

Concern in two or more areas of regulation, including but not limited to: difficulties in breathing, body movements, crying, sleeping, feeding, attention, ability to self soothe, and/or sensitivity to environmental stressors.

EC8. ATYPICAL BEHAVIORS

This item describes ritualized or stereotyped behaviors (whether the child repeats certain actions over and over again), or demonstrates behaviors that are unusual or difficult to understand. Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, tow walking, staring at lights, or repetitive and bizarre verbalizations.

Questions to Consider

1. Does the child exhibit behaviors that are unusual or difficult to understand?
2. Does the child engage in certain repetitive actions?
3. Are the unusual behaviors or repeated actions interfering with the child's functioning?

Ratings and Descriptions

0   No current need; no need for action or intervention.
No evidence of atypical behaviors (repetitive or stereotyped behaviors) in the infant/child.

1   Identified need requires monitoring, watchful waiting, or preventive activities.
Atypical behaviors (repetitive or stereotyped behaviors) reported by caregivers or familiar individuals that may have mild or occasional interference in the child's functioning.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Atypical behaviors (repetitive or stereotyped behaviors) generally noticed by unfamiliar people and have notable interference in the child's functioning.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.
Atypical behaviors (repetitive or stereotyped behaviors) occur with high frequency, and are disabling or dangerous.

EC9. SLEEP

This item rates the child/youth's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues. **The child must be 12 months of age to rate this item.**

	Ratings and Descriptions
Questions to Consider ◆ Does the child appear rested? ◆ What are the child's nap and bedtime routines? ◆ How does the child's sleep routine impact your family?	**0** No current need; no need for action or intervention. Child/youth gets a full night's sleep each night.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has some problems sleeping. Generally, child/youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is generally sleep deprived. Sleeping is almost always difficult and the child/youth is not able to get a full night's sleep.
	NA Child is younger than 12 months old.

FUNCTIONING

For the **Early Childhood Module – Functioning** items, the following categories and action levels are used:

0   No current need; no need for action or intervention.

1   Identified need requires monitoring, watchful waiting, or preventive activities.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

EC10. FAMILY FUNCTIONING

This item rates the child/youth's relationships with those who are in their family. It is recommended that the description of family should come from the child/youth's perspective (i.e. who the child/youth describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the child/youth is still in contact. Foster families should only be considered if they have made a significant commitment to the child/youth. For children/youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this item, take into account the relationship the child/youth has with their family as well as the relationship of the family as a whole.

Questions to Consider
- How does the child get along with siblings or other children in the household?
- How does the child/youth get along with parents or other adults in the household?
- Is the child/youth particularly close to one or more members of your family?

Ratings and Descriptions

0   No current need; no need for action or intervention.

No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members.

1   Identified need requires monitoring, watchful waiting, or preventive activities.

History or suspicion of problems, and/or child/youth is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with child/youth. Arguing may be common but does not result in major problems.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.

Child/youth's problems with parents, siblings and/or other family members are impacting their functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

Child/youth's problems with parents, siblings, and/or other family members are debilitating, placing them at risk. This would include problems of domestic violence, absence of any positive relationships, etc.

Supplemental Information: Family Functioning should be rated independently of the problems the child experienced or stimulated by the child currently assessed.

EC11. EARLY EDUCATION

This item rates the child's experiences in educational settings (such as daycare and preschool) and the child's ability to get their needs met in these settings. This item also considers the presence of problems within these environments in terms of attendance, progress, support from the school staff to meet the child's needs, and the child's behavioral response to these environments.

Questions to Consider	Ratings and Descriptions
◆ What is the child's experience in preschool/daycare? ◆ Does the child have difficulties with learning new skills, social relationships or behavior?	**0** No current need; no need for action or intervention. No evidence of problem with functioning in current educational environment.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. History or evidence of problems with functioning in current daycare or preschool environment. Child may be enrolled in a special program.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child is experiencing difficulties maintaining their behavior, attendance, and/or progress in this setting.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child's problems with functioning in the daycare or preschool environment place them at immediate risk of being removed from program due to their behaviors, lack of progress, or unmet needs.

EC12. SOCIAL AND EMOTIONAL FUNCTIONING

This item rates the child's social and relationship functioning. This includes age appropriate behavior and the ability to make and maintain relationships during the past 30 days. When rating this item, consider the child's level of development.

Questions to Consider	Ratings and Descriptions
◆ How does the child get along with others? ◆ Can an infant engage with and respond to adults? Can a toddler interact positively with peers? ◆ Does the child interact with others in an age-appropriate manner?	**0** No current need; no need for action or intervention. No evidence of problems with social functioning; child has positive social relationships.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child is having some problems in social relationships. Infants may be slow to respond to adults, Toddlers may need support to interact with peers and preschoolers may resist social situations.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child is having problems with their social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child is experiencing disruptions in their social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.

EC13. DEVELOPMENTAL/INTELLECTUAL

This item describes the child/youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, or educational functioning.

Questions to Consider

- Does the child/youth's growth and development seem age appropriate?
- Has the child/youth been screened for any developmental problems?

Ratings and Descriptions

0 No current need; no need for action or intervention.

No evidence of developmental delay and/or child has no developmental problems or intellectual disability.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

There are concerns about possible developmental delay. Child/youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.

Child/youth has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.

Child/youth has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

EC14. MEDICAL/PHYSICAL

This rating describes both health problems and chronic/acute physical conditions or impediments.

Questions to Consider

- Is the child/youth generally healthy?
- Does the child/youth have any medical problems?
- How much does the health or medical issue this interfere with the child'/youths life?

Ratings and Descriptions

0 No current need; no need for action or intervention.

No evidence that the child has any medical or physical problems, and/or they are healthy.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

Child/youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.

Child/youth has serious medical or physical problems that require medical treatment or intervention. Or child has a chronic illness or a physical challenge that requires ongoing medical intervention.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.

Child /youth has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to youth's safety, health, and/or development.

Supplemental Information: Most transient, treatable conditions would be rated as a '1'. Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a '2'. The rating '3' is reserved for life threatening medical conditions.

RISK BEHAVIORS & FACTORS

For the **Early Childhood Module – Risk Behaviors & Factors** items, use the following categories and action levels:

0   No current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

EC15. SELF-HARM

This item includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child or others at some jeopardy. **The child must be 12 months of age to rate this item.**

Questions to Consider	Ratings and Descriptions
✦ Has the child head banged or done other self-harming behaviors? ✦ If so, does the caregiver's support help stop the behavior?	**0** No current need; no need for action or intervention. There is no evidence of self-harm behaviors.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. History, suspicion or some evidence of self-harm behaviors. These behaviors are controllable by caregiver.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child's self-harm behaviors such as head banging that cannot be impacted by supervising adult and interferes with their functioning.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child's self-harm behavior that puts their safety and well-being at risk.
	NA Child is younger than 12 months of age.

EC16. EXPLOITED

This item describes a history and pattern of being the object of abuse and includes a level of current risk for re-victimization. For children birth to age five, this can include sexual exploitation or being taken advantage of by others.

Questions to Consider	Ratings and Descriptions
✦ Has the child ever been victimized in any way (e.g. mugged, teased, bullied, abused, victim of a crime, etc.)? ✦ Are there concerns that they have been or is currently being taken advantage of by peers or other adults? ✦ Is the child currently at risk of being victimized by another person?	**0** No current need; no need for action or intervention. No evidence of a history of exploitation OR no evidence of recent exploitation and no significant history of victimization within the past year. Child is not presently at risk for re-victimization.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Suspicion or history of exploitation, but the child has not been exploited during the past year. Child is not presently at risk for re-victimization.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child has been recently exploited (within the past year) but is not at acute risk of re-exploitation. This might include experiences of physical or sexual abuse, significant psychological abuse by family or friends or violent crime.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child has recently been exploited and is at acute risk of re-exploitation.

EC17. PRENATAL CARE

This refers to the health care and pregnancy-related illness of the mother that impacted the child in utero.

	Ratings and Descriptions
Questions to Consider ✦ What kind of prenatal care did the biological mother receive? ✦ Did the mother have any unusual illnesses or risks during pregnancy?	**0** No current need; no need for action or intervention. 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 Identified need requires monitoring, watchful waiting, or preventive activities. Child's biological mother had some shortcomings 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 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. 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 Problems are dangerous or disabling; requires immediate and/or intensive action. 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.

EC18. EXPOSURE

This item describes the child's exposure to environmental toxins and substance use and abuse both before and after birth.

	Ratings and Descriptions
	0 No current need; no need for action or intervention. Child had no in utero exposure to environmental toxins, alcohol or drugs, and there is currently no exposure in the home.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child had either some in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy, or exposure to lead at home), or there is current alcohol and/or drug use in the home or environmental toxins in the home or community.
Questions to Consider ✦ Was the child exposed to substances during the pregnancy? If so, what substances?	**2** Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child was exposed to significant environmental toxins, alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g., heroin, cocaine), significant use of alcohol or tobacco, or exposure to environmental toxins would be rated here.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child was exposed to environmental toxins, alcohol or drugs in utero and continues to be exposed in the home or community. Any child who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here. A child who ingested lead paint and exhibited symptoms would be rated here.

EC19. LABOR AND DELIVERY

This dimension refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child during childbirth.

Questions to Consider	Ratings and Descriptions
✦ Where there any unusual circumstances related to the labor and delivery of the child?	**0** No current need; no need for action or intervention. Child and mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child or mother had some mild problems during delivery, but there is no history of adverse impact. An emergency C-section or a delivery-related physical injury (e.g. shoulder displacement) to the baby is rated here.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or needed some resuscitative measures at birth is rated here.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. 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.

EC20. BIRTH WEIGHT

This describes the child's birth weight as compared to normal development.

Questions to Consider	Ratings and Descriptions
✦ How did the child's birth weight compare to typical averages?	**0** No current need; no need for action or intervention. Child within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child born underweight. A child with a birth weight of between 1500 grams (3.3. pounds) and 2499 grams would be rated here.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child considerably under-weight at birth to the point of presenting a development risk to them. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child extremely under-weight at birth to the point of threatening their life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

EC21. FAILURE TO THRIVE

This item rates the presence of problems with weight gain or growth.

Ratings and Descriptions

Questions to Consider
- Does the child have any problems with weight gain or growth either now or in the past?
- Are there any concerns about the child's eating habits?
- Does the child's doctor have any concerns about the child's growth or weight gain?

0	No current need; no need for action or intervention.
	No evidence of failure to thrive.

1	Identified need requires monitoring, watchful waiting, or preventive activities.
	The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area.

2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
	The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 5th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, or have a rate of weight gain that causes a decrease in two or more major percentile lines over time (75th to 25th).

3	Problems are dangerous or disabling; requires immediate and/or intensive action.
	The infant/child has one or more of all of the above and is currently at serious medical risk.

CULTURAL FACTORS – FAMILY

In rating these items, please use the **perspective of the family.**

> For the **Early Childhood Domain - Cultural Factors - Family** items, use the following categories and action levels:
>
> 0   No current need; no need for action or intervention.
>
> 1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
> 2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
> 3   Problems are dangerous or disabling; requires immediate and/or intensive action.

EC22. LANGUAGE

This item looks at whether the child/youth or family needs help with communication to obtain the necessary resources, supports and accommodations (e.g., interpreter). This item includes spoken, written, and sign language, as well as issues of literacy.

Questions to Consider	Ratings and Descriptions
✦ What language does the family speak at home? ✦ Does the family have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?	**0** No current need; no need for action or intervention. No evidence that there is a need or preference for an interpreter and/or the child/youth and family speak and read the primary language where the youth or family lives. **1** Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth and/or family speak or read the primary language where the child/youth or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language. **2** Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth and/or significant family members do not speak the primary language where the youth or family lives. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports. **3** Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth and/or significant family members do not speak the primary language where the youth or family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

For Early Childhood: Please rate the above item from the perspective of the family.

EC23. TRADITIONS AND RITUALS

This item rates the child/youth's and/or family's access to and participation in cultural tradition, rituals and practices, including the celebration of culturally specific holidays such as Kwanza, Dia de los Muertos, Yom Kippur, Quinceanera, etc. This also may include daily activities that are culturally specific (e.g., wearing a hijab, praying toward Mecca at specific times, eating a specific diet, access to media), and traditions and activities to include newer cultural identities.

Questions to Consider
- What holidays does the family celebrate?
- What traditions are important to the family?
- Does the family fear discrimination for practicing their traditions and rituals?

Ratings and Descriptions

0	No current need; no need for action or intervention.
	Child/youth and/or family are consistently practice their chosen traditions and rituals consistent with their cultural identity.
1	Identified need requires monitoring, watchful waiting, or preventive activities.
	Child/youth and/or family are generally practice their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
	Child/youth and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.
	Child/youth and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.

For Early Childhood: Please rate the above item from the perspective of the family.

EC24. CULTURAL STRESS

This item identifies circumstances in which the child/youth's cultural identity is met with hostility or other problems within the child/youth's environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the youth and the child/youth's family). Racism, negativity toward SOGIE and other forms of discrimination would be rated here.

Questions to Consider
- What does the family believe is their reality of discrimination? How do they describe discrimination or oppression?
- Does this impact their functioning as a family?

Ratings and Descriptions

0	No current need; no need for action or intervention.
	No evidence of stress between the child/youth's cultural identity and current living situation.
1	Identified need requires monitoring, watchful waiting, or preventive activities.
	Some occasional stress resulting from friction between the child/youth's cultural identity and current living situation.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
	Child/youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. Child/youth needs support to learn how to manage culture stress.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.
	Child/youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Child/youth needs immediate plan to reduce culture stress.

For Early Childhood: Please rate the above item from the perspective of the family's cultural stress.

STRENGTHS

For **Early Childhood Module – Strengths items,** the following categories and action levels are used:

0   Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.

1   Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.

2   Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.

3   An area in which no current strength is identified; efforts are needed to identify potential strengths.

EC25. FAMILY STRENGTHS

This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child/youth's perspective (i.e., who the child/youth describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child/ youth is still in contact.

Questions to Consider
- How does your child/youth get along with siblings or other children in the household?
- How does your child/youth get along with caregivers or other adults in the household?
- Is your child/youth particularly close to one or more members of the family?

Ratings and Descriptions

0   Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child/youth and is able to provide significant emotional or concrete support. Child/youth is fully included in family activities.

1   Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
Family has some good relationships and good communication. Family members are able to enjoy each other's company.   There is at least one family member who has a strong, loving relationship with the child/youth and is able to provide limited emotional or concrete support.

2   Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.

3   An area in which no current strength is identified; efforts are needed to identify potential strengths.
Family needs significant assistance in developing relationships and communications, or child/ youth has no identified family. Child/youth is not included in normal family activities.

EC26. INTERPERSONAL

This item is used to identify a child/youth's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child/youth can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

Questions to Consider
- How does your child interact with other children and adults?
- How does your child do in social settings?

Ratings and Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
	Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
	Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
	Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths.
	There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.

Supplemental Information: For children birth to 6 years old, consider the following:
- Action level '0': Child has a prosocial or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.
- Action level '1': Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults but may not initiate such interactions by themselves.
- Action level '2': Child may be shy or uninterested in forming relationships with others, or – if still an infant-child may have a temperament that makes attachment to others a challenge.
- Action level '3': Child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g. Social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.

EC27. NATURAL SUPPORTS

This item refers to unpaid helpers in the child/youth's natural environment. These include individuals who provide social support to the target child/youth and family. All family members and paid caregivers are excluded.

Questions to Consider
- Who does the child consider to be a support?
- Does the child have non-family members in their life that are positive influences?

Ratings and Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
	Child/youth has significant natural supports that contribute to helping support the child/youth's healthy development.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
	Child/youth has identified natural supports that provide some assistance in supporting the child/youth's healthy development.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
	Child/youth has some identified natural supports, however, these supports are not actively contributing to the child/youth's healthy development.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths.
	Child/youth has no known natural supports (outside of family and paid caregivers).

EC28. RESILENCY (PERSISTENCE AND ADAPTABILITY)

This item refers to how the child reacts to new situations or experiences, how they respond to changes in routines, as well as their ability to keep trying a new task/skill, even when it is difficult for them.

Questions to Consider
- Does child show ability to hang in there even when frustrated by a challenging task?
- Does child routinely require adult support in trying a new skill/activity?
- Can child easily and willingly transition between activities?
- What type of support does the child require to adapt to changes in schedules?

Ratings and Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
	The child consistently has a strong ability to adjust to changes and transitions, and continue an activity when challenged or meeting obstacles. This supports further growth and development and can be incorporated into a service plan as a centerpiece strength.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
	Child with good curiosity and some ability to continue an activity that is challenging. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to them, would be rated here. The child demonstrates a level of adaptability and ability to continue in an activity that is challenging. The child could benefit from further development in this area before it is considered a significant strength.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
	The child shows some ability to continue a challenging task although this needs to be more fully developed. Parents and caregivers need to be the primary support in this area.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths.
	Child's difficulties coping with challenges places their development at risk. Child may seem frightened of new information, changes or environments.

EC29. RELATIONSHIP PERMANENCE

This item refers to the stability and consistency of significant relationships in the child's life. This likely includes family members but may also include other adults and/or peers.

Ratings and Descriptions

Questions to Consider
- Has anyone consistently been in the child's life since birth?
- Are there other significant adults in the child's life?
- Has the child been in multiple home placements?

0   Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.

Child has very stable relationships. Family members, friends, and community have been stable for most of their life and are likely to remain so in the foreseeable future. Child is involved with their parents.

1   Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.

Child has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.

2   Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.

Child has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.

3   An area in which no current strength is identified; efforts are needed to identify potential strengths.

Child does not have any stability in relationships. Independent living or adoption must be considered.

EC30. PLAYFULNESS

This item rates the degree to which an infant/child is given opportunities for and participates in age appropriate play. Play should be understood developmentally. When rating this item, you should consider if the child is interested in play and/or whether the child needs adult support while playing. Problems with either solitary or group (e.g. parallel) play could be rated here.

Ratings and Descriptions

Questions to Consider
- Is the child easily engaged in play?
- Does the child initiate play? Can the child sustain play?
- Does the child need adult support in initiating and sustaining play more than what is developmentally appropriate?

0   Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.

The child consistently demonstrates the ability to make use of play to further their development. Their play is consistently developmentally appropriate, spontaneous, self-initiated and enjoyable.

1   Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.

The child demonstrates play that is developmentally appropriate, self-initiated, spontaneous and enjoyable much of the time. Child needs some assistance making full use of play.

2   Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.

The child demonstrates the ability to enjoy play and use it to support their development some of the time or with support of a caregiver. Even with this in place there does not appear to be investment and enjoying in the child.

3   An area in which no current strength is identified; efforts are needed to identify potential strengths.

The child does not demonstrate the ability to play in a developmentally appropriate or quality manner.

EC31. FAMILY SPIRITUAL/RELIGIOUS

This item refers to the family's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the family; however, an absence of spiritual and/or religious beliefs does not represent a need for the family.

Questions to Consider
- Does the family have spiritual beliefs that provide comfort?
- Is the family involved with any religious community?
- Is family interested in exploring spirituality?

Ratings and Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
	This level indicates a family with strong moral and spiritual strengths. Family may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort them in difficult times.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
	Family is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
	Family has expressed some interest in spiritual or religious belief and practices and may have little contact with religious institutions.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths.
	There is no evidence of identified spiritual or religious beliefs, nor does the family show any interest in these pursuits at this time.

DYADIC CONSIDERATIONS

For the **Early Childhood Module – Dyadic Considerations** items, use the following categories and action levels:

0   No current need; no need for action or intervention. This may be a strength of the caregiver.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

EC32. CAREGIVER EMOTIONAL RESPONSIVENESS
This item refers to the caregiver's ability to understand and respond to the joys, sorrows and other feelings of the child with similar or helpful feelings.

Questions to Consider	Ratings and Descriptions
✦ Is the caregiver able to empathize with the child? ✦ Is the caregiver able to respond to the child's needs in an emotionally appropriate manner? ✦ Is the caregiver's level of empathy impacting the child's development?	**0** No current need; no need for action or intervention. This may be strength of the caregiver. Caregiver is emotionally empathic and attends to the child's emotional needs.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. The caregiver can be emotionally empathic and typically attends to the child's emotional needs. There are times, however, when the caregiver is not able to attend to the child's emotional needs.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning. The caregiver is often not empathic and frequently is unable to attend to the child's emotional needs.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action The caregiver has significant difficulties with emotional responsiveness. They are not empathic and rarely attends to the child's emotional needs.

EC33. CAREGIVER ADJUSTMENT TO TRAUMATIC EXPERIENCES

This rating covers the caregiver's reactions to a variety of traumatic experiences that challenges the caregiver's ability to provide care for the child/youth.

Questions to Consider
+ Has the caregiver experienced a traumatic event?
+ Does the caregiver experience frequent nightmares?
+ Are they troubled by flashbacks?
+ What are the caregiver's current coping skills?

Ratings and Descriptions

0   No current need; no need for action or intervention. This may be strength of the caregiver.

There is no evidence that the caregiver has experienced trauma, OR there is evidence that the caregiver has adjusted well to their traumatic experiences.

1   Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.

The caregiver has mild adjustment problems and exhibits some signs of distress, OR caregiver has a history of having difficulty adjusting to traumatic experiences.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning.

The caregiver has marked adjustment problems and is symptomatic in response to a traumatic event (e.g., anger, depression, and anxiety).

3   Problems are dangerous or disabling; requires immediate and/or intensive action

The caregiver has post-traumatic stress difficulties. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Post-Traumatic Stress Disorder (PTSD).

CAREGIVER RESOURCES AND NEEDS

For **Early Childhood Module – Caregiver Resources and Needs** items, use the following categories and action levels:

0   No current need; no need for action or intervention. This may be a strength of the caregiver.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

EC34. SUPERVISION
This item rates the caregiver's capacity to provide the level of monitoring and discipline needed by the child/youth. Discipline is defined in the broadest sense and includes all of the things that parents/caregivers can do to promote positive behavior with their children.

Questions to Consider	Ratings and Descriptions
✦ How does the caregiver feel about their ability to keep an eye on and discipline the child? ✦ Does the caregiver need some help with these issues?	**0** No current need; no need for action or intervention. This may be a strength of the caregiver. No evidence caregiver needs help or assistance in monitoring or disciplining the child/youth, and/or caregiver has good monitoring and discipline skills. **1** Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver generally provides adequate supervision but is inconsistent. Caregiver may need occasional help or assistance. **2** Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills. **3** Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver is unable to monitor or discipline the youth. Caregiver requires immediate and continuing assistance. Child/youth is at risk of harm due to absence of supervision or monitoring.

EC35. INVOLVEMENT WITH CARE
This item rates the caregiver's participation in the child/youth's care and ability to advocate for the child/youth.

Questions to Consider
- How involved are the caregivers in services for the child/youth?
- Is the caregiver an advocate for the child/youth?
- Would the caregiver like any help to become more involved?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver.
	No evidence of problems with caregiver involvement in services or interventions, and/or caregiver is able to act as an effective advocate for child/youth.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
	Caregiver is consistently involved in the planning and/or implementation of services for the child/youth but is not an active advocate on behalf of the child./youth Caregiver is open to receiving support, education, and information.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
	Caregiver is not actively involved in the child'/youths services and/or interventions intended to assist.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.
	Caregiver wishes for child/youth to be removed from their care.

EC36. KNOWLEDGE
This item identifies the caregiver's knowledge of the child/youth's strengths and needs, and the caregiver's ability to understand the rationale for the treatment or management of these problems.

Questions to Consider
- How does the caregiver understand the child/youth's needs?
- Does the caregiver have the necessary information to meet the child/youth's needs?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver.
	No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child/youth's psychological strengths and weaknesses, talents and limitations.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
	Caregiver, while being generally knowledgeable about the child/youth, has some deficits in knowledge or understanding of the child/youth's psychological condition, talents, skills and assets.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
	Caregiver does not know or understand the child/youth well and significant deficits exist in the caregiver's ability to relate to the child/youth's problems and strengths.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.
	Caregiver has little or no understanding of the child/youth's current condition. Caregiver's lack of knowledge about the child/youth's strengths and needs place the youth at risk of significant negative outcomes.

Supplemental Information: This item is perhaps the one most sensitive to issues of cultural awareness. It is natural to think that what you know, someone else should know and if they don't, then it's a knowledge problem. In order to minimize the cultural issues, it is recommended thinking of this item in terms of whether there is information that can be made available to the caregivers so that they could be more effective in working with their children/youth. Additionally, the caregivers' understanding of the child/youth's diagnosis and how it manifests in the child/youth's behavior should be considered in rating this item.

EC37. SOCIAL RESOURCES

This item rates the social assets (extended family) and resources that the caregiver can bring to bear in addressing the multiple needs of the youth and family.

Questions to Consider	Ratings and Descriptions
✦ Does family have extended family or friends who provide emotional support? ✦ Can they call on social supports to watch the child/youth occasionally?	**0** No current need; no need for action or intervention. This may be a strength of the caregiver. Caregiver has significant social and family networks that actively help with caregiving.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver has some family or friend or social network that actively helps with caregiving.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Work needs to be done to engage family, friends or social network in helping with caregiving.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has no family or social network to help with caregiving.

EC38. RESIDENTIAL STABILITY

This item rates the housing stability of the caregiver(s) and <u>does not</u> include the likelihood that the child/youth or child/youth will be removed from the household.

Questions to Consider	Ratings and Descriptions
✦ Is the family's current housing situation stable? ✦ Are there concerns that they might have to move in the near future? ✦ Has family lost their housing?	**0** No current need; no need for action or intervention. This may be a strength of the caregiver. Caregiver has stable housing with no known risks of instability.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has moved multiple times in the past year. Housing is unstable.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action Family is homeless, or has experienced homelessness in the recent past.

EC39. MEDICAL/PHYSICAL

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit his or her ability to provide care for the child/youth. This item does not rate depression or other mental health issues.

	Ratings and Descriptions
Questions to Consider ✦ How is the caregiver's health? ✦ Does the caregiver have any health problems that limit their ability to care for the family?	**0** No current need; no need for action or intervention. This may be a strength of the caregiver. No evidence of medical or physical health problems. Caregiver is generally healthy.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. There is a history or suspicion of and/or caregiver is in recovery from medical/physical problems.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has medical/physical problems that interfere with the capacity to parent the child/youth.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has medical/physical problems that make parenting the child/youth impossible at this time.

EC40. MENTAL HEALTH

This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity to provide care for the child/youth.

	Ratings and Descriptions
Questions to Consider ✦ Do caregivers have any mental health needs (including adjusting to trauma experiences) that make parenting difficult? ✦ Is the caregiver receiving services? ✦ Is there any evidence of transgenerational trauma that is impacting the caregiver's ability to give care effectively?	**0** No current need; no need for action or intervention. This may be a strength of the caregiver. No evidence of caregiver mental health difficulties.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver's mental health difficulties interfere with their capacity to parent.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has mental health difficulties that make it impossible to parent the child/youth at this time.

EC41. SUBSTANCE USE
This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the child/youth.

	Ratings and Descriptions
	0 No current need; no need for action or intervention. This may be a strength of the caregiver. No evidence of caregiver substance use issues.
Questions to Consider ♦ Do caregivers have any substance use needs that make parenting difficult? ♦ Is the caregiver receiving any services for the substance use problems?	**1** Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in his/her ability to parent.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has some substance abuse difficulties that interfere with their capacity to parent.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has substance abuse difficulties that make it impossible to parent the child/youth at this time.

EC42. DEVELOPMENTAL
This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to provide care for the child/youth.

	Ratings and Descriptions
	0 No current need; no need for action or intervention. This may be a strength of the caregiver. No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
Questions to Consider ♦ Does the caregiver have developmental challenges that make parenting/caring for the child/youth difficult? ♦ Does the caregiver have services?	**1** Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has severe developmental challenges that make it impossible to parent the child/youth at this time.

EC43. SAFETY

This item describes the caregiver's ability to maintain the child/youth's safety within the household. It does not refer to the safety of other family or household members based on any danger presented by the assessed child/youth.

Questions to Consider

- ✦ Is the caregiver able to protect the child/youth from harm in the home?
- ✦ Are there individuals living in the home or visiting the home that may be abusive to the child/youth?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver. No evidence of safety <u>issues</u>. Household is safe and secure. Child/youth is not at risk from others.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth is in some danger from one or more individuals with access to the home.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is in immediate danger from one or more individuals with unsupervised access.

All referrants are legally required to report suspected youth abuse or neglect.

EC44. FAMILY RELATIONSHIP TO THE SYSTEM

This item describes the degree to which the family's apprehension to engage with the formal health care system creates a barrier to receipt of care. For example, if a family refuses to see a psychiatrist due to their belief that medications are over-prescribed for children, a clinician must consider this belief and understand its impact on the family's choices. These complicated factors may translate into generalized discomfort with the formal health care system and may require the care provider to reconsider their approach.

Questions to Consider

- ✦ Does the caregiver express any hesitancy in engaging in formal services?
- ✦ How does the caregiver's hesitancy impact their engagement in care for their child?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver. The caregiver expresses no concerns about engaging with the formal helping system.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. The caregiver expresses some hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with the formal helping system.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. The caregiver expresses hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.
3	Problems are dangerous or disabling; requires immediate and/or intensive action The caregiver's hesitancy to engage with the formal helping system prohibits the family's engagement with the treatment team at this time. When this occurs, the development of an alternate treatment plan may be required.

EC45. LEGAL INVOLVEMENT

This item rates the caregiver's level of involvement in the criminal justice system which impacts their ability to parent. This includes divorce, civil disputes, custody, eviction, property issues, worker's comp, immigration etc.

Questions to Consider

+ Is one or more of the caregivers incarcerated or on probation?
+ Is one or more of the caregivers struggling with immigration or legal documentation issues?
+ Is the caregiver involved in civil disputes, custody, family court?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver. Caregiver has no known legal difficulties.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver has a history of legal problems but currently is not involved with the legal system.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has some legal problems and is currently involved in the legal system.
3	Problems are dangerous or disabling; requires immediate and/or intensive action Caregiver has serious current or pending legal difficulties that place them at risk for incarceration. A caregiver needs an immediate comprehensive and community-based intervention. A caregiver who is incarcerated would be rated here.

EC46. ORGANIZATION

This item is used to rate the caregiver's ability to organize and manage their household within the context of intensive community services.

Questions to Consider

+ Do caregivers need or want help with managing their home?
+ Do they have difficulty getting to appointments or managing a schedule?
+ Do they have difficulty getting their child/youth to appointments or school?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver. Caregiver is well organized and efficient.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver is unable to organize household to support needed services.

INDIVIUALIZED ASSESSMENT MODULES

[1] COMMERCIALLY SEXUALLY EXPLOITED MODULE

This module is to be completed when Potentially Traumatic/Adverse Childhood Experiences Domain, Trafficking item is rated 'Yes', OR Risk Behaviors Domain, Victimization/Exploitation item is rated '1', '2' or '3.'

For the **Commercially Sexually Exploited Module**, the following categories and action levels are used:

0   No current need; no need for action or intervention.

1   Identified need requires monitoring, watchful waiting, or preventive activities.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's ability to adjust.

3   Symptoms are dangerous or debilitating for the youth. Action required for youth to be able to function.

CSE1. DURATION OF EXPLOITATION
This item describes how long the exploitation of the youth has occurred.

Questions to Consider:	Ratings and Descriptions	
◆ How long has the exploitation occurred?	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.

CSE2. PERCEPTION OF DANGEROUSNESS
This item describes the youth's awareness of the danger involved in their exploitive circumstances and behavior.

Questions to Consider:	Ratings and Descriptions	
◆ Is the youth aware that they are in danger?	0	Youth is fully aware of the dangerousness of their 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 their situation and behavior. Youth generally fails to take precautions.
	2	Youth is unaware of the dangerousness of their situation and behavior.
	3	Youth actively minimizes the dangerousness of their situation and behavior.

CSE3. KNOWLEDGE OF EXPLOITATION
This item describes whether the youth recognizes that they are being exploited.

	Ratings and Descriptions
Questions to Consider: ✦ Does the youth know that they are being exploited?	**0** Youth understands that they are currently being exploited.
	1 Youth has some understanding that they might currently be exploited, however, the youth is unsure.
	2 Youth is unaware of their exploitation.
	3 Youth actively denies and/or rationalizes their exploitation.

CSE4. TRAUMA BONDING/STOCKHOLM SYNDROME
This item describes the emotional bond that the youth feels towards their pimp or other exploiter.

	Ratings and Descriptions
Questions to Consider: ✦ Does the youth have an attachment towards their exploiter? ✦ Does the youth believe that the exploiter cares for them?	**0** Youth recognizes that their pimp or other exploiter is not operating in the best interests of the youth.
	1 Youth suspects that their 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 their pimp or other exploiter to protect them from accusations of exploitation.

CSE5. EXPLOITATION OF OTHERS
This item describes the degree to which the youth exploits others.

	Ratings and Descriptions
Questions to Consider: ✦ Does the youth exploit others?	**0** No evidence that the youth exploits other people.
	1 Youth occasionally bullies or intimidates others to achieve personal goals.
	2 Youth actively exploits others.
	3 Youth's exploitation of others is putting at least one of these individuals at risk of harm.

CSE6. UNPROTECTED INTERCOURSE
This item is used to describe the degree to which the youth uses standard protection or prophylaxis from sexually transmitted disease during intercourse.

	Ratings and Descriptions
Questions to Consider: ✦ Does the youth use any protection from sexually transmitted disease during intercourse?	**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 they are very concerned about risks.
	3 Youth never uses protection during intercourse.

CSE7. ARRESTS FOR LOITERING/SOLICITATION
This item includes arrests for crimes committed during or associated with exploitation.

Questions to Consider:
- Has the youth ever been arrested for loitering or solicitation that was associated with exploitation?

Ratings and Descriptions

0	Youth has not been arrested for loitering or soliciting.
1	Youth has been arrested once or twice for 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.

CSE8. OTHER ARRESTS
This item describes the youth's arrest for crimes other than involving alleged activities related to solicitation.

Questions to Consider:
- Has the youth ever been arrested during an act of exploitation?

Ratings and Descriptions

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 solicitation.
2	Youth has been arrested twice for crimes other than involving alleged activities related to solicitation.
3	Youth has been arrested three or more times for crimes other than involving alleged activities related to solicitation.

CSE9. SEXUALLY TRANSMITTED DISEASES
This item describes the youth's exposure to Sexually Transmitted Diseases (STDs).

Questions to Consider:
- Has the youth ever contracted an STD?

Ratings and Descriptions

0	Youth has no current known STDs nor any history of significant STDs.
1	Youth has history of serious STDs or is currently suspected of having an STD that has not yet been fully diagnosed.
2	Youth currently has an STD.
3	Youth currently has an STD that is putting self or others at risk of disability or death.

CSE10. PREGNANCIES
This item describes the number of pregnancies the youth has had. For males, the item describes the number of times the youth has impregnated another.

Questions to Consider:
- Has the youth ever been pregnant?
- How many times?

Ratings and Descriptions

0	Youth has never been pregnant nor has youth impregnated another.
1	Youth has been pregnant once or impregnated another once.
2	Youth has been pregnant twice or impregnated another twice.
3	Youth has been pregnant three or more times or has impregnated others on three or more occasions.

CSE11. ABORTIONS
This item describes the number of abortions the youth has had.

	Ratings and Descriptions
Questions to Consider:	
◆ Has the youth ever had an abortion?	NA Youth is a male
◆ How many times?	0 Youth has never had an abortion.
	1 Youth has had one abortion.
	2 Youth has had two abortions.
	3 Youth has had three or more abortions.

CSE12. ATITTUDE TOWARD EDUCATION
This item describes how the youth views their education.

	Ratings and Descriptions
Questions to Consider:	
◆ Does the youth value education?	0 Youth understands the value of completing their education.
◆ Is the youth working towards completing their education?	1 Youth is able to articulate the possible value of completing their 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.

CSE13. PRIOR SCHOOL SUCCESS
This item describes the youth's past academic performance.

	Ratings and Descriptions
Questions to Consider:	
◆ Was the youth previously successful at school?	0 Youth has excelled at least one year in their educational experience.
	1 Youth had average performance for two or more years in their earlier school experience.
	2 Youth had average performance for at least one year in their earlier school experience.
	3 Youth never experienced any school success that lasted for an entire school year.

[2] SUBSTANCE USE DISORDER MODULE

This module is to be completed when the Behavioral/Emotional Needs, Substance Use item is rated '1', '2' or '3'.

Rate the highest level from the past 30 days based on relevant information from all sources.

For the **Substance Use Module**, use the following categories and action levels:

0   No current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

SUD1. SEVERITY OF USE
This item rates the frequency and severity of the youth's current substance use.

Questions to Consider
- Is there evidence of physical dependence on substances?

Ratings and Descriptions

0   Youth is currently abstinent and has maintained abstinence for at least six months.

1   Youth is currently abstinent but only in the past 30 days, or youth has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.

2   Youth actively uses alcohol or drugs but not daily.

3   Youth uses alcohol and/or drugs on a daily basis.

SUD2. DURATION OF USE
This item identifies the length of time that the youth has been using drugs or alcohol.

Questions to Consider
- How long has the youth been using drugs and/or alcohol?

Ratings and Descriptions

0   Youth has begun use in the past year.

1   Youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days where they did not have any use.

2   Youth has been using alcohol or drugs for at least one year (but less than five years), but not daily.

3   Youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

SUD3. STAGE OF RECOVERY
This item identifies where the youth is in their recovery process.

Questions to Consider
- In relation to stopping substance use, at what stage of change is the youth?

Ratings and Descriptions

0   Youth is in maintenance stage of recovery. Youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.

1   Youth is actively trying to use treatment to remain abstinent.

2   Youth is in contemplation phase, recognizing a problem but not willing to take steps for recovery.

3   Youth is in denial regarding the existence of any substance use problem.

STAGE OF RECOVERY continued

Supplemental information: Motivational interviewing describes the Stages of Change as a continuum:

- Pre-contemplation: Not currently considering change
- Contemplation: Ambivalent about change
- Preparation: Some experience with change/trying to change
- Action: Practicing change
- Maintenance: Continued commitment to sustaining new behavior
- Relapse: Resumption of old behaviors

SUD4. PEER INFLUENCES
This item identifies the impact that the youth's social group has on their substance use.

Questions to Consider	Ratings and Descriptions	
♦ What role do the youth's peers play in their alcohol and drug use?	0	Youth's primary peer social network does not engage in alcohol or drug use.
	1	Youth has peers in their primary peer social network who do not engage in alcohol or drug use but has some peers who do.
	2	Youth predominantly has peers who engage in alcohol or drug use.
	3	Youth is a member of a peer group that consistently engages in alcohol or drug use.

SUD5. PARENTAL INFLUENCES
This item rates the parent/caregiver's use of drugs or alcohol with or in the presence of the youth.

Questions to Consider	Ratings and Descriptions	
♦ Does the parent use substances? If so, does their use impact the youth's use?	0	There is no evidence that youth's parents have ever engaged in substance abuse.
	1	One of youth's parents has a history of substance abuse but not in the past year.
	2	One or both of youth's parents have been intoxicated with alcohol or drugs in the presence of the youth.
	3	One or both of youth's parents use alcohol or drugs with the youth.

SUD6. ENVIRONMENTAL INFLUENCES
This item rates the impact of the youth's community environment on their alcohol and drug use.

Questions to Consider	Ratings and Descriptions	
♦ Are there factors in the youth's community that impact the youth's alcohol and drug use?	0	No evidence that the youth's environment stimulates or exposes the youth to any alcohol or drug use.
	1	Suspicion that the youth's environment might expose the youth to alcohol or drug use.
	2	Youth's environment clearly exposes the youth to alcohol or drug use.
	3	Youth's environment encourages or enables the youth to engage in alcohol or drug use.

[3] DEVELOPMENTAL NEEDS MODULE

This module is to be completed when Life Functioning Domain, Developmental/Intellectual item and/or Activities in Daily Living item, is rated '1', '2' or '3'.

Rate the highest level from the past 30 days based on relevant information from all sources.

For the **Developmental Disabilities Module**, use the following categories and action levels:

0   No current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

DN1. COGNITIVE
This item identifies the child/youth's intellectual or cognitive capacity.

Questions to Consider
- Has the child/youth been tested for or diagnosed with a learning disability?
- Does the child/youth have an intellectual disability or delay?

Ratings and Descriptions

0	Child/youth's intellectual functioning appears to be in normal range. There is no reason to believe that the child/youth has any problems with intellectual functioning.
1	Child/youth has low IQ (70 to 85) or has identified learning challenges.
2	Child/youth has mild Intellectual Developmental Disorder. IQ is between 55 and 69.
3	Child/youth has moderate to profound Intellectual Developmental Disorder. IQ is less than 55.

DN2. DEVELOPMENTAL
This item rates the level of developmental delay/disorders that are present.

Questions to Consider
- Is the child/youth progressing developmentally in a way similar to peers of the same age?
- Has the child/youth been diagnosed with a developmental disorder?

Ratings and Descriptions

0	Child/youth's development appears within normal range. There is no reason to believe that the child/youth has any developmental problems.
1	Evidence of a mild developmental delay.
2	Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
3	Severe developmental disorder is evident. Child/youth's development is at risk without intervention.

DN3. SENSORY

This item describes the child/youth's sensory functioning and development. Sensory functioning includes the ability to use all senses including vision, hearing, smell, touch, and kinesthetic.

Questions to Consider
- Does the child/youth have hearing or visual impairment; did they have sensory impairments in infancy?
- Does the child/youth become easily overwhelmed by sensory stimuli?

Ratings and Descriptions

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

DN4. MOTOR

This item describes the child/youth's fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor development.

Questions to Consider
- Does the child/youth meet motor-related developmental milestones?
- Does the child/youth show any fine or gross motor skill difficulties?

Ratings and Descriptions

0	The child/youth's development of fine and gross motor functioning appears normal. There is no reason to believe that child/youth has any problems with motor development.
1	Child/youth may have mild fine (e.g. using scissors) or gross motor skill deficits. Child/youth has exhibited delayed sitting, standing, or walking, but has since reached those milestones.
2	Child/youth has moderate motor deficits. A non-ambulatory child/youth with fine motor skills (e.g. reaching, grasping) or an ambulatory child/youth with severe fine motor deficits would be rated here.
3	Child/youth has significant delays in fine or gross motor development that could, without any intervention, negatively impact their development. Examples include: a non-ambulatory child with additional motor deficits; a child older than 6 months who cannot lift his/her head.

DN5. SELF-CARE/DAILY LIVING SKILLS

This item rates the child/youth's ability to participate in self-care activities, including eating, bathing, dressing and toileting.

Questions to Consider
- What supports and assistance does the child/youth need to complete daily living skills?

Ratings and Descriptions

0	Child/youth's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child/youth has any problems performing daily living skills.
1	Child/youth requires some assistance on self-care tasks or daily living skills at a greater level than would be expected for age. Development in this area may be slow.
2	Child/youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting) and/or does not appear to be developing the needed skills in this area.
3	Child/youth is not able to function independently at all in this area.

DN6. AUTISM SPECTRUM

This item describes the presence of Autism Spectrum Disorder.

	Ratings and Descriptions
Questions to Consider ✦ Does the child/youth have any symptoms of Autism Spectrum Disorder?	**0** There is no history of Autism Spectrum symptoms.
	1 Evidence of a low end Autism Spectrum Disorder. The child/youth may have had symptoms of Autism Spectrum Disorder but those symptoms were below the threshold for an Autism diagnosis and did not have significant effect on the development.
	2 This rating indicates a child/youth who meets criteria for a diagnosis of Autism Spectrum Disorder. Autism Spectrum symptoms are impairing child/youth's functioning in one or more areas and requires intervention.
	3 This rating indicates a child/youth who meets criteria for a diagnosis of Autism Spectrum Disorder and has high end needs to treat and manage severe or disabling symptoms.

DN7. REGULATORY PROBLEMS

This item refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled.

	Ratings and Descriptions
Questions to Consider ✦ Did the child/youth meet developmental milestones related to self-regulation?	**0** Child/youth does not have problems with self-regulation.
	1 Child/youth has mild problems with self-regulation (e.g. unusually intense activity level, mild or transient irritability).
	2 Child/youth has moderate to severe problems with self-regulation (e.g. chronic or intense irritability, unusually low tolerance/high sensitivity to external stimulation).
	3 Child/youth has profound problems with self-regulation that placed their safety, wellbeing, and/or development at risk (e.g. child/youth cannot be soothed at all when distressed, child/youth cannot feed properly).

[4] SEXUAL IDENTITY MODULE

This module is to be completed when Life Functioning Domain, Sexual Development is rated '1', '2' or '3'.

Rate the highest level from the past 30 days based on relevant information from all sources.

For the **Sexual Identity Module**, use the following categories and action levels:

0   No current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

SI1. SEXUAL ORIENTATION
This item rates the youth's identification as lesbian, gay, bisexual, transgender, questioning (LGBTQ), or straight.

Questions to Consider
- Does the youth identify as lesbian, gay, bisexual, transgender, questioning, or straight?
- Has the youth ever been at risk for hurting themselves due to confusion or stress regarding sexual orientation?

Ratings and Descriptions

0	Youth has a clear and consistent sexual orientation and is connected to others who support youth's orientation.
1	Youth is experiencing some confusion or is struggling with issues related to youth's sexual orientation.
2	Youth has significant struggles with their sexual orientation. Youth may have identified as LGBTQ, however they are not connected with others who support them.
3	Youth is experiencing significant problems due to conflict regarding their sexual orientation that are preventing functioning in at least one life domain (i.e., school, family/home, etc.). This conflict may be internal and/or may be attributed to, or exacerbated by, external factors within the community, home, or school environment.

SI2. GENDER IDENTITY
This item rates a youth's self-perception of gender.

"Biological sex refers to a person's physical anatomy and is used to assign gender at birth. Gender identity refers to a person's deeply felt sense of being male, female, both, or neither. An individual's gender identity may or may not be congruent with that person's biological sex." http://cssr.berkeley.edu/cwscmsreports/documents/Information%20Guidelines%20P4.pdf

Questions to Consider
- How does the youth identify with their physical gender?
- Is the youth confused or distressed about their gender?

Ratings and Descriptions

0	Youth has a clear and developmentally appropriate gender identity. A youth who is comfortable with their self-perceived gender would be rated here.
1	Youth is experiencing some concerns about gender identity.
2	Youth is experiencing confusion and distress about gender identity.
3	Youth is experiencing significant confusion about their gender identity that is placing youth in significant personal or interpersonal conflict. Youth is at considerable risk of harm (from self or others) because of confusion or the confusion is disabling the youth in a least one life domain (i.e., school, family/home, etc.).

SI3. CAREGIVER ACCEPTANCE

This item rates the degree of caregiver support and acceptance of the youth's sexual orientation and/or gender identity.

Questions to Consider	Ratings and Descriptions
✦ Is the youth's primary caregiver supportive or accepting of the youth's sexual orientation and/or gender identity?	**0** Primary caregiver(s) are fully supportive of the youth and accepting of the youth's sexual orientation and/or gender identity.
	1 Primary caregiver(s) are generally (but not fully) supportive of the youth and accepting of the youth's sexual orientation and/or gender identity. Caregiver may be accepting but not supportive.
	2 Primary caregiver(s) are not supportive or accepting of the youth's sexual orientation or the primary caregiver(s) has no knowledge of the youth's sexual orientation and/or gender identity.
	3 Primary caregiver(s) is rejecting of the youth's sexual orientation and/or gender identity.

SI4. OTHER ADULT SUPPORTS

This item rates the degree of support that a youth has from significant adults (excluding primary caregivers) who are accepting of their sexual orientation and/or gender identity.

Questions to Consider	Ratings and Descriptions
✦ Does the youth have any adults who accept their sexual orientation and/or gender identity and support them?	**0** Youth has multiple significant adult supports who are accepting of the youth's sexual orientation and/or gender identity.
	1 Youth has at least one significant adult support who is accepting of the youth's sexual orientation and/or gender identity.
	2 Youth has no current significant adult supports, however, they have generally positive relationships with adults some of whom are supportive and accepting of the youth's sexual orientation and/or gender identity.
	3 Youth has no adult relationships that are supportive and/or accepting of the youth's sexual orientation and/or gender identity.

SI5. PEER CONNECTIONS

This item rates the degree of stable and long-standing connections that a youth has from peers who share their sexual orientation and/or gender identity.

Questions to Consider	Ratings and Descriptions
✦ Does the youth know of others who share youth's sexual orientation and/or gender identity? ✦ How strong are the youth's connections with others?	**0** Youth has significant (stable and long-standing) multiple peer connections who share the youth's sexual orientation and/or gender identity.
	1 Youth has at least one stable and long standing peer connection who shares the youth's sexual orientation and/or gender identity.
	2 Youth knows others who share the youth's sexual orientation and/or gender identity but does not have any stable or long-standing relationships.
	3 Youth is isolated from others who share the youth's sexual orientation and/or gender identity.

SI6. OPPORTUNITIES FOR OPENNESS

Perceived stigma—the expectation that one will be rejected and discriminated against—leads to a state of continuous vigilance and concealment of one's sexual orientation identity and/or gender identity that can affect one's health. This item rates the degree to which a youth can be open in all aspects of life.

Questions to Consider	Ratings and Descriptions
✦ How open is the youth able to be about their sexual orientation and/or gender identity? ✦ What impact does stigma regarding their sexual orientation and/or gender identity have on the youth?	**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.

SI7. TARGETED FOR SEXUAL ORIENTATION/GENDER IDENTITY

LGBTQ youth report experiencing elevated levels of harassment, victimization, and violence. School-based victimization due to known or perceived identity has been documented. This item rates the degree to which the individual has been targeted for physical or emotional abuse due to their sexual orientation and/or gender identity.

Questions to Consider	Ratings and Descriptions
✦ Does the youth note having difficulties at school or with peers due to their sexual orientation identity and/or gender identity? ✦ What is the impact of physical and/or emotional abuse to the youth due to their sexual orientation and/or gender identity?	**0** Youth has never been targeted for physical or emotional abuse due to sexual orientation identity and/or gender identity. **1** History or suspicion that the youth has been targeted for physical or emotional abuse in the past due to sexual orientation identity and/or gender identity, but not recently. **2** Youth is being targeted for physical or emotional abuse due to sexual orientation and/or gender identity. **3** Youth is being targeted with an extreme and dangerous level of physical or emotional abuse due to sexual orientation and/or gender identity.

[5] SCHOOL MODULE

This module is to be completed when the Life Functioning Domain, School item is rated '1', '2' or '3'.

Question to Consider for this Module: How well is the child/youth functioning at school? What are his/her strengths and areas of need? **Please rate the highest level from the past 30 days.**

EDUCATIONAL ATTRIBUTES

> For the **Educational Attributes**, use the following categories and action levels:
>
> 0   No current need; no need for action or intervention.
>
> 1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
>
> 2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
>
> 3   Problems are dangerous or disabling; requires immediate and/or intensive action.

SCH1. CLASSROOM BEHAVIOR
This item rates the behavior of the child/youth in classroom settings.

Questions to Consider
+ How is the child/youth behaving in school?
+ Have they had any detentions or suspensions?
+ Have they needed to go to an alternative placement?

Ratings and Descriptions

0	No evidence of behavior problems at school in the classroom. Child/Y=youth is behaving in an appropriate manner.
1	Child/youth has some behavioral problems in the classroom that may be related to relationships with teachers and/or peers. This problems do not interfere with the child/youth's academic performance.
2	Child/youth has behavioral problems in the classroom. They are disruptive. Behavior has caused some reduction in academic performance.
3	Child/youth has severe behavior problems in the classroom resulting in severe and frequent classroom disruptions. Current behaviors may result in out of school and/or alternative placement.

SCH2. NONCLASSROOM BEHAVIOR
This item rates the behavior of the child/youth in school settings but not in the classroom (e.g. hallways, outside school building, on the bus).

Questions to Consider
+ How is the child/youth behaving in school?
+ Have they had any detentions or suspensions?
+ Have they needed to go to an alternative placement?

Ratings and Descriptions

0	No evidence of behavior problems at school in areas outside of the classroom. Child/youth is behaving in an appropriate manner.
1	Child/youth has some behavioral problems at school outside of the classroom. This problems do not interfere with academic performance or standing.
2	Child/youth has behavioral problems at school but outside the classroom. They are is disruptive. Behavior problems interfere with academic performance or standing.
3	Child/youth has severe behavior problems resulting in severe and frequent problems at school but outside of the classroom. Current behaviors may result in out of school and/or alternative placement.

SCH3. ACADEMIC ACHIEVEMENT
This item rates the child/youth's grades or level of academic achievement.

Questions to Consider
- How are the child/youth's grades?
- Are they having difficulty with any subjects?
- Are they at risk for failing any classes or repeating a grade?

Ratings and Descriptions

0	Child/youth performs at or above grade level, passes all classes and is on track to meet their educational goals.
1	Child/youth performs at or slightly below grade level, does well in school and has some identified learning issues.
2	Child/youth performs below grade level and may be failing some subjects. Child/youth is at risk for failing current grade.
3	Child/youth performs more than one year behind same-age peers academically. Child/youth has severe school achievement problems and may fail most subjects. Child/youth is not expected to pass current grade.

SCH4. SCHOOL ATTENDANCE
This item rates the behavior of the child/youth in school or school-like settings. If school, day care or other educational setting is not in session, rate the last 30 days it was in session.

Questions to Consider
- Does the child/youth have any difficulty attending school?
- How many times a week is the child/youth absent?
- Once the child/youth arrives at school, do they stay for the rest of the day?

Ratings and Descriptions

0	No evidence of attendance problems. Child/youth attends school, day care, or other educational setting regularly.
1	Child/youth has some problems consistently attending school, day care or other educational setting. The child/youth may generally attend school, they may occasionally have absences and/or multiple tardy infractions. Additionally, the child/youth may have a history of moderate to severe attendance problems in past six months, but attends regularly and arrives to school timely (measured within the last 30 days).
2	Child/youth has moderate problems with school attendance. They may have multiple absences or tardy infractions per week resulting in referrals and/or school detention.
3	Child/youth has truancy issues and/or refuses to attend school. Parents may not be aware of these issues. A school-aged child/youth that is NOT enrolled in school may be rated here.

SCH5. TARDINESS
This item rates the frequency with which the child or youth is late to school or late in transitions among classes or classrooms..

Questions to Consider
- Does the youth have any difficulty arrive to school on time?
- How many times a week is the youth late for school or class?

Ratings and Descriptions

0	No evidence of problems with tardiness. Child/youth is almost always on time.
1	Child/youth has some problems consistently arriving at school on time or transitioning among classrooms in a timely fashion.
2	Child/youth is having problems with tardiness. They may be late to school weekly or late to a class on a regular basis.
3	Child/youth has tardy for school or classes on a regular basis.

SCH6. CLASS AVOIDANCE
This item rates the frequency with which the child/youth appears to avoid attending specific classes or teachers...

Questions to Consider
+ Is there a specific pattern to classes that are missed?
+ How many times a week does the student fail to attend each class?

Ratings and Descriptions

0	Child/youth regularly attends all classes.
1	Child/youth may occasionally fail to attend a particular class (or teacher)
2	Child/youth may regularly avoid one class or occasionally fail to attend several classes.
3	Child/youth has a pattern of failing to attend more than one specific class each week.

SCH7. SCHOOL DISCIPLINE
This item rates the nature of any school discipline taken with the child/youth Based on behavioral problems exhibited by the student.

Questions to Consider
+ Has the child/youth received any disciplinary referrals based on their behavior?
+ What types of disciplinary?

Ratings and Descriptions

0	No evidence of behavioral problems at school. No discipline referrals have occurred this school year.
1	Child/youth has some problems with school behavior. A single office referral for discipline might be rated here.
2	Child/youth is having behavioral problems that have led to multiple disciplinary actions by school personnel.
3	Child/youth is having severe behavioral problems that result in frequent and sometimes significant disciplinary actions by school personnel.

SCH8. LEARNING DISABILITY
This item rates the limitations that impact academic learning.

Questions to Consider
+ Does child/youth have difficulty reading, writing, spelling, reasoning, recalling and/or organizing information?
+ Has the child/youth ever been tested for or diagnosed with a learning disability?
+ Are there concerns that child/youth may have a learning disability?

Ratings and Descriptions

0	No evidence of learning disability.
1	History, suspicion or mild learning disability.
2	Moderate learning disability. Child/youth is struggling to learn, and unless challenges are addressed learning will remain impaired.
3	Severe learning disability. Child/youth is currently unable to learn. Current challenges are preventing any learning.

Supplemental Information: A history or suspicion of, or evidence of mild learning disability would receive a rating of '1.' Learning disabilities would be rated as a '2' or '3' depending on their severity. These conditions require special educational strategies to ensure that the child/youth is in an environment where they can learn.

SCH9. BULLYING OTHERS

This item rates behavior that involves intimidation (verbal or physical) of others; threatening others with harm if they do not comply with the child/youth's demands is rated here. A victim of bullying is NOT rated here.

Questions to Consider
- Have there been any reports that the child/youth has picked on, made fun or, harassed or intimidated another person?
- Are there concerns that the child/youth might bully other children?
- Does the child/youth hang around with other people who bully?

Ratings and Descriptions

0	No evidence that the youth has ever engaged in bullying at school or in the community.
1	History or suspicion of bullying, or youth has engaged in bullying behavior or associated with groups that have bullied other children.
2	Child/youth has bullied other children in school or in the community. They have either bullied the other children, or led a group that bullied other children.
3	Child/youth has repeatedly utilized threats or actual violence when bullying others in school and/or in the community.
NA	Child is younger than 6 years old.

SCH10. VICTIMIZATION/EXPLOITATION/BULLIED BY OTHERS

This item describes a youth or child who has been victimized by others **at school settings**. This item is used to examine a history and pattern of being the object of abuse and/or whether the person is at current risk for re-victimization. This item includes child/youth who are currently being bullied at school. It would also include child/youth who are victimized in other ways (e.g., sexual abuse, sexual exploitation, inappropriate expectations based on his/her level of development, a youth who is forced to take on a parental level of responsibility, etc.).

Ratings and Descriptions

Questions to Consider
- Has the child/youth ever been bullied or the victim of a crime?
- Has the ychild/outh traded sexual activity for goods, money, affection or protection?

0	No evidence that the youth has been victimized or exploited at school. They may have been bullied, robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Youth is not presently at risk for re-victimization or exploitation.
1	Suspicion or history of victimization or exploitation at school, but the child/youth has not been victimized to any significant degree in the past year. He/she is not presently at risk for re-victimization or exploitation at school.
2	Youth has been recently victimized (within the past year) and may be at risk of re-victimization at school. This might include physical or sexual abuse, significant psychological abuse by others, sexual exploitation, or violent crime.
3	Youth has been recently or is currently being victimized or exploited, including human trafficking (e.g., labor or sexual exploitation including the production of pornography, sexually explicit performance, sexual activity), or in an abusive relationship at school

Supplemental Information: Sexual exploitation includes any situation, context, or relationship where the child/youth receives something (e.g., food, accommodations, drugs and alcohol, cigarettes, affection, gifts, money, etc.) as a result of performing sexual activities, and/or others performing sexual activities on them. This includes commercial sexual exploitation in which a third party receives payment for the sexual exploitation of the child/youth.

SCH11. PASSIVENESS

This item describes the child/youth's level of engaged in school activities based on their level of passivity. Shy, hesitant or withdrawn children/youth would be rated here.

Questions to Consider
- Does child/youth appear shy or hesitant?
- Is the child/youth difficult to engage in school activities?
- Is the child/youth overly quiet and non-communicative?

Ratings and Descriptions

0	Child/youth actively participates in school OR any non-participation is not a reflection of the child being passive, shy or hesitant to participate.
1	Child/youth can sometimes appear shy or hesitant but once engaged will participate fully.
2	Child/youth appear shy or hesitant and appears passive in school activites. Child/youth's passiveness interferes with their school experience.
3	Child/youth is shy or hesitant to the point that they appear withdrawn and unwilling to participate in any school activities even after attempts to engage.

SCHOOL STRENGTHS

For the **Student Strengths**, use the following categories and action levels:

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths.

SCH12. CLUBS/ATHLETICS

This item describes a child/youth's participation in school clubs or athletics.

Questions to Consider

- Is the child/youth involved with clubs or sports teams?

Ratings & Definitions

0	Child/youth takes on a leadership role in clubs and/or athletics.
1	Child/youth actively participates in clubs and/or athletics.
2	Child/youth is a member of a club or athletic activities.
3	Child/youth is not engaged in clubs or athletic activities.

SCH13. LEADERSHIP

Leadership refers to the child/youth's ability to accept responsibility, organize peers and inspire others. The person may demonstrate leadership potential even though they do not always use such skills in a positive way.

Questions to Consider

- What leadership quality does the child/youth exhibit?
- Does the child/youth take on leadership roles at school?

Ratings & Definitions

0	This level indicates a child/youth with significant leadership strengths. A child/youth who is regularly recognized by adults or is acknowledged as a positive leader by peers.
1	This level indicates a child/youth with a notable leadership talent. For example, a child/youth who is elected team captain or class representative. This may also include a child/youth who is recognized as a leader by their peers, even though the student does not always use such leadership skills to reach a positive outcome.
2	This level indicates a child/youth who accepts or expresses some interest in leadership roles (e.g. runs for student council) even if those roles have not developed to date.
3	This level indicates a child/youth who does not express interest in leadership roles.

SCH14. PEER RELATIONSHIPS

This item describes a child/youth's relationship with other students.

Questions to Consider	Ratings & Definitions	
✦ How does the child/youth relate to his/her peers?	0	Child/youth is sought out by many other students.
	1	Child/youth does well with other students or has some close friends.
	2	Child/youth does adequately with other students or has few friends.
	3	Child/youth tends to be a loner.

SCH15. RELATIONSHIPS WITH TEACHERS

This item describes a child/youth's relationships with teachers.

Questions to Consider	Ratings & Definitions	
✦ How does the child/youth relate to teachers?	0	Child/youth has good relations with teachers.
✦ Does the child/youth have a strong connection with one or more teachers?	1	Child/youth has occasional difficulties relating with at least one teacher. Child/youth may have difficulties during one class period (e.g. math, gym).
✦ Does the child/youth have regular conflict with teachers?	2	Child/youth has difficult relations with teachers that notably interfere with their education.
	3	Child/youth has very difficult relations with all teachers or all the time with their teachers. Relations with teachers currently prevents child/youth from learning.

SCH16. CAREGVIER INVOLVEMENT IN SCHOOL

This item descries a parent/caregiver's level of active involvement in their child's educational experience including all the various ways and events that are available for parents to be a part of their child's school experience.

Questions to Consider	Ratings and Descriptions	
✦ Is the parent/caregiver an active participant in their child/youth's educational experience?	0	Parent/caregiver is very active in their child/youth's educational experience. This includes, but is not limited to ongoing contact and communication with school staff and/or teacher (e.g., text, phone, electronic, or in person contact). They are involved with homework, assignments, and/or educational planning. They attend parent-teacher conference and/or participate in additional school activities (e.g., classroom activities, field trips, etc.).
✦ Does the parent/caregiver communicate with the teachers or school?	1	Parent/caregiver is active in their child/youth's educational experience. They regularly respond to contact from the school and/or teacher (e.g., text, phone, electronic, or in person) and attend most scheduled parent-teacher meetings or other school events
✦ Do they participate in classroom or school activities?	2	Parent/caregiver is marginally involved in their child/youth's educational experience. They are often unavailable to the school and/or teacher when contacted via phone, text and electronically. They do not routinely attend parent-teacher meetings or any other school events.
✦ Does the parent provide support to the child/youth with their homework or assignments?	3	Parent/caregiver is disengaged from their child/youth's educational experience. They never return calls and emails from the school or teacher. They are not involved with their student's learning (e.g., homework, assignments, and/or educational planning.). They never attend parent-teacher meetings or any school events.

[6] DANGEROUSNESS MODULE

This module is to be completed when Risk Behaviors Domain, Danger to Others item is rated '1', '2' or '3'.

Unless otherwise specified, rate the highest level from the past 30 days based on relevant information from all sources.

Rate the highest level from the past 30 days

For the **Dangerousness Module**, use the following categories and action levels:

0   No current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

EMOTIONAL/BEHAVIORAL RISKS

DNG1. HOSTILITY
This item rates the perception of others regarding the youth's level of anger and hostility.

Questions to Consider
+ Does the youth seem hostile frequently or in inappropriate environments/situations?

Ratings and Descriptions

0   Youth appears to not experience or express hostility except in situations where most people would become hostile.

1   Youth appears hostile but does not express it. Others experience youth as being angry.

2   Youth expresses hostility regularly.

3   Youth is almost always hostile either in expression or appearance. Others may experience youth as 'full of rage' or 'seething.'

DNG2. PARANOID THINKING
This item rates the existence/level of paranoid thinking experienced by the youth.

Questions to Consider
+ Does the youth seem suspicious?
+ Is there any evidence of paranoid thinking/beliefs?
+ Is the youth very guarded?

Ratings and Descriptions

0   Youth does not appear to engage in any paranoid thinking.

1   Youth is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.

2   Youth believes that others are 'out to get' them. Youth has trouble accepting that these beliefs may not be accurate. Youth at times is suspicious and guarded but at other times can be open and friendly.

3   Youth believes that others plan to cause them harm. Youth is nearly always suspicious and guarded.

DNG3. SECONDARY GAINS FROM ANGER

This item is used to rate the presence of anger to obtain additional benefits.

Questions to Consider
+ What happens after the youth gets angry? Does youth get anything in return?
+ Does the youth typically get what they want from expressing anger?

Ratings and Descriptions

0	Youth either does not engage in angry behavior, or when youth does become angry, does not appear to derive any benefits from this behavior.
1	Youth unintentionally has benefited from angry behavior; however, there is no evidence that youth intentionally uses angry behavior to achieve desired outcomes.
2	Youth sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.
3	Youth routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers or peers. Others in youth's life appear intimidated.

DNG4. VIOLENT THINKING

This item rates the level of violence and aggression in the youth's thinking.

Questions to Consider
+ Does the youth report having violent thoughts?
+ Does youth verbalize their violent thoughts either specifically or by using violent themes?

Ratings and Descriptions

0	There is no evidence that youth engages in violent thinking.
1	Youth has some occasional or minor thoughts about violence.
2	Youth has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.
3	Youth has specific homicidal ideation or appears obsessed with thoughts about violence. A youth who spontaneously and frequently draws only violent images may be rated here.

RESILIENCY FACTORS

DNG5. AWARE OF VIOLENCE POTENTIAL

This item rates the youth's insight into their risk of violence.

Questions to Consider
+ Is the youth aware of the risks of their potential to be violent?
+ Is the youth concerned about these risks?
+ Can the youth predict when/where/for what reason they will get angry and/or possibly become violent?

Ratings and Descriptions

0	Youth is completely aware of their level of risk of violence. Youth accepts responsibility for past and future behaviors and is able to anticipate future challenging circumstances. A youth with no violence potential is rated here.
1	Youth is generally aware of their potential for violence. Youth is knowledgeable about their risk factors and is generally able to take responsibility. Youth may be unable to anticipate future circumstances that may challenge them.
2	Youth has some awareness of their potential for violence. Youth may have tendency to blame others but is able to accept some responsibility for their actions.
3	Youth has no awareness of their potential for violence. Youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.

DNG6. RESPONSE TO CONSEQUENCES

This item rates the youth's reaction when youth gets consequences for violence or aggression.

Questions to Consider	Ratings and Descriptions	
✦ How does the youth react to consequences given for violent or aggressive behavior?	0	Youth is clearly and predictably responsive to identified consequences. Youth is regularly able to anticipate consequences and adjust behavior.
	1	Youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or youth may sometimes fail to anticipate consequences.
	2	Youth responds to consequences on some occasions but sometimes does not appear to care about consequences for their violent behavior.
	3	Youth is unresponsive to consequences for their violent behavior.

DNG7. COMMITMENT TO SELF CONTROL

This item rates the youth's willingness and commitment to controlling aggressive and/or violent behaviors.

Questions to Consider	Ratings and Descriptions	
✦ Does the youth want to change their behaviors? ✦ Is the youth committed to such change?	0	Youth is fully committed to controlling their violent behavior.
	1	Youth is generally committed to controlling their violent behavior; however, youth may continue to struggle with control in some challenging circumstances.
	2	Youth ambivalent about controlling their violent behavior.
	3	Youth not interested in controlling their violent behavior at this time.

[7] SEXUALLY AGGRESSIVE BEHAVIORS MODULE

This module is to be completed when the Risk Behaviors Domain, Sexual Aggression item is rated '1', '2' or '3'.

Rate the highest level from the past 30 days based on relevant information from all sources.

For the **Sexually Aggressive Behavior Module**, use the following categories and action levels:

0   No current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

SAB1. RELATIONSHIP
This item rates the nature of the relationship between the youth and the victim of their aggression. Please rate the most recent episode of sexual behavior.

Questions to Consider
- How does the youth know the other children involved?
- Is there a power differential between parties?
- Did the sexual aggression include physical harm to another person?

Ratings and Descriptions

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 youth being in the position of authority.

2   Youth is clearly victimizing at least one other youth with sexually abusive behavior.

3   Youth is severely victimizing at least one other youth with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

SAB2. PHYSICAL FORCE/THREAT
This item rates the level of physical force involved in the sexual aggression. Please rate the highest level from the most recent episode of sexual behavior.

Questions to Consider
- Did the sex act include physical force or the threat of force? If so, how intense was that force?
- Was the victim physically harmed or at risk of serious harm?

Ratings and Descriptions

0   No evidence of the use of any physical force or threat of force in either the commission of the sex act or in attempting to hide it.

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.

SAB3. PLANNING

Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the youth as the perpetrator.

Questions to Consider	Ratings and Descriptions	
◆ Does the youth plan their sexual activities, or do they happen spontaneously?	0	No evidence of any planning.
	1	Some evidence of efforts to get into situations where likelihood of opportunities for inappropriate sexual activity is enhanced. History of problem is rated here.
	2	Evidence of some planning of inappropriate sexual activity. For example, a youth who looks for opportunities such as the absence of adults or particular situations in which they could carry out an act of sexual aggression or inappropriate behavior.
	3	Considerable evidence of inappropriate or predatory sexual behavior in which victim and/or scenario is identified prior to the act, and the act is premeditated. A youth who has considered and weighed multiple factors relating to grooming, environment, absence or presence of others and timing, indicating a high degree of planning, would be rated here.

SAB4. AGE DIFFERENTIAL

Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the youth as the perpetrator.

Questions to Consider	Ratings and Descriptions	
◆ What are the ages of the individuals the youth has had sex with?	0	Ages of the perpetrator and victim and/or participants is essentially equivalent (less than 3 years apart).
	1	Age differential between perpetrator and victim and/or participants is 3 to 4 years. A history of significant age differential would be rated here.
	2	Age differential between perpetrator and victim at least 5 years, but perpetrator is less than 13 years old.
	3	Age differential between perpetrator and victim at least 5 years and perpetrator is 13 years old or older

SAB5. TYPE OF SEX ACT

This item rates the kind of the sex act involved in the aggression. Rate the most serious type of aggression present.

Questions to Consider	Ratings and Descriptions	
◆ What was the most serious sex act involved in the youth's aggression?	0	Sex act involved touching or fondling only.
	1	Sex act involved fondling plus possible penetration with fingers or oral sex.
	2	Sex act involved penetration into genitalia or anus with body part.
	3	Sex act involved physically dangerous penetration due to differential size or use of an object.

SAB6. POWER DIFFERENTIAL

Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for youth as the perpetrator.

Questions to Consider	Ratings and Descriptions
✦ Does the youth use their power to victimize others?	**0** No evidence of victimizing others. The sexual activity appears to be mutual and consenting. No power differential.
	1 Although the sexual activity appears to be mutual, there is a significant power differential between parties with this youth being in the position of authority or power or history of a significant power differential.
	2 Youth is clearly using authority or power to victimize another individual with sexually abusive behavior. For example: a youth sexually abusing a younger child while babysitting. This would not include physical violence, but may include coercion and threats of physical harm to the victim or loved ones.
	3 Youth is clearly using authority or power to severely victimize another individual with both physical violence and sexually abusive behavior. For example: a youth beating and sexually exploiting a developmentally delayed individual.

SAB7. RESPONSE TO ACCUSATION

This item rates how the youth responded to the accusation and the remorse felt by the youth.

Questions to Consider	Ratings and Descriptions
✦ Is the youth sorry for their behavior? ✦ Does the youth admit to the sex acts?	**0** Youth admits to behavior and expresses remorse and desire to not repeat.
	1 Youth partially admits to behaviors and expresses some remorse.
	2 Youth admits to behavior but does not express remorse.
	3 Youth neither admits to behavior nor expresses remorse. Youth is in complete denial.

SAB8. TEMPORAL CONSISTENCY

Temporal consistency relates to a youth's patterns and history of sexually problematic behavior.

Questions to Consider	Ratings and Descriptions
✦ How long has the youth exhibited sexually problematic behavior(s)?	**0** Youth has never exhibited sexually problematic behavior or has developed this behavior only in the past three months following a clear stressor.
	1 Youth has been sexually problematic during the past two years, OR the youth has become sexually problematic in the past three months despite the absence of any clear stressors.
	2 Youth has been sexually problematic for an extended period of time (e.g. more than two years), but has had significant symptom-free periods.
	3 Youth has been sexually problematic for an extended period of time (e.g. more than two years) without significant symptom-free periods.

SAB9. HISTORY OF SEXUALLY ABUSIVE BEHAVIOR
This item rates the quantity of sexually aggressive behaviors exhibited by the youth.

Questions to Consider
- How many incidents have been identified and/or investigated?
- How many victims have been identified?

Ratings and Descriptions

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

SAB10. SEVERITY OF SEXUAL ABUSE
This item rates the significance and severity of the youth's own sexual abuse history.

Questions to Consider
- Has the youth been sexually abused, either known or suspected?
- If so, what was the type and intensity of abuse that youth endured?
- If so, who was youth's abuser?

Ratings and Descriptions

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	A moderate level of sexual abuse which may involve a youth who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.
3	A severe level of sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the youth.

SAB11. PRIOR TREATMENT
This item rates the youth's experience in and the effectiveness of prior treatment.

Questions to Consider
- Does the youth have any history of treatment for sexual aggression?
- If so, what type of treatment and what was the effectiveness of each treatment?

Ratings and Descriptions

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

[8] PROBLEMATIC SEXUAL BEHAVIOR MODULE

This module is to be completed when Risk Behaviors Domain, Problematic Sexual Behavior item is rated '1', '2'' or '3'.

Rate the highest level from the past 30 days based on relevant information from all sources.

For the **Sexual Behavior Module**, use the following categories and action levels:

0   No current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

PSB1. HYPERSEXUALITY
This item refers to frequent sexual behavior that leads to functional impairment.

Questions to Consider
- Does the child/youth have more interest in sex or sexual activity than is developmentally appropriate?
- Is the child/youth's interest in sex or sexual activity interfering with functioning?

Ratings and Descriptions

0	Child/youth does not exhibit evidence of increased sexual drive or interest.
1	Child/youth has history of elevated sexual drive or interest, or is exhibiting elevated sexual drive or interest but it has not affected functioning.
2	Increased sex drive or interest is interfering with the child/youth's functioning.
3	Increased sex drive or interest is either dangerous or disabling to the child/youth.

PSB2. HIGH RISK SEXUAL BEHAVIOR
This refers to sexual behavior that places the child/youth at risk. This sexual behavior may or may not involve multiple partners.

Questions to Consider
- Is the child/youth's sexual activity developmentally normative and healthy?
- Does the child/youth's sexual activity put child/youth at risk for abuse, unwanted pregnancy or sexually transmitted infections?

Ratings and Descriptions

0	No evidence of sexual behavior beyond what is developmentally appropriate.
1	Child/youth has history of high risk sexual behavior, or there is current suspicion of high risk sexual behavior but not in the past six months.
2	Child/youth engages in high risk sexual behaviors that interfere with functioning.
3	Child/youth engages in a dangerous level of sexual behaviors, or with partners who are abusive or otherwise physically dangerous.

PSB3. MASTURBATION

This refers to genital self-stimulation for sexual gratification.

Questions to Consider	Ratings and Descriptions
✦ Does child/youth's masturbatory behavior place them at risk or impair functioning?	**0** When and if a child/youth masturbates, it is kept safe, private, and discreet. **1** History or evidence of masturbatory behavior that is private but not always discreet – e.g., a child/youth who gets caught masturbating multiple times by caregiver. **2** Child/youth engages in masturbatory behaviors that interfere with their functioning. An occasion of public masturbation might be rated here. **3** Child/youth engages in masturbatory behavior that places them at high risk for significant sanctions, negatively impacts or traumatizes others, or has a potential for physical self-harm. Multiple public masturbations would be rated here.

PSB4. SEXUALLY REACTIVE BEHAVIOR

Sexually reactive behavior includes age-inappropriate sexualized behaviors that may place the child/youth at risk for victimization, and risky sexual practices. These behaviors may be a response to sexual abuse and/or other traumatic experiences.

Questions to Consider	Ratings and Descriptions
✦ Does the child/youth exhibit sexually provocative behavior? ✦ Could the child/youth's sexualized behavior be a response to sexual abuse or other traumatic experiences? ✦ Does the child/youth's sexual behavior place them at risk?	**0** No evidence of problems with sexually reactive behaviors. **1** Child/youth has a history of sexually reactive behaviors, or there is suspicion of current sexually reactive behavior. Child/youth may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with single partner. This behavior is does not place the child/youth at great risk. **2** Child/youth exhibits more frequent sexually provocative behaviors in a manner that impairs functioning. Examples include engaging in promiscuous sexual behaviors or having unprotected sex with multiple partners. This would include a young child's age-inappropriate sexualized behavior. **3** Child/youth exhibits severe and/or dangerous sexually provocative behaviors that place them or others at immediate risk of victimization or harm.

[9] RUNAWAY MODULE

This module is to be completed when Risk Behaviors Domain, Runaway item, is rated '1', '2' or '3'.

Rate the highest level from the past 30 days based on relevant information from all sources.

For the **Runaway Module**, use the following categories and action levels:

0   No current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

RUN1. FREQUENCY OF RUNNING
This item rates how often the youth runs away.

Questions to Consider	Ratings and Descriptions
✦ How often does the youth run?	0 Youth has only run once in past year.
	1 Youth has run on multiple occasions in past year.
	2 Youth runs run often but not always.
	3 Youth runs at every opportunity.

RUN2. CONSISTENCY OF DESTINATION
This item rates the consistency of the location to which the youth runs away.

Questions to Consider	Ratings and Descriptions
✦ Where does the youth go when they run away?	0 Youth always runs to the same location.
	1 Youth generally runs to the same location or neighborhood.
	2 Youth runs to the same community but the specific locations change.
	3 Youth runs to no planned destination.

RUN3. SAFETY OF DESTINATION
This item rates the safety of the locations to which the youth runs away.

Questions to Consider	Ratings and Descriptions
✦ Is the location generally safe?	0 Youth runs to a safe environment that meets their basic needs, e.g., food, shelter.
✦ Are the youth's basic needs met in this location?	1 Youth runs to generally safe environments; however, environments might be somewhat unstable or variable.
✦ Is the youth likely to be victimized or exploited while on the run?	2 Youth runs to generally unsafe environments that cannot meet their basic needs.
	3 Youth runs to very unsafe environments where the likelihood that they will be victimized is high.

RUN4. INVOLVEMENT IN ILLEGAL ACTS

This item rates the youth's illegal activities while on the run.

Questions to Consider
- Does the youth engage in illegal/delinquent activities while on the run?
- If so, are these serious delinquent behaviors?

Ratings and Descriptions

0	Youth does not engage in illegal activities while on the run beyond those involved with the running itself.
1	Youth engages in status offenses beyond those involved with the running itself while on run (e.g., curfew violations, underage drinking).
2	Youth engages in illegal activities while on run.
3	Youth engages in dangerous illegal activities while on run (e.g., is sexually exploited).

RUN5. LIKELIHOOD OF RETURN ON OWN

This item rates the way in which the youth returns from running away.

Questions to Consider
- Does the youth come back on their own?
- Does the youth actively hide from those looking for them?

Ratings and Descriptions

0	Youth will return from run on their own without prompting.
1	Youth will return from run when found but not without being found.
2	Youth will make themselves difficult to find and/or might passively resist return once found.
3	Youth makes repeated and concerted efforts to hide so as to not be found and/or resists return.

RUN6. INVOLVEMENT OF OTHERS

This item rates the involvement and encouragement of others in the youth's runaway behavior.

Questions to Consider
- Are there others who help or encourage the youth to run away?

Ratings and Descriptions

0	Youth runs by themselves with no involvement of others. Others may discourage behavior or encourage youth to return from run.
1	Others enable youth running by not discouraging youth's behavior.
2	Others involved in running by providing help, hiding youth.
3	Youth is actively encouraged to run by others. Others actively cooperate to facilitate running behavior.

RUN7. REALISTIC EXPECTATIONS

This item rates the youth's expectations about the consequences and outcomes of the runaway behavior.

Questions to Consider
- Does the youth expect positive outcomes/benefits from running away?
- Does the youth seem realistic about running away?

Ratings and Descriptions

0	Youth has realistic expectations about the implications of their running behavior.
1	Youth has reasonable expectations about the implications of their running behavior but may be hoping for a somewhat 'optimistic' outcome.
2	Youth has unrealistic expectations about the implications of their running behavior.
3	Youth has obviously false or delusional expectations about the implications of their running behavior.

RUN8. PLANNING

This item rates the spontaneity of the runaway behavior.

	Ratings and Descriptions

Questions to Consider
- Is the youth impulsively running away?
- Does the youth have a plan and, if so, is that plan carefully thought out?

0	Running behavior is completely spontaneous and emotionally impulsive.
1	Running behavior is somewhat planned but not carefully.
2	Running behavior is planned.
3	Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.

[10] JUVENILE JUSTICE MODULE

This module is to be completed when Risk Behaviors Domain, Delinquent Behavior item is rated '1', '2' or '3'.

Rate the highest level from the past 30 days based on relevant information from all sources.

For the **Juvenile Justice Module**, use the following categories and action levels:

0   No current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2   Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

JJ1. SERIOUSNESS
This item rates the seriousness of the youth's criminal offenses.

Questions to Consider
- What are the behaviors/ actions that have gotten the youth involved in the juvenile justice or adult criminal system?

Ratings and Descriptions

0   Youth has engaged only in status violations (e.g., curfew); or no evidence of criminal behavior.

1   Youth has engaged in delinquent behavior.

2   Youth has engaged in criminal behavior.

3   Youth has engaged in criminal behavior that places other citizens at risk of significant physical harm.

JJ2. HISTORY
This item rates the youth's history of delinquency. Please rate using time frames provided in the descriptions.

Questions to Consider
- How many criminal/ delinquent behaviors has the youth engaged in?
- Are there periods of time in which the youth did not engage in criminal behaviors?

Ratings and Descriptions

0   Current criminal/delinquent behavior is the first known occurrence.

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/delinquent behavior.

JJ3. ARRESTS
This item rates the youth's history of arrests.

Questions to Consider
- Has the youth ever been arrested?
- How many times, and when?

Ratings and Descriptions

0   Youth has no known arrests/detentions in past.

1   Youth has history of delinquency, but no arrests in the past 30 days.

2   Youth has 1 to 2 arrests/detention in the last 30 days.

3   Youth has more than 2 arrests/detention in last 30 days.

JJ4. PLANNING

This item rates the premeditation or spontaneity of the criminal acts.

Questions to Consider	Ratings and Descriptions
✦ Does the youth engage in preplanned or spontaneous or impulsive criminal acts?	**0** No evidence of any planning. Delinquent/criminal behavior appears opportunistic or impulsive.
	1 Evidence suggests that youth places self into situations where the likelihood of delinquent/ criminal behavior is enhanced.
	2 Evidence of some planning of delinquent/criminal behavior.
	3 Considerable evidence of significant planning of delinquent/criminal behavior. Behavior is clearly premeditated.

JJ5. COMMUNITY SAFETY

This item rates the level to which the criminal behavior of the youth puts the community's safety at risk.

Questions to Consider	Ratings and Descriptions
✦ Is the delinquency violent in nature?	**0** No evidence of any risk to the community from the youth's behavior. Youth could be unsupervised in the community.
✦ Does the youth commit violent crimes against people or property?	**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.

JJ6. LEGAL COMPLIANCE

This item rates the youth's compliance with the rules of the court and probation.

Questions to Consider	Ratings and Descriptions
✦ Is the youth compliant with the terms of their probation?	**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.
✦ Is the youth attending appointments, school, etc.?	**1** Youth is in general compliance with responsibilities imposed by the court. (e.g. occasionally missed appointments).
✦ Is the youth actively or frequently violating probation?	**2** Youth is in partial noncompliance with standing court orders (e.g. youth is going to school/work but not attending court-ordered treatment).
	3 Youth is in serious and/or complete noncompliance with standing court orders (e.g., parole violations).

JJ7. PEER INFLUENCES

This item rates the level to which the youth's peers engage in delinquent or criminal behavior.

Questions to Consider
- ◆ Do the youth's friends also engage in criminal behavior?
- ◆ Are the members of the youth's peer group involved in the criminal justice system or on parole/probation?

Ratings and Descriptions

0	Youth's primary peer social network does not engage in delinquent/criminal behavior.
1	Youth has peers in their primary peer social network who do not engage in delinquent/criminal behavior but has some peers who do.
2	Youth predominantly has peers who engage in delinquent/criminal behavior but youth is not a member of a gang whose membership encourages or requires illegal behavior as an aspect of membership.
3	Youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

JJ8. ENVIRONMENTAL INFLUENCES

This item rates the influence of community criminal behavior on the youth's delinquent or criminal behavior.

Questions to Consider
- ◆ Does the youth live in a neighborhood/community with high levels of crime?
- ◆ Is the youth a frequent witness or victim of such crime?

Ratings and Descriptions

0	No evidence that the youth's environment stimulates or exposes the youth to any criminal behavior.
1	Suspicion that the youth's environment might expose the youth to criminal behavior.
2	Youth's environment clearly exposes the youth to criminal behavior.
3	Youth's environment encourages or enables the youth to engage in criminal behavior.