



**Trauma Domain
Family Domain
&
Community Domain**



Purposeful Parenting
Family Advocacy and Support Tool (FAST)

| | | |
|-----------------------|--|--|
| Date: | Type: <input type="checkbox"/> Initial <input type="checkbox"/> Scheduled Update <input type="checkbox"/> Major Life Event <input type="checkbox"/> Exit | |
| Assessor Name: | Family has had Prior CW Involvement: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family Members | | |
| Parent Name: | DOB: | Highest Education Level: |
| Parent Name: | DOB: | Highest Education Level: |
| Other Caregiver: | DOB: | Highest Education Level: |
| Other Caregiver: | DOB: | Highest Education Level: |
| Child Name: | DOB: | Highest Education Level: |
| Child Name: | DOB: | Highest Education Level: |
| Child Name: | DOB: | Highest Education Level: |
| Child Name: | DOB: | Highest Education Level: |

FAMILY ASSESSMENT

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

0 – No evidence of any needs; no need for action.

1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

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

3 – Need is dangerous or disabling; requires immediate and/or intensive action.

| Family Functioning Items | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Family Conflict | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Financial Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family Role Appropriateness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Residential Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

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

0 – Well-developed, centerpiece strength; may be used as a focus of an intervention/action plan.

1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

| Family Strengths Items | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Family Social Identity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extended Family Relations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parental-Caregiver Collaboration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Natural Supports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relations Among Siblings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Traditions and Cultural Rituals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For **Advocacy & Capacity** use the following categories and skill level ratings:

0 – Mastery, could teach others. Maintain mastery.

3 – Tried; Not yet comfortable. Develop comfort.

1 – Comfortable and routine. Develop mastery.

4 – Have never done. Try the skill.

2 – Comfortable, but not routine. Build into a routine.

| Advocacy & Capacity Items | 0 | 1 | 2 | 3 | 4 | | 0 | 1 | 2 | 3 | 4 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Knowledge of Family-Child Needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ability to Listen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge of Service Options | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ability to Communicate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge of Rights & Responsibilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |

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

0 – No evidence of any needs; no need for action.

1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

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

3 – Need is dangerous or disabling; requires immediate and/or intensive action.

| Cultural Factors Items | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cultural Stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please write a rationale for any item in Family Assessment Domain (Family Functioning, Family Strengths, Advocacy & Capacity, Cultural Factors) rated actionable ('2' or '3'; or '3' or '4' for Advocacy & Capacity).

| CAREGIVER ASSESSMENT | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Caregiver Name: | | | | | Medical/Mental Health Diagnosis: | | | | |
| Prescribed Medications: | | | | | | | | | |
| For the Caregiver Needs , use the following categories and action levels: 0 – No evidence of any needs; no need for action. 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning. 3 – Need is dangerous or disabling; requires immediate and/or intensive action. | | | | | | | | | |
| Caregiver Needs Items | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
| Monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Developmental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Substance Use [B] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boundaries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Posttraumatic Reactions [C] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Discipline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Employment Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Criminal Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health [A] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| [A] Mental Health Module (To be completed when the Mental Health item is rated '1', '2' or '3'.) | | | | | | | | | |
| Psychosis (Thought Disorder) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interpersonal Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mood Disturbance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Antisocial Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anger Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impulse Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eating Disturbances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| [B] SUBSTANCE USE DISORDER MODULE (To be completed when the Substance Use item is rated '1', '2' or '3'.) | | | | | | | | | |
| Severity of Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recovery Support in Community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Duration of Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Acute Intoxication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stage of Recovery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Withdrawal History | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Peer Influences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Withdrawal Risks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Environmental Influences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Awareness of Relapse Triggers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For the Trauma Module: Potentially Traumatic/Adverse Childhood Experiences , use the following categories and ratings: No – No evidence of any trauma of this type. Yes – Individual has had experience or there is suspicion that the individual has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences. | | | | | | | | | |
| [C] TRAUMA MODULE (To be completed when the Adjustment to Trauma item is rated '1', '2' or '3'.) | | | | | | | | | |
| | No | | Yes | | | No | | Yes | |
| Sexual Abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Witness to Family Violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Witness to Comm./School Violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neglect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | War/Terrorism Affected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Witness /Victim of Criminal Acts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Trauma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parental Criminal Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Natural or Manmade Disaster | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disrupt. in Caregiving/Attachment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please write a rationale for any item in the Caregiver Needs or Modules above rated actionable ('2' or '3'). | | | | | | | | | |

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

0 – Well-developed, centerpiece strength; may be used as a focus of an intervention/action plan.

1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

| Caregiver Strengths Items | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Involvement in Caregiving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Responsiveness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

Please write a rationale for any item in Caregiver Strengths items rated actionable ('2' or '3'), and useful strengths ('0' and '1').

| CAREGIVER ASSESSMENT | | | | | | | | | | | |
|---|--|--------------------------|--------------------------|-----------------------------------|----------------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Caregiver Name: | | | | | Medical/Mental Health Diagnosis: | | | | | | |
| Prescribed Medications: | | | | | | | | | | | |
| For the Caregiver Needs , use the following categories and action levels: | | | | | | | | | | | |
| 0 – No evidence of any needs; no need for action. | | | | | | | | | | | |
| 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. | | | | | | | | | | | |
| 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning. | | | | | | | | | | | |
| 3 – Need is dangerous or disabling; requires immediate and/or intensive action. | | | | | | | | | | | |
| Caregiver Needs Items | | 0 | 1 | 2 | 3 | | | 0 | 1 | 2 | 3 |
| Monitoring | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Developmental | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Substance Use [B] | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boundaries | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Posttraumatic Reactions [C] | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Discipline | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Employment Functioning | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical/Physical | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Criminal Behavior | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health [A] | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transportation | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| [A] Mental Health Module (To be completed when the Mental Health item is rated '1', '2' or '3'.) | | | | | | | | | | | |
| Psychosis (Thought Disorder) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interpersonal Problems | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mood Disturbance | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Antisocial Behavior | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anger Control | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impulse Control | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eating Disturbances | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| [B] SUBSTANCE USE DISORDER MODULE (To be completed when the Substance Use item is rated '1', '2' or '3'.) | | | | | | | | | | | |
| Severity of Use | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recovery Support in Community | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Duration of Use | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Acute Intoxication | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stage of Recovery | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Withdrawal History | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Peer Influences | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Withdrawal Risks | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Environmental Influences | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Awareness of Relapse Triggers | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For the Trauma Module: Potentially Traumatic/Adverse Childhood Experiences , use the following categories and ratings: | | | | | | | | | | | |
| No – No evidence of any trauma of this type. | | | | | | | | | | | |
| Yes – Individual has had experience or there is suspicion that the individual has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences. | | | | | | | | | | | |
| [C] TRAUMA MODULE (To be completed when the Adjustment to Trauma item is rated '1', '2' or '3'.) | | | | | | | | | | | |
| | | No | Yes | | | | | No | Yes | | |
| Sexual Abuse | | <input type="checkbox"/> | <input type="checkbox"/> | Witness to Family Violence | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Physical Abuse | | <input type="checkbox"/> | <input type="checkbox"/> | Witness to Comm./School Violence | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Neglect | | <input type="checkbox"/> | <input type="checkbox"/> | War/Terrorism Affected | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Emotional Abuse | | <input type="checkbox"/> | <input type="checkbox"/> | Witness /Victim of Criminal Acts | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Medical Trauma | | <input type="checkbox"/> | <input type="checkbox"/> | Parental Criminal Behavior | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Natural or Manmade Disaster | | <input type="checkbox"/> | <input type="checkbox"/> | Disrupt. in Caregiving/Attachment | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Please write a rationale for any item in the Caregiver Needs or Modules above rated actionable ('2' or '3'). | | | | | | | | | | | |

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

0 – Well-developed, centerpiece strength; may be used as a focus of an intervention/action plan.

1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

| Caregiver Strengths Items | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Involvement in Caregiving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Responsiveness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

Please write a rationale for any item in Caregiver Strengths items rated actionable ('2' or '3'), and useful strengths ('0' and '1').

| CAREGIVER ASSESSMENT | | | | | | | | | | | |
|--|--|--------------------------|--------------------------|-----------------------------------|----------------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Caregiver Name: | | | | | Medical/Mental Health Diagnosis: | | | | | | |
| Prescribed Medications: | | | | | | | | | | | |
| For the Caregiver Needs , use the following categories and action levels: 0 – No evidence of any needs; no need for action. 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning. 3 – Need is dangerous or disabling; requires immediate and/or intensive action. | | | | | | | | | | | |
| Caregiver Needs Items | | 0 | 1 | 2 | 3 | | | 0 | 1 | 2 | 3 |
| Monitoring | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Developmental | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Substance Use [B] | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boundaries | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Posttraumatic Reactions [C] | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Discipline | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Employment Functioning | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical/Physical | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Criminal Behavior | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health [A] | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transportation | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| [A] Mental Health Module (To be completed when the Mental Health item is rated '1', '2' or '3'.) | | | | | | | | | | | |
| Psychosis (Thought Disorder) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interpersonal Problems | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mood Disturbance | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Antisocial Behavior | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anger Control | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impulse Control | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eating Disturbances | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| [B] SUBSTANCE USE DISORDER MODULE (To be completed when the Substance Use item is rated '1', '2' or '3'.) | | | | | | | | | | | |
| Severity of Use | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recovery Support in Community | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Duration of Use | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Acute Intoxication | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stage of Recovery | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Withdrawal History | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Peer Influences | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Withdrawal Risks | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Environmental Influences | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Awareness of Relapse Triggers | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For the Trauma Module: Potentially Traumatic/Adverse Childhood Experiences , use the following categories and ratings: No – No evidence of any trauma of this type. Yes – Individual has had experience or there is suspicion that the individual has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences. | | | | | | | | | | | |
| [C] TRAUMA MODULE (To be completed when the Adjustment to Trauma item is rated '1', '2' or '3'.) | | | | | | | | | | | |
| | | No | Yes | | | | | No | Yes | | |
| Sexual Abuse | | <input type="checkbox"/> | <input type="checkbox"/> | Witness to Family Violence | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Physical Abuse | | <input type="checkbox"/> | <input type="checkbox"/> | Witness to Comm./School Violence | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Neglect | | <input type="checkbox"/> | <input type="checkbox"/> | War/Terrorism Affected | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Emotional Abuse | | <input type="checkbox"/> | <input type="checkbox"/> | Witness /Victim of Criminal Acts | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Medical Trauma | | <input type="checkbox"/> | <input type="checkbox"/> | Parental Criminal Behavior | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Natural or Manmade Disaster | | <input type="checkbox"/> | <input type="checkbox"/> | Disrupt. in Caregiving/Attachment | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Please write a rationale for any item in the Caregiver Needs or Modules above rated actionable ('2' or '3'). | | | | | | | | | | | |

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

0 – Well-developed, centerpiece strength; may be used as a focus of an intervention/action plan.

1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

| Caregiver Strengths Items | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Involvement in Caregiving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Responsiveness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

Please write a rationale for any item in Caregiver Strengths items rated actionable ('2' or '3'), and useful strengths ('0' and '1').

| CAREGIVER ASSESSMENT | | | | | | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|----------------------------------|-----------------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Caregiver Name: | | | | | Medical/Mental Health Diagnosis: | | | | | | |
| Prescribed Medications: | | | | | | | | | | | |
| For the Caregiver Needs , use the following categories and action levels: | | | | | | | | | | | |
| 0 – No evidence of any needs; no need for action. | | | | | | | | | | | |
| 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. | | | | | | | | | | | |
| 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning. | | | | | | | | | | | |
| 3 – Need is dangerous or disabling; requires immediate and/or intensive action. | | | | | | | | | | | |
| Caregiver Needs Items | | 0 | 1 | 2 | 3 | | | 0 | 1 | 2 | 3 |
| Monitoring | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Developmental | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Substance Use [B] | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boundaries | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Posttraumatic Reactions [C] | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Discipline | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Employment Functioning | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical/Physical | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Criminal Behavior | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health [A] | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transportation | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| [A] Mental Health Module (To be completed when the Mental Health item is rated '1', '2' or '3'.) | | | | | | | | | | | |
| Psychosis (Thought Disorder) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interpersonal Problems | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mood Disturbance | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Antisocial Behavior | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anger Control | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impulse Control | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eating Disturbances | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| [B] SUBSTANCE USE DISORDER MODULE (To be completed when the Substance Use item is rated '1', '2' or '3'.) | | | | | | | | | | | |
| Severity of Use | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recovery Support in Community | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Duration of Use | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Acute Intoxication | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stage of Recovery | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Withdrawal History | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Peer Influences | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Withdrawal Risks | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Environmental Influences | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Awareness of Relapse Triggers | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For the Trauma Module: Potentially Traumatic/Adverse Childhood Experiences , use the following categories and ratings: | | | | | | | | | | | |
| No – No evidence of any trauma of this type. | | | | | | | | | | | |
| Yes – Individual has had experience or there is suspicion that the individual has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences. | | | | | | | | | | | |
| [C] TRAUMA MODULE (To be completed when the Adjustment to Trauma item is rated '1', '2' or '3'.) | | | | | | | | | | | |
| | | No | | Yes | | | | No | | Yes | |
| Sexual Abuse | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Witness to Family Violence | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Abuse | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Witness to Comm./School Violence | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neglect | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | War/Terrorism Affected | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Abuse | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Witness /Victim of Criminal Acts | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Trauma | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parental Criminal Behavior | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Natural or Manmade Disaster | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disrupt. in Caregiving/Attachment | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please write a rationale for any item in the Caregiver Needs or Modules above rated actionable ('2' or '3'). | | | | | | | | | | | |
| | | | | | | | | | | | |

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

0 – Well-developed, centerpiece strength; may be used as a focus of an intervention/action plan.

1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

| Caregiver Strengths Items | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Involvement in Caregiving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Responsiveness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

Please write a rationale for any item in Caregiver Strengths items rated actionable ('2' or '3'), and useful strengths ('0' and '1').

CHILD ASSESSMENT: AGES 0-5

Child's Name: _____ Medical/Mental Health Diagnosis: _____
 Prescribed Medications: _____

For the **Child Functioning**, use the following categories and action levels:
 0 – No evidence of any needs; no need for action.
 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.
 3 – Need is dangerous or disabling; requires immediate and/or intensive action.

| 0-5 Child Functioning | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Early Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social and Emotional Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adjustment to Trauma [C] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Developmental/Intellectual | | | | | | | | | |

For the **Trauma Module: Potentially Traumatic/Adverse Childhood Experiences**, use the following categories and ratings:
 No – No evidence of any trauma of this type.
 Yes – Individual has had experience or there is suspicion that the individual has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

[C1] TRAUMA MODULE (To be completed when the Adjustment to Trauma item is rated '1', '2' or '3'.)

| | No | Yes | | No | Yes |
|------------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| <i>Sexual Abuse</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Witness to Family Violence</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Physical Abuse</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Witness to Comm./School Violence</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Neglect</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>War/Terrorism Affected</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Emotional Abuse</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Witness /Victim of Criminal Acts</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Medical Trauma</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Parental Criminal Behavior</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Natural or Manmade Disaster</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Disrupt. in Caregiving/Attachment</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Please write a rationale for any item in the 0-5 Child Functioning rated actionable ('2' or '3') and any Trauma Module item rated 'Yes'.

For **Child Strengths**, use the following categories and action levels:
 0 – Well-developed, centerpiece strength; may be used as a focus of an intervention/action plan.
 1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
 2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
 3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

| 0-5 Child Strengths | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Family Strengths | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Playfulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Persistence & Adaptability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please write a rationale for any item in 0-5 Child Strengths items rated actionable ('2' or '3'), and useful strengths ('0' and '1').

CHILD ASSESSMENT: AGES 0-5

Child's Name: _____ Medical/Mental Health Diagnosis: _____
 Prescribed Medications: _____

For the **Child Functioning**, use the following categories and action levels:
 0 – No evidence of any needs; no need for action.
 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.
 3 – Need is dangerous or disabling; requires immediate and/or intensive action.

| 0-5 Child Functioning | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Early Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social and Emotional Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adjustment to Trauma [C] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Developmental/Intellectual | | | | | | | | | |

For the **Trauma Module: Potentially Traumatic/Adverse Childhood Experiences**, use the following categories and ratings:
 No – No evidence of any trauma of this type.
 Yes – Individual has had experience or there is suspicion that the individual has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

[C1] TRAUMA MODULE (To be completed when the Adjustment to Trauma item is rated '1', '2' or '3'.)

| | No | Yes | | No | Yes |
|------------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| <i>Sexual Abuse</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Witness to Family Violence</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Physical Abuse</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Witness to Comm./School Violence</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Neglect</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>War/Terrorism Affected</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Emotional Abuse</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Witness /Victim of Criminal Acts</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Medical Trauma</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Parental Criminal Behavior</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Natural or Manmade Disaster</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Disrupt. in Caregiving/Attachment</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Please write a rationale for any item in the 0-5 Child Functioning rated actionable ('2' or '3') and any Trauma Module item rated 'Yes'.

For **Child Strengths**, use the following categories and action levels:
 0 – Well-developed, centerpiece strength; may be used as a focus of an intervention/action plan.
 1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
 2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
 3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

| 0-5 Child Strengths | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Family Strengths | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Playfulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Persistence & Adaptability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please write a rationale for any item in 0-5 Child Strengths items rated actionable ('2' or '3'), and useful strengths ('0' and '1').

CHILD ASSESSMENT: AGES 0-5

Child's Name: _____ Medical/Mental Health Diagnosis: _____
 Prescribed Medications: _____

For the **Child Functioning**, use the following categories and action levels:
 0 – No evidence of any needs; no need for action.
 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.
 3 – Need is dangerous or disabling; requires immediate and/or intensive action.

| 0-5 Child Functioning | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Early Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social and Emotional Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adjustment to Trauma [C] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Developmental/Intellectual | | | | | | | | | |

For the **Trauma Module: Potentially Traumatic/Adverse Childhood Experiences**, use the following categories and ratings:
 No – No evidence of any trauma of this type.
 Yes – Individual has had experience or there is suspicion that the individual has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

[C1] TRAUMA MODULE (To be completed when the Adjustment to Trauma item is rated '1', '2' or '3'.)

| | No | Yes | | No | Yes |
|------------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| <i>Sexual Abuse</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Witness to Family Violence</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Physical Abuse</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Witness to Comm./School Violence</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Neglect</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>War/Terrorism Affected</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Emotional Abuse</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Witness /Victim of Criminal Acts</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Medical Trauma</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Parental Criminal Behavior</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Natural or Manmade Disaster</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Disrupt. in Caregiving/Attachment</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Please write a rationale for any item in the 0-5 Child Functioning rated actionable ('2' or '3') and any Trauma Module item rated 'Yes'.

For **Child Strengths**, use the following categories and action levels:
 0 – Well-developed, centerpiece strength; may be used as a focus of an intervention/action plan.
 1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
 2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
 3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

| 0-5 Child Strengths | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Family Strengths | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Playfulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Persistence & Adaptability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please write a rationale for any item in 0-5 Child Strengths items rated actionable ('2' or '3'), and useful strengths ('0' and '1').

CHILD ASSESSMENT: AGES 0-5

Child's Name: _____ Medical/Mental Health Diagnosis: _____
 Prescribed Medications: _____

For the **Child Functioning**, use the following categories and action levels:
 0 – No evidence of any needs; no need for action.
 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.
 3 – Need is dangerous or disabling; requires immediate and/or intensive action.

| 0-5 Child Functioning | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Early Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social and Emotional Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adjustment to Trauma [C] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Developmental/Intellectual | | | | | | | | | |

For the **Trauma Module: Potentially Traumatic/Adverse Childhood Experiences**, use the following categories and ratings:
 No – No evidence of any trauma of this type.
 Yes – Individual has had experience or there is suspicion that the individual has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

[C1] TRAUMA MODULE (To be completed when the Adjustment to Trauma item is rated '1', '2' or '3'.)

| | No | Yes | | No | Yes |
|------------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| <i>Sexual Abuse</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Witness to Family Violence</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Physical Abuse</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Witness to Comm./School Violence</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Neglect</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>War/Terrorism Affected</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Emotional Abuse</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Witness /Victim of Criminal Acts</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Medical Trauma</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Parental Criminal Behavior</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Natural or Manmade Disaster</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Disrupt. in Caregiving/Attachment</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Please write a rationale for any item in the 0-5 Child Functioning rated actionable ('2' or '3') and any Trauma Module item rated 'Yes'.

For **Child Strengths**, use the following categories and action levels:
 0 – Well-developed, centerpiece strength; may be used as a focus of an intervention/action plan.
 1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
 2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
 3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

| 0-5 Child Strengths | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Family Strengths | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Playfulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Persistence & Adaptability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please write a rationale for any item in 0-5 Child Strengths items rated actionable ('2' or '3'), and useful strengths ('0' and '1').

For **6-21 Child Strengths**, use the following categories and action levels:

0 – Well-developed, centerpiece strength; may be used as a focus of an intervention/action plan.

1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

| 6-21 CHILD STRENGTHS | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Family Strengths | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Talents and Interests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Community Life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Optimism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please write a rationale for any item in the 6-21 Child Strengths rated actionable ('2' or '3') and useful strengths ('0' and '1').

CHILD ASSESSMENT: AGES 6-21

Child's Name:

Medical/Mental Health Diagnosis:

Prescribed Medications:

For the **6-21 Child Functioning**, use the following categories and action levels:

0 – No evidence of any needs; no need for action.

1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

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

3 – Need is dangerous or disabling; requires immediate and/or intensive action.

6-21 CHILD NEEDS

| | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Social Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | School | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adjustment to Trauma [C] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Behavioral/Mental Health Needs [D] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Developmental/Intellectual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Risk Behaviors [E] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual Development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

For the **Trauma Module: Potentially Traumatic/Adverse Childhood Experiences**, use the following categories and ratings:

No – No evidence of any trauma of this type.

Yes – Individual has had experience or there is suspicion that the individual has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

[F] TRAUMA MODULE (To be completed when the Adjustment to Trauma item is rated '1', '2' or '3'.)

| | No | Yes | | No | Yes |
|-----------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|
| Sexual Abuse | <input type="checkbox"/> | <input type="checkbox"/> | Witness to Family Violence | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Abuse | <input type="checkbox"/> | <input type="checkbox"/> | Witness to Comm./School Violence | <input type="checkbox"/> | <input type="checkbox"/> |
| Neglect | <input type="checkbox"/> | <input type="checkbox"/> | War/Terrorism Affected | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Abuse | <input type="checkbox"/> | <input type="checkbox"/> | Witness /Victim of Criminal Acts | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Trauma | <input type="checkbox"/> | <input type="checkbox"/> | Parental Criminal Behavior | <input type="checkbox"/> | <input type="checkbox"/> |
| Natural or Manmade Disaster | <input type="checkbox"/> | <input type="checkbox"/> | Disrupt. in Caregiving/Attachmnt Loss | <input type="checkbox"/> | <input type="checkbox"/> |

[D] BEHAVIORAL/MENTAL HEALTH NEEDS MODULE (To complete when the Behavioral/Mental Health Needs item is rated '1', '2' or '3'.)

| | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Psychosis (Thought Disorder) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impulsivity/Hyperactivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eating Disturbance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anger Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oppositional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attachment Difficulties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[E] RISK BEHAVIORS MODULE (To complete when the Risk Behaviors item is rated '1', '2' or '3'.)

| | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Suicide Risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Delinquent Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Suicidal Self-Injurious Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Self-Harm (Recklessness) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Intentional Misbehavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Danger to Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bullying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual Aggression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Victimization/Exploitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Runaway | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

Please write a rationale for any item in the 6-21 Child Needs and Modules rated actionable ('2' or '3' or 'Yes').

For **6-21 Child Strengths**, use the following categories and action levels:

0 – Well-developed, centerpiece strength; may be used as a focus of an intervention/action plan.

1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

| 6-21 CHILD STRENGTHS | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Family Strengths | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Talents and Interests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Community Life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Optimism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please write a rationale for any item in the 6-21 Child Strengths rated actionable ('2' or '3') and useful strengths ('0' and '1').

CHILD ASSESSMENT: AGES 6-21

Child's Name:

Medical/Mental Health Diagnosis:

Prescribed Medications:

For the **6-21 Child Functioning**, use the following categories and action levels:

- 0 – No evidence of any needs; no need for action.
- 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 – Need is dangerous or disabling; requires immediate and/or intensive action.

| 6-21 CHILD NEEDS | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Social Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | School | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adjustment to Trauma [C] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Behavioral/Mental Health Needs [D] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Developmental/Intellectual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Risk Behaviors [E] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual Development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

For the **Trauma Module: Potentially Traumatic/Adverse Childhood Experiences**, use the following categories and ratings:

- No – No evidence of any trauma of this type.
- Yes – Individual has had experience or there is suspicion that the individual has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

[F] TRAUMA MODULE (To be completed when the Adjustment to Trauma item is rated '1', '2' or '3'.)

| | No | Yes | | No | Yes |
|-----------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|
| Sexual Abuse | <input type="checkbox"/> | <input type="checkbox"/> | Witness to Family Violence | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Abuse | <input type="checkbox"/> | <input type="checkbox"/> | Witness to Comm./School Violence | <input type="checkbox"/> | <input type="checkbox"/> |
| Neglect | <input type="checkbox"/> | <input type="checkbox"/> | War/Terrorism Affected | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Abuse | <input type="checkbox"/> | <input type="checkbox"/> | Witness /Victim of Criminal Acts | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Trauma | <input type="checkbox"/> | <input type="checkbox"/> | Parental Criminal Behavior | <input type="checkbox"/> | <input type="checkbox"/> |
| Natural or Manmade Disaster | <input type="checkbox"/> | <input type="checkbox"/> | Disrupt. in Caregiving/Attachmnt Loss | <input type="checkbox"/> | <input type="checkbox"/> |

[D] BEHAVIORAL/MENTAL HEALTH NEEDS MODULE (To complete when the Behavioral/Mental Health Needs item is rated '1', '2' or '3'.)

| | | | | | | | | | |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Psychosis (Thought Disorder) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impulsivity/Hyperactivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eating Disturbance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anger Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oppositional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attachment Difficulties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[E] RISK BEHAVIORS MODULE (To complete when the Risk Behaviors item is rated '1', '2' or '3'.)

| | | | | | | | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Suicide Risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Delinquent Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Suicidal Self-Injurious Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Self-Harm (Recklessness) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Intentional Misbehavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Danger to Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bullying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual Aggression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Victimization/Exploitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Runaway | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

Please write a rationale for any item in the 6-21 Child Needs and Modules rated actionable ('2' or '3' or 'Yes').

For **6-21 Child Strengths**, use the following categories and action levels:

0 – Well-developed, centerpiece strength; may be used as a focus of an intervention/action plan.

1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

| 6-21 CHILD STRENGTHS | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Family Strengths | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Talents and Interests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Community Life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Optimism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please write a rationale for any item in the 6-21 Child Strengths rated actionable ('2' or '3') and useful strengths ('0' and '1').

CHILD ASSESSMENT: AGES 6-21

Child's Name:

Medical/Mental Health Diagnosis:

Prescribed Medications:

For the **6-21 Child Functioning**, use the following categories and action levels:

- 0 – No evidence of any needs; no need for action.
- 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 – Need is dangerous or disabling; requires immediate and/or intensive action.

| 6-21 CHILD NEEDS | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Social Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | School | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adjustment to Trauma [C] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Behavioral/Mental Health Needs [D] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Developmental/Intellectual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Risk Behaviors [E] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual Development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

For the **Trauma Module: Potentially Traumatic/Adverse Childhood Experiences**, use the following categories and ratings:

- No – No evidence of any trauma of this type.
- Yes – Individual has had experience or there is suspicion that the individual has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

[F] TRAUMA MODULE (To be completed when the Adjustment to Trauma item is rated '1', '2' or '3'.)

| | No | Yes | | No | Yes |
|-----------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|
| Sexual Abuse | <input type="checkbox"/> | <input type="checkbox"/> | Witness to Family Violence | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Abuse | <input type="checkbox"/> | <input type="checkbox"/> | Witness to Comm./School Violence | <input type="checkbox"/> | <input type="checkbox"/> |
| Neglect | <input type="checkbox"/> | <input type="checkbox"/> | War/Terrorism Affected | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Abuse | <input type="checkbox"/> | <input type="checkbox"/> | Witness /Victim of Criminal Acts | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Trauma | <input type="checkbox"/> | <input type="checkbox"/> | Parental Criminal Behavior | <input type="checkbox"/> | <input type="checkbox"/> |
| Natural or Manmade Disaster | <input type="checkbox"/> | <input type="checkbox"/> | Disrupt. in Caregiving/Attachmnt Loss | <input type="checkbox"/> | <input type="checkbox"/> |

[D] BEHAVIORAL/MENTAL HEALTH NEEDS MODULE (To complete when the Behavioral/Mental Health Needs item is rated '1', '2' or '3'.)

| | | | | | | | | | |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Psychosis (Thought Disorder) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impulsivity/Hyperactivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eating Disturbance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anger Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oppositional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attachment Difficulties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[E] RISK BEHAVIORS MODULE (To complete when the Risk Behaviors item is rated '1', '2' or '3'.)

| | | | | | | | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Suicide Risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Delinquent Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Suicidal Self-Injurious Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Self-Harm (Recklessness) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Intentional Misbehavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Danger to Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bullying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual Aggression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Victimization/Exploitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Runaway | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please write a rationale for any item in the 6-21 Child Needs and Modules rated actionable ('2' or '3' or 'Yes').

For **6-21 Child Strengths**, use the following categories and action levels:

0 – Well-developed, centerpiece strength; may be used as a focus of an intervention/action plan.

1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

| 6-21 CHILD STRENGTHS | 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Family Strengths | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Talents and Interests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Community Life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Optimism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please write a rationale for any item in the 6-21 Child Strengths rated actionable ('2' or '3') and useful strengths ('0' and '1').