

YLS/CMI

By Robert D. Hoge, Ph.D., D. A. Andrews, Ph.D., & Alan W. Leschied, Ph.D.

Name of Assessed: _____	Gender: M F	Age: _____
Date of Birth: ____/____/____ <small>mm dd yyyy</small>	Today's Date: ____/____/____ <small>mm dd yyyy</small>	

Part I: Assessment of Risks and Needs

YLS/CMI is a quantitative screening survey of attributes of juvenile offenders and their situations relevant to decisions regarding level of service, supervision, and programming. Within each subscale, use an "X" to mark all items that apply to the juvenile being assessed. If the subscale is considered to be an area of strength for the juvenile, indicate with a checkmark ✓ in the "Strength" box. The items are explained in Appendix A of the User's Manual.

1. Prior and Current Offenses/Dispositions:

- a. Three or more prior convictions
- b. Two or more failures to comply
- c. Prior probation
- d. Prior custody
- e. Three or more current convictions

Comments:

Source(s) of information:

2. Family Circumstances/Parenting:

- a. Inadequate supervision
 - b. Difficulty in controlling behavior
 - c. Inappropriate discipline
 - d. Inconsistent parenting
 - e. Poor relations (father - youth)
 - f. Poor relations (mother - youth)
- Strength

Comments:

Source(s) of information:

3. Education/ Employment:

- a. Disruptive classroom behavior
 - b. Disruptive behavior on school property
 - c. Low achievement
 - d. Problems with peers
 - e. Problems with teachers
 - f. Truancy
 - g. Unemployed/not seeking employment
- Strength

Comments:

Source(s) of information:

4. Peer Relations:

- a. Some delinquent acquaintances
 - b. Some delinquent friends
 - c. No/few positive acquaintances
 - d. No/few positive friends
- Strength

Comments:

Source(s) of information:



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Within each subscale, use an "X" to mark all items that apply to the juvenile being assessed. If the subscale is considered to be an area of strength for the juvenile, indicate with a checkmark ✓ in the "Strength" box.

Part I: Assessment of Risks and Needs (Continued)

5. Substance Abuse:

-
- a. Occasional drug use
- b. Chronic drug use
- c. Chronic alcohol use
- d. Substance abuse interferes with life
- e. Substance use linked to offense(s)
- Strength

Comments:

Source(s) of information:

6. Leisure/Recreation:

-
- a. Limited organized activities
- b. Could make better use of time
- c. No personal interests
- Strength

Comments:

Source(s) of information:

7. Personality/Behavior:

-
- a. Inflated self-esteem
- b. Physically aggressive
- c. Tantrums
- d. Short attention span
- e. Poor frustration tolerance
- f. Inadequate guilt feelings
- g. Verbally aggressive, impudent
- Strength

Comments:

Source(s) of information:

8. Attitudes/Orientation:

-
- a. Antisocial/procriminal attitudes
- b. Not seeking help
- c. Actively rejecting help
- d. Defies authority
- Strength

Comments:

Source(s) of information:

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Scores	Prior and Current Offenses	Family	Education	Peers	Substance Abuse	Leisure/ Recreation	Personality/ Behavior	Attitudes/ Orientation
Low								
Moderate								
High								
Strength								

Column A Column B

1. Prior and Current Offenses/Dispositions

Risk Level:
 Low (0)
 Moderate (1-2)
 High (3-5)

S

5. Substance Abuse

Risk Level:
 Low (0)
 Moderate (1-2)
 High (3-5)

S

2. Family Circumstances/Parenting

Risk Level:
 Low (0-2)
 Moderate (3-4)
 High (5-6)

S

6. Leisure/Recreation

Risk Level:
 Low (0)
 Moderate (1)
 High (2-3)

S

3. Education/Employment

Risk Level:
 Low (0)
 Moderate (1-3)
 High (4-7)

S

7. Personality/Behavior

Risk Level:
 Low (0)
 Moderate (1-4)
 High (5-7)

S

4. Peer Relations

Risk Level:
 Low (0-1)
 Moderate (2-3)
 High (4)

8. Attitudes/Orientation

Risk Level:
 Low (0)
 Moderate (1-3)
 High (4-5)

Overall Total Risk Level:	
Sum of Column A and Column B Totals=	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
Low: (0-8) <input type="checkbox"/>	Moderate: (9-22) <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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Part III: Assessment of Other Needs and Special Considerations

1. Family/Parents

- | | | |
|---|---|--|
| <input type="checkbox"/> Chronic History of Offenses | <input type="checkbox"/> Financial/Accommodation Problems | <input type="checkbox"/> Abusive Mother |
| <input type="checkbox"/> Emotional Distress/Psychiatric | <input type="checkbox"/> Uncooperative Parents | <input type="checkbox"/> Significant Family Trauma |
| <input type="checkbox"/> Drug/Alcohol Abuse | <input type="checkbox"/> Cultural/Ethnic Issues | (specify): _____ |
| <input type="checkbox"/> Marital Conflict | <input type="checkbox"/> Abusive Father | Other (specify): _____ |

Comments: _____

2. Youth

- | | | |
|---|--|--|
| <input type="checkbox"/> Health Problems | <input type="checkbox"/> Peers Outside Age Range | <input type="checkbox"/> Third Party Threat |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Depressed | <input type="checkbox"/> History of Sexual/Physical Assault |
| <input type="checkbox"/> Low Intelligence/Developmental Delay | <input type="checkbox"/> Low Self-esteem | <input type="checkbox"/> History of Assault on Authority Figures |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Inappropriate Sexual Activity | <input type="checkbox"/> History of Weapons Use |
| <input type="checkbox"/> Underachievement | <input type="checkbox"/> Racist/Sexist Attitudes | <input type="checkbox"/> History of Fire Setting |
| <input type="checkbox"/> Poor Problem-Solving Skills | <input type="checkbox"/> Poor Social Skills | <input type="checkbox"/> History of Escapes |
| <input type="checkbox"/> Victim of Physical/Sexual Abuse | <input type="checkbox"/> Engages in Denial | <input type="checkbox"/> Protection Issues |
| <input type="checkbox"/> Victim of Neglect | <input type="checkbox"/> Suicide Attempts | <input type="checkbox"/> Adverse Living Conditions |
| <input type="checkbox"/> Shy/Withdrawn | <input type="checkbox"/> Diagnosis of Psychosis | Other (specify): _____ |

Comments: (Note any special responsivity considerations including the need for culturally specific services)

Part IV: Your Assessment of the Juvenile's General Risk/Need Level

Taking into account all available information, provide your estimate of the risk level for this case. If your risk estimation differs from that of the inventory, please provide reasons why.

Risk Level:

- Low
- Moderate
- High
- Very High

Reasons: _____

YLS/CMI: Case Management

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Part V: Contact Level

- Administrative/Paper _____
- Minimum Supervision _____
- Medium Supervision _____
- Maximum Supervision _____

Probation Officer's Signature/Date	Supervisor's Signature/Date
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Part VI: Case Management Plan

Goal One	Means of Achievement
Goal Two	Means of Achievement
Goal Three	Means of Achievement
Goal Four	Means of Achievement

