COLORADO
Child and Adolescent Needs & Strengths 3.0

Ages 0 through 20

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2025
REFERENCE
GUIDE

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ACKNOWLEDGEMENTS

Many individuals have collaborated in the development of the Child and Adolescent Needs and Strengths. Along with the CANS, versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS is an open-domain tool for use in multiple child-serving systems that address the needs and strengths of children, youth, and their families. The Praed Foundation holds the copyright to ensure that it remains free to use. Training and annual certification is required for appropriate use.

We are committed to creating a diverse and inclusive environment. It is important to consider how we precisely and inclusively use individual words. As such, this reference guide uses the gender-neutral pronouns “they/them/themselves” in place of “he/him/himself” and “she/her/herself.”

This reference guide applies to a broad range of ages. To make this guide easier to use, the term “child” is being utilized in reference to “toddler” and “preschooler” or children ages 0 through 5. For ages 6 through 20, “child/youth” is being utilized in reference to “child,” “youth,” “adolescent,” or “young adult.”

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INTRODUCTION

THE CANS

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

SIX KEY PRINCIPLES OF THE CANS

1. **Indicators were selected because they are each relevant to service/treatment planning.** An indicator exists because it might lead you down a different pathway in terms of planning actions.
2. **Each indicator uses a 4-level rating system designed to translate immediately into action levels.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. **Rating should describe the child/youth, not the child/youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an "actionable" need (i.e., '2' or '3').
4. **Culture and development should be considered prior to establishing the action levels.** Cultural responsivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth's developmental and/or chronological age depending on the indicator. In other words, anger control is not relevant for a very young child but would be for an older child and young adult regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth's developmental age.
5. **The ratings are generally "agnostic as to etiology."** In other words this is a descriptive tool; it is about the "what" not the "why." While most indicators are purely descriptive, there are a few indicators that consider cause and effect; see individual indicator descriptions for details on when the "why" is considered in rating these indicators.
6. **A 30-day window is used for ratings in order to make sure assessments stay relevant to the child/youth's present circumstances.** The CANS is a communication tool and a measure of an individual's story. The 30-day time frame should be considered in terms of whether an indicator is a need within the time frame within which the specific behavior may or may not have occurred. The action levels assist in understanding whether a need is currently relevant even when no specific behavior has occurred during the time frame.

HISTORY AND BACKGROUND OF THE CANS

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

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

The CANS is made up of domains that focus on various areas in a child/youth's life, and each domain is made up of a group of specific indicators. There are domains that address how the child/youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a domain that asks about the family's beliefs and preferences, and about general family concerns. The care provider, along with the child/youth and family as well as other stakeholders, gives a number rating to each of these indicators. These ratings help the provider, child/youth and family understand where intensive or immediate action is most needed, and also where a child/youth has assets that could be a major part of the treatment or service plan.

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

HISTORY

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

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

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

MEASUREMENT PROPERTIES

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children/youth and families. A number of individuals from different backgrounds have been trained and certified to use the CANS assessment reliably including health and mental health providers, child welfare case workers, probation officers, and family advocates. With approved training, anyone can learn to complete the tool reliably, although some applications or more complex versions of the CANS require a higher educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the indicator level (Anderson et al., 2002). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

Validity

Studies have demonstrated the CANS' validity, or its ability to measure children/youth's and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children/youth in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et. al., 2015; Lardner, 2015).

RATING NEEDS & STRENGTHS

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

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

Each CANS rating suggests different pathways for service planning. There are four levels of rating for each indicator with specific anchored definitions. These indicator level definitions, however, are designed to translate into the following action levels (separate for needs and strengths):

Basic Design for Rating Needs

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

Basic Design for Rating Strengths

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

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

To complete the CANS, a CANS trained and certified care coordinator, case worker, clinician, or other care provider should read the anchor descriptions for each indicator and then record the

appropriate rating on the CANS form (or electronic record). This process should be done collaboratively with the child/youth, family and other stakeholders.

Remember that the indicator anchor descriptions are examples of circumstances which fit each rating ('0', '1', '2', or '3'). The descriptions, however, are not inclusive and the action level ratings should be the primary rating descriptions considered (see above). The rater must consider the basic meaning of each level to determine the appropriate rating on an indicator for an individual.

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

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

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

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

HOW IS THE CANS USED?

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

IT IS AN ASSESSMENT STRATEGY

When initially meeting clients and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most indicators include "Questions to Consider" which may be useful when asking about needs and strengths. These are not questions that must be asked but are available as suggestions. Many clinicians have found this useful during initial sessions either in person or over the phone (if there are follow up sessions required) to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an indicator on the CANS is rated a '2' or '3' ('action needed' or 'immediate action needed') we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any needs, impacts on functioning, or risk factors that you rate as a 2 or higher in that document.

IT FACILITATES OUTCOMES MEASUREMENT

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

IT IS A COMMUNICATION TOOL

When a client leaves a treatment program, a closing CANS may be completed to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing CANS, much like a discharge summary, integrated with CANS ratings, provides a picture of how much progress has been made, and allows for recommendations for future care which ties to current needs. And finally, it allows for a shared language to talk about our child/youth and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the CANS and guide you in filling it out in an accurate way that helps you make good clinical decisions.

CANS: A STRATEGY FOR CHANGE

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

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

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

MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the CANS and how it will be used. The description of the CANS should include teaching the child/youth and family about the needs and strengths rating scales, identifying the domains and indicators, as well as how the actionable indicators will be used in treatment or serving planning. When possible, share with the child/youth and family the CANS domains and indicators (see the CANS Core Indicator list on page 16) and encourage the family to look over the indicators prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE CANS

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

- **Use nonverbal and minimal verbal prompts.** Head nodding, smiling, and a brief "yes," "and"—things that encourage people to continue.
- **Be non-judgmental and avoid giving personal advice.** You may find yourself thinking "If I were this person, I would do x" or "That's just like my situation, and I did x." But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It's not really about you.

- **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathic listening when you smile, nod, and maintain eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the individual that you are with them.
- **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "Does that make sense to you?" Or "Do you need me to explain that in another way?"
- **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "OK, it sounds like . . . is that right? Would you say that is something that you feel needs to be watched, or is help needed?"

REDIRECT THE CONVERSATION TO THE PARENT'S/CAREGIVER'S OWN FEELINGS AND OBSERVATIONS

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

ACKNOWLEDGE FEELINGS

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

WRAPPING IT UP

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

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

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

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

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CANS BASIC STRUCTURE

The Colorado CANS 3.0 expands depending upon the needs of the child/youth. Basic core indicators are rated for all children and youth (see below). Individualized Assessment Modules are triggered by key core indicators (see italics below).

CORE INDICATORS

Life Functioning Domain (Ages 6+)
Family Functioning
Living Situation
Social Functioning
Recreational
Developmental/Intellectual [A]
Legal
Medical/Physical
Sexual Development
Sexual Orientation [B]
Sleep
School Behavior
School Attendance
School Achievement
Decision Making

Strengths Domain (Ages 6+)
Family Strengths
Interpersonal
Optimism
Educational Setting
Vocational
Talents and Interests
Spiritual/Religious
Community Life
Relationship Permanence
Resilience
Resourcefulness
Cultural Identity
Natural Supports
Empathy

Cultural Factors Domain (All Ages)
Language and/or Literacy
Traditions and Cultural Rituals
Cultural Stress
Cultural Congruence
Cultural Differences within the Family

Caregiver Resources & Needs (All Ages)
Supervision
Involvement with Care
Knowledge
Organization
Social Resources
Residential Stability
Medical/Physical
Mental Health
Substance Use
Developmental
Safety
Marital/Partner Violence in the Home
Caregiver Emotional Responsiveness
Caregiver Legal

Behavioral/Emotional Needs Domain (Ages 6+)

Psychosis (Thought Disorder)
Impulsivity/Hyperactivity
Depression
Anxiety
Oppositional-Related Behavior
Conduct-Related Behavior
Adjustment to Trauma
Attachment Difficulties
Anger Control
Substance Use [C]
Autism Spectrum

Risk Behaviors Domain (Ages 6+)

Suicide Risk
Non-Suicidal Self-Injurious Behavior
Other Self-Harm (Recklessness)
Danger to Others
Sexual Aggression
Runaway [D]
Delinquent Behavior
Fire Setting

Trauma Domain (All Ages)

Traumatic/Adverse Childhood Experiences
- Sexual Abuse
- Physical Abuse
- Neglect
- Emotional Abuse
- Medical Trauma
- Natural or Manmade Disaster
- Family Violence
- Community/School Violence
- Criminal Activity
- War/Terrorism Affected
- Disruption in Caregiving/Attachment Losses
- Parental Criminal Behavior

Trauma Domain (All Ages) (cont.)

Traumatic Stress Symptoms
- Emotional and/or Physical Dysregulation
- Intrusions/Re-experiencing
- Hyperarousal
- Traumatic Grief & Separation
- Numbing
- Dissociation
- Avoidance

Early Childhood Domain (Ages 0-5)

Challenges
- Impulsivity/Hyperactivity
- Depression
- Anxiety
- Oppositional-Related Behav. (36 mo.+)
- Aggressive Behaviors (24 mo.+)
- Attachment Difficulties
- Adjustment to Trauma
- Regulatory
- Atypical Behaviors
- Sleep (12 mo.+)

Functioning
- Family Functioning
- Early Education
- Social and Emotional Functioning
- Developmental/Intellectual
- Medical/Physical

Risk Behaviors & Factors
- Self-Harm (12 mo.+)
- Exploited
- Prenatal Care
- Exposure
- Labor and Delivery
- Birth Weight
- Failure to Thrive

Strengths
- Family Strengths
- Interpersonal
- Natural Supports
- Resiliency (Persistence & Adaptability)
- Relationship Permanence
- Playfulness

Transition Age Youth Domain (Ages 14+)
Behavioral/Emotional Needs
Interpersonal Problems
Functioning
Independent Living Skills [E]
Parenting/Caregiving Roles [F]
Job Functioning (Ages 16+) [G]
Medication Adherence
Intimate Relationships
Transportation
Educational Attainment

MODULES

[A] Developmental Needs (Ages 6+)
Cognitive
Communication
Developmental
Self-Care/Daily Living Skills

[B] LGBTQIA+ (Ages 6+)
Chosen Family Support
Other Adult Supports
Peer Connections
Opportunities for Openness
Coming Out
Caregiver Affirmation
Experienced Negativity
Internal Bias
Targeted for Sexuality

[C] Substance Use Disorder (Ages 6+)
Severity of Use
Duration of Use
Stage of Recovery
Peer Influences
Parental/Caregiver Influences
Environmental Influences

[D] Runaway (Ages 6+)
Frequency of Running
Consistency of Destination
Safety of Destination
Likelihood of Return on Own

[E] Independent Activities of Daily Living (Ages 14+)
Meal Preparation
Shopping
Housework
Money Management
Communication Device Use
Housing Safety

[F] Parenting/Caregiving Module
Knowledge of Needs
Youth Supervision
Youth Involvement with Care
Youth Organization
Youth Marital/Partner Violence in the Home

[G] Vocational/Career Module (Ages 16+)
Career Aspirations
Job Attendance
Job Performance
Job Relations

LIFE FUNCTIONING DOMAIN (AGES 6+)

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

Please rate the indicators in this domain for children/youth ages 6 and older.

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

For the **Life Functioning Domain,** 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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

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FAMILY FUNCTIONING

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

Questions to Consider:

- Is there conflict in the family relationship that requires resolution?
- Is treatment required to restore or develop positive relationships in the family?

Ratings and Descriptions

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

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

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

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

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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

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

Child/youth is having severe problems with parents, siblings and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.

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LIVING SITUATION

This indicator refers to how the child/youth is functioning in the child/youth's current living arrangement, which could be with a relative, in a foster home, etc. This indicator should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

Questions to Consider:

- How has the child/youth been behaving and getting along with others in the current living situation?

Ratings and Descriptions

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

No evidence of problems with functioning in current living environment. Child/youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.

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

Child/youth experiences some problems with functioning in current living situation. Caregivers express some concern about child/youth's behavior in living situation, and/or child/youth and caregiver have some difficulty dealing with issues that arise in daily life.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth has moderate to severe problems with functioning in current living situation. Child/youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.

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

Child/youth has profound problems with functioning in current living situation. Child/youth is at immediate risk of being unable to remain in present living situation due to problematic behaviors.

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SOCIAL FUNCTIONING

This indicator rates social skills and relationships. It includes age-appropriate behavior and the ability to make and sustain relationships. Social functioning is different from Interpersonal (Strengths) in that functioning is a description of how the child/youth is doing currently. Strengths are longer-term assets.

Questions to Consider:

- Is the child/youth pleasant and likeable?
- Do same age peers like the child/youth?
- Are there concerns about how the child/youth behaves in social settings?

Ratings and Descriptions

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

No evidence of problems and/or child/youth has developmentally appropriate social functioning.

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

There is a history or suspicion of problems in social relationships. Child/youth is having some difficulty interacting with others and building and/or maintaining relationships.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth is having some problems with their social relationships that interfere with functioning in other life domains.

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

Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to the child/youth's safety, health, and/or development.

Supplemental Information: A child/youth who socializes with primarily younger or much older individuals would be identified as having needs on this indicator. A child/youth who has conflictual relationships with peers also would be described as having needs. An isolated child/youth with no same age friends would be rated '3.'

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RECREATIONAL

This indicator rates the degree to which the child/youth is given access to and participates leisure activities.

Questions to Consider:

- How does the child/youth spend their free time?
- Are these activities a positive use of the child/youth's free time?
- Are there barriers to participation in extracurricular activities for the child/youth?
- Does the child/youth often claim to be bored or have nothing to do?

Ratings and Descriptions

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

No evidence of any problems with recreational functioning. Child/youth has sufficient access to activities that they enjoy.

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

Child/youth is doing adequately with recreational activities although some problems may exist.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth may experience some problems with recreational activities and/or effective use of leisure time that is impacting their functioning in at least one life domain.

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

Child/youth has no access to or interest in recreational activities. Child/youth has significant difficulties making use of leisure time.

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DEVELOPMENTAL/INTELLECTUAL*

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

Questions to Consider:

- Does the child/youth's growth and development seem age-appropriate?
- Has the child/youth reached appropriate developmental milestones (e.g., walking, talking)?
- Have there been concerns that the child/youth may have developmental needs?
- Has the child/youth been screened for any developmental problems?

Ratings and Descriptions

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

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

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

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

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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

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

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

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [A] Developmental Needs Module.**

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[A] DEVELOPMENTAL NEEDS MODULE (AGES 6+)

COGNITIVE

This indicator rates the child/youth's IQ and cognitive functioning.

Questions to Consider:

- Does the child/youth have difficulty with comprehension, processing information, or a diagnosed low IQ?
- Does the child/youth have an intellectual disability or delay?

Ratings and Descriptions

0	Child/youth's intellectual functioning appears to be in normal range. There is no reason to believe that the child/youth has any problems with intellectual functioning.
1	Child/youth has low IQ (70 to 85) or has identified learning challenges.
2	Child/youth has mild intellectual disability. IQ is between 55 and 70.
3	Child/youth has moderate to profound intellectual disability. IQ is less than 55.

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COMMUNICATION

This indicator describes the child/youth's ability to communicate with others via expression and reception.

Questions to Consider:

- Do others understand the child/youth when they are trying to communicate? Do they understand others who are trying to communicate with them?
- Has the child/youth ever been diagnosed with a communication disorder?

Ratings and Descriptions

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

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DEVELOPMENTAL

This indicator describes the level of developmental delay/disorders that are present.

Questions to Consider:

- Is the child/youth progressing developmentally in a way similar to peers of the same age?
- Has the child/youth been diagnosed with a developmental disorder?

Ratings and Descriptions

0	Child/youth's development appears within normal range. There is no reason to believe that the child/youth has any developmental problems.
1	Evidence of a mild developmental delay.
2	Evidence of a pervasive developmental disorder including Autism Spectrum Disorder, Tourette, Down Syndrome, or other significant developmental delay.
3	Severe developmental disorder.

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SELF-CARE/DAILY LIVING SKILLS

This indicator rates the child/youth's age-appropriate ability to participate in self-care activities including eating, bathing, dressing, and toileting.

Questions to Consider:

- Does the child/youth take a bath or get dressed on their own?
- Does the child/youth require prompting or assistance to bathe, use the toilet, or dress?

Ratings and Descriptions

0	The child/youth's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child/youth is unable to perform these tasks.
1	The child/youth requires some assistance on self-care tasks or with daily living skills at a greater level than would be expected for age. Development in this area may be slow.
2	The child/youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g., eating, bathing, dressing, toileting) and/or does not appear to be developing the needed skills in this area).
3	The child/youth is not able to function independently at all in this area.

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End of Developmental Needs Module

LEGAL

This indicator indicates the child/youth's level of involvement with the justice system. Family involvement with the courts is not rated here—only the identified child/youth's involvement is relevant to this rating.

Questions to Consider:

- Has the child/youth ever admitted that they have broken the law?
- Has the child/youth ever been arrested?
- Has the child/youth ever been in detention?

Ratings and Descriptions

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

Child/youth has no known legal difficulties or involvement with the court system.

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

Child/youth has a history of legal problems (e.g., status offenses such as juvenile/family conflict, in-county runaway, truancy, petty offenses) but currently is not involved with the legal system, or immediate risk of involvement with the legal system.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth has some legal problems and is currently involved in the legal system due to moderate delinquent behaviors (e.g., misdemeanors such as offenses against persons or property, drug-related offenses, underage drinking).

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

Child/youth has serious current or pending legal difficulties that place them at risk for a court-ordered out-of-home placement, or incarceration (ages 18-20) such as serious offenses against person or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st, or 2nd degree offenses).

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MEDICAL/PHYSICAL

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

Questions to Consider:

- Is the child/youth generally healthy?
- Does the child/youth have any medical problems?
- Does the child/youth have anything that limits their physical activities?
- How much does the health or medical issue interfere with the child/youth's life?

Ratings and Descriptions

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

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

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

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

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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

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

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

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SEXUAL DEVELOPMENT

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

Questions to Consider:

- Are there concerns about the child/youth's healthy sexual development?
- Is the child/youth sexually active?
- Does the child/youth have less/more interest in sex than other same-age peers?

Ratings and Descriptions

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

No evidence of issues with sexual development.

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

History or suspicion of problems with sexual development but does not interfere with functioning in other life domains. May include the child/youth's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Moderate to serious problems with sexual development that interfere with the child/youth's life functioning in other life domains.

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

Severe problems with sexual development. This would include very frequent risky sexual behavior or victim of sexual exploitation.

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SEXUAL ORIENTATION*

This indicator rates the child/youth's identification as lesbian, gay, bisexual, questioning (LGBT), or straight.

Questions to Consider:

- What is the child/youth's sexual orientation?
- Is the child/youth aware of the various orientations?
- Are they experiencing any level of conflict regarding their sexual orientation?

Ratings and Descriptions

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

Child/youth has a clear and consistent sexual orientation and is connected to others who support their sexual orientation.

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

Child/youth is experiencing some confusion or is struggling with issues related to their sexual orientation.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth has significant struggles with their sexual orientation. Child/youth may have identified as LGBQ; however, they are not connected with others who support them.

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

Child/youth is experiencing significant problems due to conflict regarding their sexual orientation that are preventing functioning in at least one life domain (e.g., school, family/home, etc.). This conflict may be internal and/or may be attributed to, or exacerbated by, external factors within the community, home, or school environment.

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [B] LGBTQIA+ Module.**

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[B] LGBTQIA+ MODULE (AGES 6+)

CHOSEN FAMILY SUPPORT

This indicator rates the degree of support that a child/youth has from their chosen or identified family.

Questions to Consider:

- Does the child/youth have an identified chosen family?
- Who makes up the child/youth's identified chosen family?

Ratings and Descriptions

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

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OTHER ADULT SUPPORTS

This indicator rates the degree of support that a child/youth has from significant adults who are accepting of their sexual orientation.

Questions to Consider:

- Does the child/youth have significant adults who are accepting of their sexual orientation?

Ratings and Descriptions

0	Child/youth has multiple significant adult supports who are accepting of their sexual orientation.
1	Child/youth has at least one significant adult support who is accepting of their sexual orientation.
2	Child/youth has no current significant adult supports; however, they have generally positive relationships with adults some of whom are supportive and accepting of their sexual orientation.
3	Child/youth has no adult relationships that are supportive and/or accepting of their sexual orientation.

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PEER CONNECTIONS

This indicator rates the degree of stable and long-standing connections that a child/youth has with peers who share their sexual orientation.

Questions to Consider:

- Does the child/youth have connections with peers who share their sexual orientation?
- How stable are the child/youth's connections with peers who share their sexual orientation?

Ratings and Descriptions

0	Child/youth has significant stable and long-standing multiple peer connections who share their sexual orientation.
1	Child/youth has at least one stable and long-standing peer connection who shares their sexual orientation.
2	Child/youth knows others who shares their sexual orientation but does not have any stable or long-standing relationships with them.
3	Child/youth is isolated from peers who share their sexual orientation.

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OPPORTUNITIES FOR OPENNESS

This indicator rates the degree to which a child/youth can be their authentic self in all aspects of life.

Questions to Consider:

- Is the child/youth able to be their authentic self with regard to their sexual orientation?
- Does the child/youth have opportunities for openness and to be themselves?

Ratings and Descriptions

0	Child/youth is generally able to express their authentic identity and can be open in all aspects of their life.
1	Child/youth has significant opportunities to be open and can be most of the time.
2	Child/youth has limited opportunities for openness.
3	Child/youth feels dramatically restricted and feels unable to be open.

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COMING OUT

This indicator rates the degree to which a child/youth has come out regarding their sexual orientation to the significant people in their life and feels safe with these people.

Questions to Consider:

- Has the young person shared their sexual orientation with the significant people in their life?

Ratings and Descriptions

0	Child/youth has come out with regard to their sexual orientation with all significant people in their life.
1	Child/youth has come out with regard to their sexual orientation with most but not all significant people in their life.
2	Child/youth has come out with regard to their sexual orientation with some people, but no significant people in their life.
3	Child/youth has not yet come out with regard to their sexual orientation.

Supplemental Information: Studies note that children/youth who disclosed their sexual orientation to more people in their support networks were less likely to have high levels of distress related to their sexual orientation. Disclosure of identity, however, is a multifaceted issue, and may also lead to harassment and victimization.

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CAREGIVER AFFIRMATION

This indicator rates the degree of caregiver support and acceptance of a child/youth's sexual orientation.

Questions to Consider:

- Are the caregivers aware of the child/youth's sexual orientation?
- Are the child/youth's caregivers supportive of their sexual orientation? Are they affirming?

Ratings and Descriptions

0	Primary caregiver(s) are fully supportive of the child/youth and affirming of their sexual orientation.
1	Primary caregiver(s) are generally (but not fully) supportive of the child/youth and their sexual orientation. Caregiver may be accepting but not supportive.
2	Primary caregiver(s) are not supportive, accepting nor affirming of the child/youth's sexual orientation which is impacting their functioning, OR the primary caregiver(s) has no knowledge of the child/youth's sexual orientation.
3	Primary caregiver(s) is rejecting of the child/youth's sexual orientation. This is impacting thechild/youth's functioning in a way that could be dangerous or disabling to them.

Supplemental Information: Studies have found that family acceptance of the youth's sexual orientation during adolescence predicted more positive health outcomes, such as increased self-esteem, social support, and general health status, and protected against depression, substance abuse, and suicidal ideation and behaviors among LGBTQIA+ youth. Research also suggests that family rejection may be associated with negative mental health outcome.

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EXPERIENCED NEGATIVITY

This indicator rates the degree to which the child/youth has experienced negativity from others and/or the environment in which they live due to their sexual orientation.

Questions to Consider:

- Has the child/youth experienced any negativity from others due to their sexual orientation?
- What impact has the negativity regarding their sexual orientation had on the child/youth?

Ratings and Descriptions

0	Child/youth has no experience of negativity from others towards their sexual orientation. People in the child/youth's world are supportive, affirming, safe and non-biased.
1	Child/youth has experience with negativity from others toward their sexual orientation. Child/youth is aware of bias and may have some direct experience, but it has not adversely affected them. OR child/youth may have a history of experiencing negativity from others but is no longer exposed to the negative environments.
2	Child/youth has experienced negativity from others towards their sexual orientation that impacts their life, choices, and/or functioning.
3	Child/youth has experienced negativity from others towards their sexual orientation on multiple occasions from multiple people such that the child/youth makes dangerous life choices, or the negativity is disabling to them.

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INTERNAL BIAS

This indicator rates the degree to which a child/youth has a negative view of their sexual orientation, or of others who are LGBTQIA+.

Questions to Consider:

- How does the child/youth view their sexual orientation?
- How does the child/youth view others who are LGBTQIA+?

Ratings and Descriptions

0	Child/youth embraces their sexual orientation.
1	Child/youth is generally comfortable with their sexual orientation but has some doubts, fears, or concerns regarding their sexual orientation.
2	Child/youth has a negative view of their sexual orientation or of others who are LGBTQIA+ which impacts their functioning.
3	Child/youth has a negative, shaming and blaming view of themselves or others regarding their sexual orientation which is dangerous or disabling to them.

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TARGETED FOR SEXUALITY -- Please rate this indicator within the child/youth's lifetime.
This indicator rates the degree to which a child/youth has been targeted for physical abuse, emotional abuse or violence due to their sexual orientation.

Questions to Consider:

- Has the child/youth been targeted due to their sexual orientation?
- Has the youth been emotionally, sexually or physically abused because of their sexual orientation? What about violence?

Ratings and Descriptions

0	There is no evidence that the child/youth has ever been targeted for physical abuse, emotional abuse or violence due to their sexual orientation.
1	Child/youth has been targeted for physical abuse, emotional abuse or violence in the past due to their sexual orientation, or there is suspicion that the child/youth is targeted for physical abuse, emotional abuse or violence due to their sexual orientation.
2	Child/youth is being targeted for physical abuse, emotional abuse or violence due to their sexual orientation which is impacting their functioning.
3	Child/youth is being targeted with an extreme and dangerous level of physical abuse, emotional abuse or violence due to their sexual orientation which is dangerous and/or disabling to them.

Supplemental Information: LGBTQIA+ youth report experiencing elevated levels of harassment, victimization, and violence. School-based victimization due to known or perceived identity has been documented.

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End of LGBTQIA+ Module

SLEEP

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

Questions to Consider:

- Does the child/youth appear rested? Are they often sleepy during the day?
- Do they have frequent nightmares or difficulty sleeping?
- How many hours does the child/youth sleep each night?

Ratings and Descriptions

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

The child/youth gets a full night's sleep each night.

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

The child/youth has some problems sleeping. Generally, the child/youth gets a full night's sleep, but at least once a week, problems arise. This may include occasionally awakening or bed-wetting or having night terrors.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth is having problems with sleep. Sleep is disrupted often, and the child/youth seldom obtains a full night of sleep.

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

Child/youth is generally sleep deprived. Sleeping is almost always difficult, and the child/youth is not able to get a full night's sleep.

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SCHOOL BEHAVIOR

This indicator rates the behavior of the child/youth in school or school-like settings.

Questions to Consider:

- How is the child/youth behaving in school?
- Has the child/youth had any detentions or suspensions?
- Has the child/youth needed to go to an alternative placement?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of behavioral problems at school, OR child/youth is behaving well in school.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Child/youth is behaving adequately in school although some behavior problems exist. Behavior problems may be related to relationship with either teachers or peers.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child/youth's behavior problems are interfering with functioning at school. The child/youth is disruptive and may have received sanctions including suspensions.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child/youth is having severe problems with behavior in school. The child/youth is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

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SCHOOL ATTENDANCE

This indicator rates issues of attendance. If school is not in session, rate the last 30 days when school was in session.

Questions to Consider:

- Does the child/youth have any difficulty attending school?
- Is the child/youth on time to school?
- How many times a week is the child/youth absent?
- Once the child/youth arrives at school, does the child/youth stay for the rest of the day?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth attends school regularly.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth has a history of attendance problems, OR child/youth has some attendance problems but generally goes to school.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth's problems with school attendance are interfering with academic progress.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is generally absent from school.

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SCHOOL ACHIEVEMENT

This indicator rates the child/youth's grades or level of academic achievement.

Questions to Consider:

- How are the child/youth's grades?
- Is the child/youth having difficulty with any subjects?
- Is the child/youth at risk for failing any classes or repeating a grade?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of issues in school achievement and/or child/youth is doing well in school.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth is doing adequately in school although some problems with achievement exist.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth is having moderate problems with school achievement. The child/youth may be failing some subjects.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is having severe achievement problems. The child/youth may be failing most subjects or has been retained (held back) a grade level. Child/youth might be more than one year behind same-age peers in school achievement.

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DECISION MAKING

This indicator describes the child/youth's age-appropriate decision-making process and understanding of choices and consequences.

Questions to Consider:

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

Ratings and Descriptions

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

No evidence of problems with judgment or decision making that result in harm to development and/or well-being.

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

There is a history or suspicion of problems with judgment in which the child/youth makes decisions that are in some way harmful to their development and/or well-being.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Problems with judgment in which the child/youth makes decisions that are in some way harmful to their development and/or well-being. As a result, more supervision is required than expected for their age.

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

Child/youth makes decisions that would likely result in significant physical harm to self or others. Therefore, child/youth requires intense and constant supervision, over and above that expected for child/youth's age.

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STRENGTHS DOMAIN (AGES 6+)

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

NOTE: When you have no information/evidence about a strength in this area, use a rating of '3.'

Please rate the indicators in this domain for children/youth ages 6 and older.

Question to Consider for this Domain: What child/youth strengths can be used to support a need?

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

0 Well-developed, centerpiece strength; may be used as a centerpiece in 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.

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FAMILY STRENGTHS

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

Questions to Consider:

- Does the child/youth have good relationships with any family member?
- Is there potential to develop positive family relationships?
- Is there a family member that the child/youth can go to in time of need for support? That can advocate for the child/youth?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child/youth and can provide significant emotional or concrete support. Child/youth is fully included in family activities.

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.*

Family has some good relationships and good communication. Family members can enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child/youth and can provide limited emotional or concrete support.

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.*

Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none can provide emotional or concrete support.

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

Family needs significant assistance in developing relationships and communications, or child/youth has no identified family. Child/youth is not included in normal family activities.

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INTERPERSONAL

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

Questions to Consider:

- Is the child/youth able to make and maintain relationships with adults and or other children/ youth?
- How does the child/youth do in social settings?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.

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.*

Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.

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.*

Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.

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

There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.

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OPTIMISM

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

Questions to Consider:

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Child/youth has a strong and stable optimistic outlook for their future.

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.*

Child/youth is generally optimistic about their future.

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.*

Child/youth has difficulty maintaining a positive view of themselves and their life. Child/youth's outlook may vary from overly optimistic to overly pessimistic.

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

There is no evidence of optimism at this time and/or child/youth has difficulties seeing positive aspects about themselves or their future.

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EDUCATIONAL SETTING

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

Questions to Consider:

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

The school is working closely with the child/youth and family to identify and successfully address the child/youth's educational needs OR the child/youth excels in school.

1 *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.*

School works with the child/youth and family to address the child/youth's educational needs OR the child/youth likes school.

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

The school is currently unable to adequately address the child/youth's academic or behavioral needs.

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

There is no evidence that the school is working to identify or successfully address the child/youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the child/youth's needs and/or there is no school to partner with at this time.

NA Child/youth is not in school due to age: child is either very young or youth has already graduated.

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VOCATIONAL

This indicator is used to refer to practical skills that help a child/youth become proficient in a trade or profession and may or may not reflect any specific work skills possessed by the child/youth.

Questions to Consider:

- Does the child/youth have any skills or aptitudes that prepare them for a trade?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Child/youth has vocational skills and work experience.

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.*

Child/youth has some vocational skills or work experience.

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.*

Child/youth has some pre-vocational skills.

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

Child/youth has no known vocational skills.

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TALENTS AND INTERESTS

This indicator refers to hobbies, skills, artistic interests and talents that are positive ways that children/youth can spend their time, and also give them pleasure and a positive sense of self.

Questions to Consider:

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Child/youth has a talent that provides pleasure and/or self-esteem. A child/youth with significant creative/artistic/athletic strengths would be rated here.

1 *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.*

Child/youth has a talent, interest and/or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child/youth with a notable talent. For example, a child/youth who is involved in athletics or plays a musical instrument would be rated here.

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

Child/youth has expressed interest in developing a specific talent, interest, or hobby even if that talent has not been developed to date, or whether it would provide them with any benefit.

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

There is no evidence of identified talents, interests, or hobbies at this time and/or child/youth requires significant assistance to identify and develop talents and interests.

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SPIRITUAL/RELIGIOUS

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

Questions to Consider:

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Child/youth is involved in and receives comfort and support from spiritual and/or religious beliefs, practices and/or community. Child/youth may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort the child/youth in difficult times.

1 *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.*

Child/youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.

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

Child/youth has expressed some interest in spiritual or religious belief and practices.

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

There is no evidence of identified spiritual or religious beliefs, nor does the child/youth show any interest in these pursuits at this time.

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COMMUNITY LIFE

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

Questions to Consider:

- Does the child/youth feel like they are part of a community?
- Are there community activities in which the child/youth participates?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

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

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.*

Child/youth is somewhat involved with their community. This level can also indicate a child/youth with significant community ties although they may be relatively short term.

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.*

Child/youth has an identified community but has only limited, or unhealthy, ties to that community.

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

There is no evidence of an identified community of which child/youth is currently a member.

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RELATIONSHIP PERMANENCE

This indicator refers to the stability of significant relationships in the child/youth's life. This likely includes family members but may also include other individuals (e.g., chosen family).

Questions to Consider:

- Is the child/youth in contact with their parents?
- Are there relatives with whom the child/youth has had long-lasting relationships?
- Does the child/youth have relationships with adults that have lasted their lifetime?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

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

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.*

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

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

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

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

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

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RESILIENCE

This indicator refers to the child/youth's ability to recognize their internal strengths and use them in managing daily life.

Questions to Consider:

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Child/youth can both identify and use strengths to better themselves and successfully manage difficult challenges.

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.*

Child/youth can identify most of their strengths and is able to partially utilize them.

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.*

Child/youth can identify strengths but is not able to utilize them effectively.

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

Child/youth is not yet able to identify personal strengths.

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RESOURCEFULNESS

This indicator refers to the child/youth's ability to identify and use external/environmental strengths in managing daily life.

Questions to Consider:

- Does the child/youth have external or environmental strengths?
- Does the child/youth use their external or environmental strengths to aid in their well-being?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Child/youth is quite skilled at finding the necessary resources required to aid them in managing challenges.

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.*

Child/youth has some skills at finding necessary resources required to aid them in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.

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.*

Child/youth has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.

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

Child/youth has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

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CULTURAL IDENTITY

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

Questions to Consider:

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

The child/youth has defined a cultural identity and is connected to others who support their cultural identity.

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.*

The child/youth is developing a cultural identity and is seeking others to support their cultural identity.

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.*

The child/youth is searching for a cultural identity and has not connected with others.

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

The child/youth does not express a cultural identity.

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NATURAL SUPPORTS

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

Questions to Consider:

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Child/youth has significant natural supports that contribute to helping support their healthy development.

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.*

Child/youth has identified natural supports that provide some assistance in supporting their healthy development.

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.*

Child/youth has some identified natural supports; however, these supports are not actively contributing to their healthy development.

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

Child/youth has no known natural supports (outside of family and paid caregivers).

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EMPATHY

This indicator describes the child/youth's ability to empathize with others.

Questions to Consider:

- How does the child/youth react when given upsetting news?
- How does the child/youth respond to others' emotional needs?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

The child/youth demonstrates appropriate empathy for other children/youth and adults.

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.*

The child/youth often demonstrates empathy for other children/youth and adults but not always.

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.*

The child/youth occasionally demonstrates empathy for other children/youth and adults but this ability could be better developed.

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

The child/youth demonstrates no empathy for other children/youth and adults.

Supplemental Information: Evidence of behaviors that may indicate that this may be a strength to build include difficulties in appreciating other people's perspective or point-of-view, in understanding how their behavior affects other people, and/or in taking into consideration how they are coming across to others, etc.

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CULTURAL FACTORS DOMAIN (ALL AGES)

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

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

It is it important to remember when using the CANS that the family should be defined from the individual child/youth's perspective (i.e., who the child/youth describes as part of their family). The cultural issues in this domain should be considered in relation to the impact they are having on the life of the child/youth when rating these indicators and creating a treatment or service plan.

The indicators in this domain are rated for all ages. For ages 0-5, rate these indicators from the perspective of the family.

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

For the **Cultural Factors Domain,** 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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

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LANGUAGE AND/OR LITERACY

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

Questions to Consider:

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

Ratings and Descriptions

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

No evidence that there is a need or preference for an interpreter and/or the child/youth and family speak and read the primary language where they live.

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

Child/youth and/or family speak or read the primary language where they live, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth and/or significant family members do not speak the primary language where they live. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.

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

Child/youth and/or significant family members do not speak the primary language where they live. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

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TRADITIONS AND CULTURAL RITUALS

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

Questions to Consider:

- What traditions and customs does the child/youth and family practice or participate in?
- Does the child/youth or family fear discrimination for practicing their cultural traditions or rituals?

Ratings and Descriptions

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

The child/youth and/or family is consistently able to practice traditions and rituals consistent with their cultural identity.

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

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

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

The child/youth and/or family experiences significant barriers and is sometimes prevented from practicing traditions and rituals consistent with their cultural identity.

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

The child/youth and/or family is unable to practice traditions and rituals consistent with their cultural identity.

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CULTURAL STRESS

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

Questions to Consider:

- Has the child/youth and/or family even been treated poorly because of their beliefs/ethnicity/ gender/sexual orientation, etc.?
- What does the family believe is the reality of their discrimination? Does this impact their functioning as individuals and/or a family?
- How does the caregiver support the child/youth's identity if different from their own?

Ratings and Descriptions

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

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

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

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

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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

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

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

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CULTURAL CONGRUENCE

This indicator refers to a family's child rearing practices, understanding of child development and early intervention in comparison to the prevailing professional/helping culture(s) perspective.

Questions to Consider:

- How does the family's culture impact their child rearing practices?
- Are there cultural differences in the caregiver's child rearing practices that differ from that of the majority culture?

Ratings and Descriptions

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

The family does not have cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child/youth.

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

The family has some cultural differences related to child rearing practices, child development and early intervention that are not generally accepted but not considered to put the child/ youth at risk.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

The family has cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child/ youth.

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

The family has cultural differences related to child rearing practices, child development and early intervention that is considered abusive or neglectful and may result in intervention.

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CULTURAL DIFFERENCES WITHIN THE FAMILY

Sometimes individual members within a family have different backgrounds, values and/or perspectives. This might occur in a family where a child/youth is adopted from a different race, culture, ethnicity, or socioeconomic status. The caregiver may struggle to understand or lack awareness of the child/youth's experience of discrimination. Additionally, this may occur in families where the caregivers are first generation immigrants to the United States. The child/youth may refuse to adhere to certain cultural practices, choosing instead to participate more in popular U.S. culture.

Questions to Consider:

- Do the caregiver and child/youth have different understandings of appropriate behaviors that are rooted in cultural traditions?
- Do the family and child/youth understand and respect each other's perspectives?
- Do the family and child/youth have conflicts that result from different cultural perspectives?

Ratings and Descriptions

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

No evidence of conflict, stress, or disengagement within the family due to cultural differences, or family is able to communicate effectively in this area.

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

Child/youth and family have struggled with cultural differences in the past but are currently managing them well or there are some incidences of disagreement.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth and family experience difficulties managing cultural differences within the family that negatively impacts the functioning of the child/youth.

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

Child/youth and family experience such significant difficulty managing cultural differences within the family that it interferes with the child/youth's functioning and/or requires immediate action.

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CAREGIVER RESOURCES & NEEDS DOMAIN (ALL AGES)

This section focuses on the strengths and needs of the caregiver. Caregiver ratings should be completed by household. If multiple households are involved in the planning, then this section should be completed once for each household under consideration. If the child/youth is in foster care or out-of-home placement, please rate the identified parent(s), other relative(s), or caretaker(s) planning to assume custody and/or take responsibility for the care of this child/youth once foster care ends.

The indicators in this section represent caregivers' potential areas of need while simultaneously highlighting the areas in which the caregivers can be a resource for the child/youth.

The indicators in this domain are rated for all ages.

Question to Consider for this Domain: What are the resources and needs of the child/youth's caregiver(s)?

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

0 No current need; no need for action. This may be a resource for the child/youth.

1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

2 Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.

3 Need prevents the provision of care; requires immediate and/or intensive action.

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SUPERVISION

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

Questions to Consider:

- How does the caregiver feel about their ability to keep an eye on and set limits and/or redirect the child/youth?
- How does the caregiver need additional support with supervision or monitoring?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence caregiver needs help or assistance in monitoring or disciplining the child/youth, and/or caregiver has good monitoring and discipline skills.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

Caregiver generally provides adequate supervision but is inconsistent. Caregiver may need occasional help or assistance.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. Child/youth is at risk of harm due to absence of supervision or monitoring.

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INVOLVEMENT WITH CARE

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

Questions to Consider:

- How involved is caregiver in services for the child/youth? Is there something they would like help with?
- Is the caregiver an advocate on behalf of the child/youth?
- Does the caregiver participate in or help plan for the child/youth's services?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence of problems with caregiver involvement in services or interventions, and/or caregiver can act as an effective advocate for the child/youth.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

Caregiver is consistently involved in the planning and/or implementation of services for the child/youth but is not an active advocate on their behalf. Caregiver is open to receiving support, education, and information.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver is not actively involved in the child/youth's services and/or interventions intended to assist the child/youth.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver wishes for child/youth to be removed from their care.

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KNOWLEDGE

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

Questions to Consider:

- Does the caregiver understand the child/youth's current mental or medical health diagnoses and/or symptoms?
- Does the caregiver's expectations of the child/youth reflect an understanding of the child/youth's mental or physical challenges?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child/youth's psychological strengths and weaknesses, talents, and limitations.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

Caregiver, while being generally knowledgeable about the child/youth, has some mild deficits in knowledge or understanding of the child/youth's psychological condition, talents, skills, and assets.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver does not know or understand the child/youth well and significant deficits exist in the caregiver's ability to relate to the child/youth's needs and strengths.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has little or no understanding of the child/youth's current condition. Caregiver's lack of knowledge about the child/youth's strengths and needs place them at risk of significant negative outcomes.

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ORGANIZATION

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

Questions to Consider:

- Does the caregiver struggle to remember and attend scheduled appointments?
- Do they have difficulty getting to appointments or managing a schedule?
- Does the caregiver need or want help with managing tasks?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

Caregiver is well organized and efficient.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has moderate difficulty organizing and maintaining household to support needed services.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver is unable to organize household to support needed services.

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SOCIAL RESOURCES

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

Questions to Consider:

- Which family members or friends can the caregiver call on for help when they need it?
- Does the caregiver have family/friends who provide them emotional support?
- Can the caregiver call on a support system to watch the child/youth occasionally?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child/youth.* Caregiver has significant social and family networks that actively help with caregiving.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* Caregiver has some family, friends or social network that actively helps with caregiving.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Work needs to be done to engage family, friends, or social network in helping with caregiving.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has no family or social network to help with caregiving.

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RESIDENTIAL STABILITY

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

Questions to Consider:

- Does the family have any concerns about their housing situation? Are they concerned that they might have to move in the near future?
- Has the caregiver ever experienced homelessness or housing instability?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

Caregiver has stable housing with no known risks of instability.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has moved multiple times in the past year. Housing is unstable.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Family is homeless or has experienced homelessness in the recent past.

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MEDICAL/PHYSICAL

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

Questions to Consider:

- How is the caregiver's health?
- Does the caregiver have any health problems that limit their ability to care for the family?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence of medical or physical health problems. Caregiver is generally healthy.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

There is a history or suspicion of, and/or caregiver is in recovery from, medical/physical problems.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has medical/physical problems that interfere with the capacity to provide care to the child/youth.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has medical/physical problems that make providing care to the child/youth impossible at this time.

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MENTAL HEALTH

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

Questions to Consider:

- How is the caregiver's mental health?
- Does the caregiver have any mental health needs that make it difficult to care for the child/youth?
- Is there evidence of transgenerational trauma that is impacting the caregiver's ability to give care effectively?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence of caregiver mental health difficulties.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver's mental health difficulties interfere with their ability to provide care.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has mental health difficulties that make providing care to the child/youth impossible at this time.

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SUBSTANCE USE

This indicator rates the impact of any notable substance use by caregivers that might limit their ability to provide care for the child/youth.

Questions to Consider:

- Does the caregiver have any substance use needs that make parenting difficult?
- Is the caregiver in treatment for the substance use issues?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence of caregiver substance use issues.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

There is a history, suspicion or mild use of substances, and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to provide care.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has some substance abuse difficulties that interfere with their ability to provide care.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has substance abuse difficulties that make providing care to the child/youth impossible at this time.

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DEVELOPMENTAL

This indicator describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to provide care.

Questions to Consider:

- Does the caregiver have developmental challenges that make providing care for the child/ youth difficult?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

Caregiver has developmental challenges. The developmental challenges do not currently interfere with their ability to provide care.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has developmental challenges that interfere with their ability to provide care to the child/youth.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has severe developmental challenges that make providing care to the child/youth impossible at this time.

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SAFETY

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

Questions to Consider:

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

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

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

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

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

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

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

All referents are legally required to report suspected child abuse or neglect.

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MARITAL/PARTNER VIOLENCE IN THE HOME

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

Questions to Consider:

- How does the caregiver and their partner resolve conflict?
- Does the caregiver and their partner's conflict escalate to verbal aggression, physical attacks or destruction of property?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

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

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

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

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

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

Supplemental Information: Marital/partner violence is generally distinguished from family violence in that the former is focused on violence among caregiver partners. Since marital/partner violence is a risk factor for child abuse and might necessitate reporting, it is indicated here as only violence among caregiver partners (e.g., spouses, lovers). The child/youth's past exposure to marital/partner violence with current or other caregivers is rated a '1.' This indicator would be rated a '2' if the child/youth is exposed to marital/partner violence in the household and child protective services must be called; a '3' indicates that the child/youth is in danger due to marital/partner violence in the household and requires immediate attention.

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CAREGIVER EMOTIONAL RESPONSIVENESS

This indicator refers to the caregiver's ability to understand and respond to the joys, sorrows and other feelings of the child/youth with similar or helpful feelings.

Questions to Consider:

- How does the caregiver respond when their child/youth displays challenging behaviors such as fussiness, irritability, or defiance?
- How does the caregiver respond when their child/youth is happy?
- How difficult is it for the caregiver to empathize with their child/youth?
- Do they need some support on how to be emotionally responsive when the child/youth is displaying challenging behaviors?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Caregiver is emotionally empathic and attends to the child/youth's emotional needs.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
The caregiver can be emotionally empathic and typically attends to the child/youth's emotional needs. There are times, however, when the caregiver is not able to attend to the child/youth's emotional needs.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
The caregiver is often not empathic and frequently is unable to attend to the child/youth's emotional needs.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
The caregiver has significant difficulties with emotional responsiveness. They are not empathic and rarely attend to the child/youth's emotional needs.

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CAREGIVER LEGAL

This indicator rates the caregiver's involvement with the justice system. This includes any legal issues related to immigration.

Questions to Consider:

- Has the caregiver been arrested?
- Is one or more of the caregivers incarcerated or on probation?
- Is one or more of the caregivers struggling with immigration or legal documentation issues?

Ratings and Descriptions

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

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BEHAVIORAL/EMOTIONAL NEEDS DOMAIN (AGES 6+)

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

Please rate the indicators in this domain for children/youth ages 6 and older.

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

For the **Behavioral/Emotional Needs Domain,** 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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

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PSYCHOSIS (THOUGHT DISORDER)

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

Questions to Consider:

- Does the child/youth exhibit behaviors that are unusual or difficult to understand?
- Are the unusual behaviors or repeated actions interfering with the child/youth's functioning?
- Has the child/youth engaged in magical thinking?
- Does the child/youth believe they have powers or abilities that do not align with reality?

Ratings and Descriptions

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

No evidence of psychotic symptoms. Thought processes and content are within normal range.

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

Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes a child/youth with a history of hallucinations but none currently. Use this category for children/youth who are below the threshold for one of the DSM diagnoses listed above.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.

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

Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm.

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IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions (e.g., tremors, jerks, twitches, spasms, contractions, etc.) are rated here. This includes behavioral symptoms associated with hyperactivity and/or impulsiveness. Children/youth with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), sexual behavior, fire-starting or stealing.

Questions to Consider:

- Is the child/youth unable to sit still for any length of time?
- Does the child/youth have trouble paying attention for more than a few minutes?
- Is the child/youth able to control their behavior, talking?
- Does the child/youth report feeling compelled to do something despite negative consequences?

Ratings and Descriptions

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

No evidence of symptoms of loss of control of behavior.

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

This is a history or evidence of some impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. Child/youth may have some difficulties staying on task for an age-appropriate time period. The child/youth may exhibit limited impulse control, e.g., child/youth may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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

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

Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child/youth at risk of physical harm. A child/youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding) is rated here. The child/youth may be impulsive on a nearly continuous basis. The child/youth endangers themselves or others without thinking.

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DEPRESSION

This indicator rates symptoms such as irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This indicator can be used to rate symptoms of the depressive disorders as specified in the DSM.

Questions to Consider:

- Is there concern about the child/youth related to possible depression or chronic low mood and irritability?
- Has the child/youth withdrawn from normal activities?
- Does the child/youth seem lonely or not interested in spending time with others?

Ratings and Descriptions

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

No evidence of problems with depression.

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

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

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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

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

Clear evidence of a disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating Is given to a child/youth with a severe level of depression. This would include a child/youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

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ANXIETY

This indicator rates symptoms characterized by fear and anxiety and related behavioral disturbances (including avoidance behaviors). Panic attacks can be a prominent type of fear response. This indicator can be used to rate symptoms of the anxiety disorders as specified in the DSM.

Questions to Consider:

- Does the child/youth have any problems with anxiety or fearfulness?
- Is the child/youth avoiding normal activities out of fear?
- Does the child/youth act frightened or afraid?
- Has the child/youth experienced panic attacks?

Ratings and Descriptions

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

No evidence of anxiety symptoms.

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

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

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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

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

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

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OPPOSITIONAL-RELATED BEHAVIOR

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

Questions to Consider:

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

Ratings and Descriptions

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

No evidence of oppositional behaviors.

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

History or evidence of some defiance towards authority figures that has not yet begun to cause functional impairment. Child/youth may occasionally talk back to teacher or parent/caregiver; there may be letters or calls from school.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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

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

Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child/youth has severe problems with compliance with rules or adult instruction or authority.

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CONDUCT-RELATED BEHAVIOR

This indicator rates the degree to which a child/youth engages in behavior that is consistent with the presence of a Conduct Disorder.

Questions to Consider:

- Does the child/youth admit to lying when caught?
- Has the child/youth ever shown violent or threatening behavior towards others?
- Has the child/youth ever tortured animals?
- Does the child/youth disregard or is unconcerned about the feelings of others (lack empathy)?

Ratings and Descriptions

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

No evidence of serious violations of others or laws.

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

History, suspicion or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The child/youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex, and community.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A child/youth rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.

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

Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the child/youth or community at significant risk of physical harm due to these behaviors. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.

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ADJUSTMENT TO TRAUMA

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

Questions to Consider:

- What was the child/youth's trauma? How is it connected to the current issue(s)?
- What are the child/youth's coping skills?
- Who is supporting the child/youth?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
The child/youth has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child/youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment or relationships. Adjustment is interfering with child/youth's functioning in at least one life domain.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child/youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with Post-traumatic Stress Disorder).

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ATTACHMENT DIFFICULTIES

This indicator rates the level of difficulties the child/youth has with attachment and their ability to form relationships.

Questions to Consider:

- Does the child/youth struggle with separating from their caregivers?
- Does the child/youth approach or attach to strangers in indiscriminate ways?
- Does the child/youth have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance?

Ratings and Descriptions

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

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

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

Some history or evidence of insecurity in the caregiver-child relationship. Caregiver may have difficulty accurately reading child/youth's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child/youth may have some problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child/youth may have minor difficulties with appropriate physical/emotional boundaries with others.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Problems with attachment that interfere with child/youth's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret child/youth cues, act in an overly intrusive way, or ignore/avoid child/youth bids for attention/nurturance. Child/youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others. [continues]

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

Child/youth is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR child/youth presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child/youth is considered at ongoing risk due to the nature of their attachment behaviors. Child/youth may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child/youth may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

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ANGER CONTROL

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

Questions to Consider:

- How does the child/youth control their emotions?
- Do they get upset or frustrated easily?
- Do they overreact if someone criticizes or rejects them?
- Does the child/youth seem to have dramatic mood swings?

Ratings and Descriptions

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

No evidence of any anger control problems.

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

History, suspicion of, or evidence of some problems with controlling anger. Child/youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth's difficulties with controlling anger are impacting functioning in at least one life domain. Child/youth's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.

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

Child/youth's temper or anger control problem is dangerous. Child/youth frequently gets into fights that are often physical. Others likely fear the child/youth.

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SUBSTANCE USE*

This indicator describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by a child/youth. This rating is consistent with DSM Substance-Related and Addictive Disorders. This indicator does not apply to the use of tobacco or caffeine.

Questions to Consider:

- Has the child/youth used alcohol, illegal or prescription drugs for reasons other than what they are prescribed for on more than an experimental basis?
- Is there a suspicion that the child/youth may have an alcohol or drug use problem?
- Has the child/youth been in a recovery program for the use of alcohol or illegal drugs?

Ratings and Descriptions

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

Child/youth has no notable substance use difficulties at the present time.

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

Child/youth has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth has a substance use problem that consistently interferes with the ability to function optimally but does not completely preclude functioning in an unstructured setting.

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

Child/youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the child/ youth.

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [C] Substance Use Disorder Module.**

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[C] SUBSTANCE USE DISORDER MODULE (AGES 6+)

SEVERITY OF USE

This indicator rates the frequency and severity of the child/youth's current substance use.

Questions to Consider:

- Is the child/youth currently using substances? If so, how frequently?
- Is there evidence of physical dependence on substances?

Ratings and Descriptions

0	Child/youth is currently abstinent and has maintained abstinence for at least six months.
1	Child/youth is currently abstinent but only in the past 30 days or child/youth has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
2	Child/youth actively uses alcohol or drugs but not daily.
3	Child/youth uses alcohol and/or drugs on a daily basis.

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DURATION OF USE

This indicator identifies the length of time that the child/youth has been using drugs or alcohol.

Questions to Consider:

- How long has the child/youth been using drugs and/or alcohol?

Ratings and Descriptions

0	Child/youth has begun use in the past year.
1	Child/youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days where the child/youth did not have any use.
2	Child/youth has been using alcohol or drugs for at least one year (but less than five years), but not daily.
3	Child/youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

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STAGE OF RECOVERY

This indicator identifies where the child/youth is in their recovery process.

Questions to Consider:

- In relation to stopping substance use, at what stage of change is the child/youth?

Ratings and Descriptions

0	Child/youth is in maintenance stage of recovery. Child/youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
1	Child/youth is actively trying to use treatment to remain abstinent.
2	Child/youth is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
3	Child/youth is in denial regarding the existence of any substance use problem.

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PEER INFLUENCES

This indicator identifies the impact that the child/youth's social group has on the child/youth's substance use.

Questions to Consider:

- What role do the child/youth's peers play in their alcohol and drug use?

Ratings and Descriptions

0	Child/youth's primary peer social network does not engage in alcohol or drug use.
1	Child/youth has peers in their primary peer social network who do not engage in alcohol or drug use but has some peers who do.
2	Child/youth predominantly has peers who engage in alcohol or drug use.
3	Child/youth is a member of a peer group that consistently engages in alcohol or drug use.

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PARENTAL/CAREGIVER INFLUENCES

This indicator rates the parent's/caregiver's use of drugs or alcohol with or in the presence of the child/youth.

Questions to Consider:

- Do the caregiver(s) use substances? If so, does the caregiver's use impact the child/youth's use?

Ratings and Descriptions

0	There is no evidence that child/youth's caregivers have ever engaged in substance misuse.
1	One of child/youth's caregivers has history of substance misuse but not in the past year.
2	One or both of child/youth's caregivers have been intoxicated with alcohol or drugs in the presence of the child/youth.
3	One or both of child/youth's caregivers use alcohol or drugs with the child/youth.

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ENVIRONMENTAL INFLUENCES

This indicator rates the impact of the child/youth's community environment on their alcohol and drug use.

Questions to Consider:

- Are there factors in the child/youth's community that impact their alcohol and drug use?

Ratings and Descriptions

0	No evidence that the child/youth's environment stimulates or exposes them to any alcohol or drug use.
1	Suspicion that child/youth's environment might expose them to alcohol or drug use.
2	Child/youth's environment clearly exposes them to alcohol or drug use.
3	Child/youth's environment encourages or enables them to engage in alcohol or drug use.

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End of the Substance Use Disorder Module

AUTISM SPECTRUM

This indicator describes the presence of Autism Spectrum Disorder. Each individual on the autism spectrum has problems to some degree with social skills, empathy, communication, and flexible behavior, but the level of disability and the combination of symptoms varies significantly from person to person.

Questions to Consider:

- Does the child/youth engage in certain repetitive actions?
- Are the unusual behaviors or repeated actions interfering with the child/youth's functioning?
- Does the child/youth have difficulty communicating, making and maintaining relationships, and/or playing with others?
- Does the child/youth self-soothe with any unusual behaviors (e.g., rocking, repeating phrases, hand gestures)?

Ratings and Descriptions

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

There is no evidence of symptoms of Autism Spectrum Disorder.

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

Evidence of a low-end Autism Spectrum Disorder. The child/youth may have symptoms of autism, but these symptoms are below the threshold for an ASD diagnosis and do not have significant effect on functioning.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth meets DSM criteria for a diagnosis of Autism Spectrum Disorder. Symptoms are impairing the child's functioning in one or more areas and require intervention.

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

Child/youth meets criteria for a diagnosis of Autism Spectrum Disorder and has high end needs to treat or manage, and/or severe or disabling symptoms.

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RISK BEHAVIORS DOMAIN (AGES 6+)

This section focuses on behaviors that can get children and youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings '1' and '3') away from the standard 30-day rating window.

Please rate the indicators in this domain for children/youth ages 6 and older.

Question to Consider for this Domain: Does the child/youth's behaviors put them at risk for serious harm?

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

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

1 Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

2 Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

3 Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.

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SUICIDE RISK

This indicator is intended to describe the presence of thoughts or behaviors aimed at taking one's life. It describes both suicidal and significant self-injurious behavior. This indicator rates overt and covert thoughts and efforts on the part of a child/youth to end their life. A rating of '2' or '3' would indicate the need for a safety plan.

Questions to Consider:

- Has the child/youth ever talked about a wish or plan to die or to kill themselves?
- Has the child/youth ever tried to commit suicide?

Ratings and Descriptions

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

No evidence of suicidal ideation.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement*.

History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk factor or behavior is addressed*.

Recent, but not acute, suicidal ideation or gesture.

3 *Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior*.

Current suicidal ideation and intent OR command hallucinations that involve self-harm.

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NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

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

Questions to Consider:

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

Ratings and Descriptions

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

No evidence of any forms of self-injury.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

A history or suspicion of self-injurious behavior.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.

3 *Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.*

Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child/youth's health at risk.

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OTHER SELF-HARM (RECKLESSNESS)

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

Questions to Consider:

- Has the child/youth ever acted in a way that might be dangerous to themselves?

Ratings and Descriptions

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

No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth in danger of physical harm.

3 *Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.*

Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth at immediate risk of death.

Supplemental Information: When considering reckless behavior, include gang involvement/ affiliation, unprotected sex, multiple sexual partners, driving under the influence, or riding with drivers who are under the influence, etc.

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DANGER TO OTHERS

This indicator rates the child/youth's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of '2' or '3' would indicate the need for a safety plan. Reckless behavior that may cause physical harm to others is not rated on this indicator.

Questions to Consider:

- Has the child/youth ever injured another person on purpose?
- Does the child/youth get into physical fights?
- Has the child/youth ever threatened to kill or seriously injure others?

Ratings and Descriptions

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

No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.

3 *Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.*

Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.

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SEXUAL AGGRESSION

This indicator describes both aggressive sexual behavior and sexual behavior in which the child/youth takes advantage of a younger or less powerful child/youth. The severity and recency of the behavior provide the information needed to rate this indicator.

Questions to Consider:

- Has the child/youth ever been accused of being sexually aggressive or being a sexual predator?
- Has the child/youth ever been accused of sexually harassing others or using sexual language?
- Has the child/youth had sexual contact with a younger child/youth?

Ratings and Descriptions

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

No evidence of sexually aggressive behavior.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History of suspicion of sexually aggressive behavior and/or sexually inappropriate behavior in the past year that troubles others such as harassing talk or public masturbation.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Child/youth engages in sexually aggressive behavior that negatively impacts their functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching). Frequent disrobing would be rated here only if it was sexually provocative.

3 *Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.*

Child/youth engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

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RUNAWAY*

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

Questions to Consider:

- Has the child/youth ever run away from home, school, or any other place?
- If so, where did they go? How long did they stay away? How were they found?
- Do they ever threaten to run away?

Ratings and Descriptions

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

Child/youth has no history of running away or ideation of escaping from current living situation.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Child/youth has no recent history of running away has expressed ideation about escaping current situation. Child/youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Child/youth has run from home once or run from one treatment setting. Also rated here is a child/youth who has run home (parental or relative).

3 *Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.*

Child/youth has run from home and/or treatment settings in the recent past and presents an imminent flight risk. A child/youth who is currently a runaway is rated here..

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [D] Runaway Module.**

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[D] RUNAWAY MODULE (AGES 6+)

FREQUENCY OF RUNNING

This indicator describes how often the child/youth runs away.

Questions to Consider:

- How often does the child/youth run away?

Ratings and Descriptions

0 Child/youth has only run once in past year.

1 Child/youth has run on multiple occasions in past year.

2 Child/youth runs often but not always.

3 Child/youth runs at every opportunity.

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CONSISTENCY OF DESTINATION

This indicator describes whether the child/youth runs away to the same place, area, or neighborhood.

Questions to Consider:

- Does the child/youth always run to the same spot?

Ratings and Descriptions

0 Child/youth always runs to the same location.

1 Child/youth generally runs to the same location or neighborhood.

2 Child/youth runs to the same community, but the specific locations change.

3 Child/youth runs to no planned destination.

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SAFETY OF DESTINATION

This indicator describes how safe the area is where the child/youth runs to.

Questions to Consider:

- Does the child/youth run to safe locations?

Ratings and Descriptions

0	Child/youth runs to a safe environment that meets their basic needs (e.g., food, shelter).
1	Child/youth runs to generally safe environments; however, they might be somewhat unstable or variable.
2	Child/youth runs to generally unsafe environments that cannot meet their basic needs.
3	Child/youth runs to very unsafe environments where the likelihood that the child/youth will be victimized is high.

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LIKELIHOOD OF RETURN ON OWN

This indicator describes whether the child/youth returns from a running episode on their own, whether they need prompting, or whether they need to be brought back by force (e.g., police).

Questions to Consider:

- Does the child/youth usually return home on their own?
- Is adult/external intervention needed?

Ratings and Descriptions

0	Child/youth will return from run on their own without prompting.
1	Child/youth will return from run when found but not without being found.
2	Child/youth will make themselves difficult to find and/or might passively resist return once found.
3	Child/youth makes repeated and concerted efforts to hide to not be found and/or resists return.

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End of Runaway Module

DELINQUENT BEHAVIOR

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

Questions to Consider:

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

Ratings and Descriptions

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

No evidence or history of delinquent behavior.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.

3 *Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.*

Serious recent acts of delinquent activity that place others at risk of significant loss or injury or place the child/youth at risk of adult sanctions. Examples include car theft, residential burglary, or gang involvement.

Supplemental Information: Status offenses refer to offense types that apply to children/youth because of their age and would not typically apply to their adult counterparts as a violation of the law. Some common examples of status offenses may include curfew violations, runaway, incorrigibility, school truancy, etc.

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FIRE SETTING

This indicator refers to behavior involving the intentional setting of fires that might be dangerous to the child/youth or others. This includes both malicious and non-malicious fire setting. This does NOT include the use of candles or incense or matches to smoke or accidental fire setting.

Questions to Consider:

- Has the child/youth ever started a fire?
- Has the incident of fire setting put anyone at harm or at risk of harm?

Ratings and Descriptions

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

No evidence of fire setting by the child/youth.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History of fire setting but not in the recent past.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Recent fire-setting behavior but not of the type that has endangered the lives of others OR repeated fire-setting behavior in the recent past.

3 *Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.*

Acute threat of fire setting. Set fire that endangered the lives of others (e.g., attempting to burn down a house).

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TRAUMA DOMAIN (ALL AGES)

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

Identifying and naming the traumatic event(s) may create intense reaction for the child, youth and/or their family that may need to be addressed immediately. When discussing these events, be mindful that explicit details may be difficult to describe and may trigger emotional reactions. Please respect the child/youth and their family's boundaries.

The indicators in this domain are rated for all ages.

Question to Consider for this Domain: Has the child/youth experienced adverse life events?

TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES (ALL AGES)

For the **Traumatic/Adverse Childhood Experiences,** use the following categories and descriptions are used:

NO	There is no evidence of any trauma of this type.
YES	Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma -- one incident, multiple incidents, or chronic on-going experiences.

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Rate the following indicators within the child/youth's lifetime.

SEXUAL ABUSE

This indicator describes whether or not the child/youth has experienced sexual abuse.

Questions to Consider:

- Has the caregiver or child/youth disclosed sexual abuse?
- How often did the abuse occur?
- Did the abuse result in physical injury?

Ratings and Descriptions

NO	There is no evidence that the child/youth has experienced sexual abuse.
YES	The child/youth has experienced sexual abuse, or there is a suspicion that they have experienced sexual abuse – single or multiple episodes, or chronic over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or associated physical injury. Children/youth with exposure to secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) should be rated here.

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PHYSICAL ABUSE

This indicator describes whether or not the child/youth has experienced physical abuse.

Questions to Consider:

- Has the child/youth been in a home where physical discipline was used? What forms?
- Has the child/youth ever received bruises, marks, or injury from another person?

Ratings and Descriptions

NO	There is no evidence that the child/youth has experienced physical abuse.
YES	The child/youth has experienced or there is a suspicion that they have experienced physical abuse – mild to severe, or repeated physical abuse with sufficient physical harm requiring medical treatment.

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NEGLECT

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

Questions to Consider:

- Has the child/youth consistently received adequate supervision?
- Have child/youth's basic needs for food and shelter been met?
- Has the child/youth been allowed access to necessary medical care? Education?

Ratings and Descriptions

NO	There is no evidence that the child/youth has experienced neglect.
YES	Child/youth has experienced neglect, or there is a suspicion that they have experienced neglect. This includes occasional neglect (e.g., child/youth left home alone for a short period of time when developmentally inappropriate and with no adult supervision, or occasional failure to provide adequate supervision of the child/youth); multiple and/or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing) on a regular basis.

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EMOTIONAL ABUSE

This indicator describes whether or not the child/youth has experienced verbal and/or nonverbal emotional abuse, including belittling, shaming, and humiliating a child/youth, calling child/youth names, making negative comparisons to others, or telling a child/youth that they are "no good." This indicator includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child/youth, and "emotional neglect," described as the denial of emotional attention and/or support from caregivers.

Questions to Consider:

- How could the interactions between the caregiver and the child/youth be characterized?
- Was there name calling or shaming in the home?
- Was caregiver affection conditional to the child/youth's performance of tasks/behavior?

Ratings and Descriptions

NO	There is no evidence that child/youth has experienced emotional abuse.
YES	Child/youth has experienced emotional abuse, or there is a suspicion that they have experienced emotional abuse (mild to severe, for any length of time) including: insults or occasionally being referred to in a derogatory manner by caregivers, being denied emotional attention or completely ignored, or threatened/terrorized by others.

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MEDICAL TRAUMA

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

Questions to Consider:

- Has the child/youth had any broken bones, stitches or other medical procedures?
- Has the child/youth had to go to the emergency room, or stay overnight in the hospital?
- Did the child/youth find this medical experience to be overwhelming and/or are they having a traumatic reaction to the experience?

Ratings and Descriptions

NO	There is no evidence that the child/youth has experienced any medical trauma.
YES	Child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs; associated distress such as minor surgery, stitches or bone setting; acute injuries and moderately invasive medical procedures such as major surgery that required only short-term hospitalization; events that may have been life threatening and may have resulted in chronic health problems that alter the child/youth's physical functioning. A suspicion that a child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming should be rated here.

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

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NATURAL OR MANMADE DISASTER

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

Questions to Consider:

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

Ratings and Descriptions

NO	There is no evidence that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters.
YES	Child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand (e.g., on television, hearing others discuss disasters). This includes disasters such as a fire or earthquake; car accident, plane crashes, or bombings; observing a caregiver who has been injured in a car accident or fire or watching a neighbor's house burn down; a disaster that caused significant harm or death to a loved one; or there is an ongoing impact or life disruption due to the disaster (e.g., caregiver loses job). A suspicion that the child/youth has experienced, been exposed to, or witnessed natural or manmade disasters either directly or second-hand would be rated here.

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FAMILY VIOLENCE

This indicator describes exposure to violence within the child/youth's home or family.

Questions to Consider:

- Has the child/youth experienced frequent fighting in their family?
- Did the fighting ever become physical?

Ratings and Descriptions

NO	There is no evidence the child/youth has witnessed family violence.
YES	Child/youth has witnessed, or there is a suspicion that they have witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence but no significant injuries (i.e., requiring emergency medical attention) and episodes in which significant injuries have occurred as a direct result of the violence.

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COMMUNITY/SCHOOL VIOLENCE

This indicator describes the exposure to incidents of violence the child/youth has witnessed or experienced in their community. This includes witnessing violence at the child/youth's school or educational setting.

Questions to Consider:

- Has the child/youth lived in a neighborhood with frequent violence?
- Has the child/youth witnessed or directly experienced violence at their school?

Ratings and Descriptions

NO	There is no evidence that the child/youth has witnessed violence in the community or their school.
YES	Child/youth has witnessed or experienced violence in the community or their school, such as: fighting; friends/family injuries as a result of violence; severe and repeated instances of violence and/or the death of another person in their community/school as a result of violence; is the direct victim of violence/criminal activity in the community/school that was life threatening; or has experienced chronic/ongoing impact as a result of community/school violence (e.g., family member injured and no longer able to work). A suspicion that the child/youth has witnessed or experienced violence in the community would be rated here.

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CRIMINAL ACTIVITY

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

Questions to Consider:

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

Ratings and Descriptions

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

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

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WAR/TERRORISM AFFECTED

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

Questions to Consider:

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

Ratings and Descriptions

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

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

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DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This indicator documents the extent to which a child/youth has had one or more major changes in caregivers or caregiving, potentially resulting in disruptions in attachment.

Questions to Consider:

- Has the child/youth ever lived apart from their parents/caregivers?
- Has the child/youth lost a parent/caregiver to death?

Ratings and Descriptions

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

Supplemental Information: Children/youth who have been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses would be rated here. Children/youth who have had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings, can be rated here. Short-term hospital stays or brief juvenile detention stays, during which the child/youth's caregiver remains the same, would not be rated on this indicator.

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PARENTAL CRIMINAL BEHAVIOR

This indicator describes the criminal behavior of both biological and step-parents, and other legal guardians, but not foster parents.

Questions to Consider:

- Has the child/youth's parent/guardian or family been involved in criminal activities or ever been in jail?

Ratings and Descriptions

NO	There is no evidence that child/youth's parents have ever engaged in criminal behavior.
YES	One or both of the child/youth's parents/guardians have a history of criminal behavior that resulted in a conviction or incarceration. A suspicion that one or both of the child/youth's parents/guardians have a history of criminal behavior that resulted in conviction or incarceration would be rated here

Supplemental Information: Parental criminal behavior is defined as the involvement of one or both parents in activities that breach the law leading to legal consequences.

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TRAUMATIC STRESS SYMPTOMS (ALL AGES)

For the **Traumatic Stress Symptoms,** 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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

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EMOTIONAL AND/OR PHYSICAL DYSREGULATION

This indicator describes the child/youth's difficulties with arousal regulation or expressing emotions and energy states.

Questions to Consider:

- Does the child/youth have reactions that seem out of proportion (larger or smaller than is appropriate) to the situation?
- Does the child/youth have extreme or unchecked emotional reactions to situations?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth has no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or evidence of difficulties with affect/physiological regulation. The child/youth could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general, or have some difficulties with regulating body functions (e.g., sleeping, eating or elimination). The child/youth may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth has problems with affect/physiological regulation that are impacting their functioning in some life domains but is able to control affect at times. The child/youth may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The child/youth may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). The child/youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g., silly behavior, loose active limbs) or under-arousal (e.g., lack of movement and facial expressions, slowed walking and talking).

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is unable to regulate affect and/or physiological responses. The child/youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). The child/youth may also exhibit tightly contained emotions with intense outbursts under stress. Alternately the child/youth may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally 'shut down'). The child/youth may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems.

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INTRUSIONS/RE-EXPERIENCING

This indicator describes intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences.

Questions to Consider:

- Does the child/youth experience intrusions?
- If so, when and how often do they occur and in what form?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
There is no evidence that the child/youth experiences intrusive thoughts of trauma.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement*
History or evidence of some intrusive thoughts of trauma but it does not affect the child/youth's functioning. A child/youth with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere with their ability to function in some life domains. For example, the child/youth may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions, or memories of traumatic events. The child/youth may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth has repeated and/or severe intrusive symptoms/distressing memories that are debilitating. This child/youth may exhibit trauma-specific reenactments that include sexually or physically traumatizing others. This child/youth may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child/youth to function.

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HYPERAROUSAL

This indicator includes difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Child/youth may also show common physical symptoms such as stomachaches and headaches. These symptoms are a part of the DSM criteria for Trauma-Related Adjustment Disorder, Post-traumatic Stress Disorder and other Trauma- and Stressor-Related Disorders.

Questions to Consider:

- Does the child/youth appear more jumpy or irritable than is usual?
- Does the child/youth have difficulty relaxing and/or have an exaggerated startle response?
- Does the child/youth have stress-related physical symptoms: stomach- or headaches?
- Do these stress-related symptoms interfere with the child/youth's ability to function?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth has no evidence of hyperarousal symptoms.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or evidence of hyperarousal that does not interfere with daily functioning. Child/youth may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth exhibits one significant symptom or a combination or two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Children/youth who frequently manifest distress-related physical symptoms such as stomachaches and headaches would be rated here. Symptoms are distressing for the child/youth and/or caregiver and negatively impacts day-to-day functioning.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth exhibits multiple and/or severe hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the child/youth and/or caregiver and impede day-to-day functioning in many life areas.

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TRAUMATIC GRIEF & SEPARATION

This indicator describes the level of traumatic grief the child/youth is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant figures.

Questions to Consider:

- Has the child/youth experienced separation from or loss of a significant person in their life?
- How much does the child/youth's reaction to the loss impact their functioning?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
There is no evidence that the child/youth is experiencing traumatic grief or separation from the loss of significant others. Either the child/youth has not experienced a traumatic loss (e.g., death of a loved one) or the child/youth has adjusted well to separation.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement*.
Child/youth is experiencing traumatic grief due to death or loss/separation from a significant other in a manner that is expected and/or appropriate given the recent nature of loss or separation. History of traumatic grief symptoms would be rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is experiencing dangerous or debilitating traumatic grief reactions that impair their functioning across several areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

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NUMBING

This indicator describes the child/youth's reduced capacity to feel or experience and express a range of emotions. These numbing responses were not present before the trauma.

Questions to Consider:

- Does the child/youth experience a normal range of emotions?
- Does the child/youth tend to have flat emotional responses?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth has no evidence of numbing responses.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth has a history of or currently exhibits some problems with numbing. The child/youth may have a restricted range of affect or an inability to express or experience certain emotions (e.g., anger or sadness).

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth's difficulties with numbing responses impact their functioning. The child/youth may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth's difficulties with numbing are dangerous and place them at risk. Child/youth may have significant numbing responses or multiple symptoms of numbing. The child/youth may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

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DISSOCIATION

This indicator includes symptoms such as daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences. This indicator can be used to rate symptoms of the dissociative disorders as specified in the DSM.

Questions to Consider:

- Does the child/youth ever enter a dissociative state?
- Does the child/youth often become confused about who or where they are?
- Has the child/youth been diagnosed with a dissociative disorder?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth shows no evidence of dissociation.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth has history or evidence of dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth exhibits dissociative problems that interfere with functioning in at least one life domain. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Child/youth is frequently forgetful or confused about things they should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child/youth shows rapid changes in personality or evidence of distinct personalities.

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AVOIDANCE

This indicator describes efforts to avoid stimuli associated with traumatic experiences.

Questions to Consider:

- Does the child/youth make specific and concerted attempts to avoid sights, sounds, smells, etc. that are related to the trauma experience?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth exhibits no avoidance symptoms.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth may have history of or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth exhibits avoidance symptoms that interfere with their functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the child/youth may also avoid activities, places, or people that arouse recollections of the trauma.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth's avoidance symptoms are debilitating. Child/youth may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.

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EARLY CHILDHOOD DOMAIN (0-5 YEARS OLD)

PLEASE NOTE: This section is to be completed when the child is ages birth through 5 years old. **The Trauma Domain, Cultural Factors Domain, and Caregiver Resources & Needs Domain must also be completed for this age group.**

CHALLENGES

For the **Challenges, Functioning, and Risk Behaviors & Factors** indicators, 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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

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IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD), Impulse-Control Disorders as indicated in the DSM-5. Children with impulse problems tend to engage in behavior without thinking, regardless of the consequences.

Questions to Consider:

- Is the child unable to sit still for a length of time that is typical for children their age?
- Is the child able to control their behavior in ways that are typical for other children their age?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of symptoms of loss of control of behavior.

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

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

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

Supplemental Information: This indicator is designed to allow for the description of the child's ability to control their own behavior, including impulsiveness, hyperactivity and/or distractibility. If a child has been diagnosed with Attention-Deficit/Hyperactivity Disorder (AD/HD) and disorders of impulse control, this may be rated here. Children with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A '3' on this indicator is reserved for those whose lack of control of behavior has placed them in physical danger during the period of the rating. Consider the child's environment when rating (i.e., bored kids tend to be impulsive kids).

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DEPRESSION

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

Questions to Consider:

- Are the child's caregivers concerned about possible depression or chronic low mood or irritability?
- Has the child withdrawn from their normal activities?
- Does the child seem listless, sad, or socially withdrawn?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of problems with depression.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer or family interactions, or learning that does not lead to pervasive avoidance behavior. Infants may appear withdrawn and slow to engage at times; young children may be irritable or demonstrate constricted affect.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of a disabling level of depression that makes it virtually impossible for the child to function in any life domain. This rating is given to a child with a severe level of depression. This would include a child who withdraws from activity (e.g., school, play) or interaction (with family, peers, significant adults) due to depression. Disabling forms of depressive diagnoses would be rated here.

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ANXIETY

This indicator rates symptoms associated with DSM-5 Anxiety Disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors).

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of anxiety symptoms.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There is a history, suspicion, or evidence of some anxiety associated with a recent negative life event. This level is used to rate either a phobia or anxiety problem that Is not yet causing the child significant distress or markedly impairing functioning in any important context. Anxiety or fear is present, but child is able to be soothed and supported.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child's ability to function in at least one life domain. Child may show irritability or heightened reactions to certain situations, significant separation anxiety, or persistent reluctance or refusal to cope with fear-inducing situations(s).

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

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OPPOSITIONAL-RELATED BEHAVIOR (36 months+)

This indicator rates the child's relationship with authority figures. Generally oppositional behavior is displayed in response to limits or structure set by a parent, caregivers, or other authority figure with responsibility for and control over the child. **The child must be at least 36 months (3 years old) or older to rate this indicator**.

Questions to Consider:

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

Ratings and Descriptions

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

No evidence of oppositional behaviors.

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

There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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

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

Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child has severe problems with compliance with rules or adult instruction or authority.

NA The child is younger than 36 months (3 years) of age.

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AGGRESSIVE BEHAVIORS (24 months+)

This indicator rates the child's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of '2' or '3' would indicate that caregivers are unable to shape/control the child's aggressive behaviors. **Child must be at least 24 months (2 years old) or older to rate this indicator**.

Questions to Consider:

- Has the child ever tried to injure another person or animal on purpose?
- Do they hit, kick, bite, or throw things at others with intent to hurt them?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals).
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* History of aggressive behavior toward people or animals or concern expressed by caregivers about aggression.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Clear evidence of aggressive behavior toward people or others in the past 30 days. Caregiver's attempts to redirect or change behaviors have not been successful.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* The child exhibits a current, dangerous level of aggressive behavior that involves the threat of harm to animals or others. Caregivers are unable to mediate this dangerous behavior.
NA	Child is younger than 24 months (2 years) of age.

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ATTACHMENT DIFFICULTIES

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

Questions to Consider:

- Does your child struggle with separating from caregiver?
- Does the child approach or attach to strangers in indiscriminate ways?
- Does the child have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance?
- Does the child have separation anxiety issues that interfere with their ability to engage in childcare or preschool (e.g., fussiness, tantrums)?

Ratings and Descriptions

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid contact with caregivers, and have inappropriate boundaries with others. [continues]

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ATTACHMENT DIFFICULTIES continued

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Infant/child may be unable to separate or be calmed following a separation from caregiver. Older children may have a disabling separation anxiety or exhibit extremely controlling behaviors with caregiver. Children whose indiscriminate boundaries put them in danger would be rated here. Children diagnosed with Reactive Attachment Disorder would be rated here.

Supplemental Information: Attachment refers to the special relationship between a child and their caregiver that is established within the first year of life. As the infant experiences getting their needs met throughout the first months of life they begin to associate gratification and security within the care-giving relationship. This ultimately leads to feelings of affection and by 8 months of age an infant will typically exhibit preference for the primary caregiver. An infant that does not experience their needs being met or responded to in a consistent and predictable pattern will typically develop an insecure pattern of attachment. The benefits of a secure attachment have been researched significantly and are far reaching. Levy (1998) summarizes these benefits as promoting positive development in self-esteem, independence and autonomy, impulse control, conscience development, long-term friendships, prosocial coping skills, relationships with caregivers and adults, trust, intimacy and affection, empathy, compassion, behavioral and academic performance and the ability to form secure attachment with their own children when they become adults.

Signs of Attachment Difficulties in Young Children:

- Lack of preference for primary caregiver
- Indiscriminate affection with unfamiliar adults
- Lack of expectation for getting needs met
- Lack of comfort seeking when hurt or upset
- Comfort seeking in an odd manner
- Excessive clinginess
- Poor ability to tolerate separation
- Strange or mixed reactions to reunion with caregiver
- Low level of compliance with caregivers
- Controlling behavior
- Lack of exploratory behavior
- Low level of affection or physical contact with caregiver

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ADJUSTMENT TO TRAUMA

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

Questions to Consider:

- Has the child experienced a traumatic event?
- Does the child experience frequent nightmares?
- Is the child troubled by flashbacks of the traumatic event? Does the child repeatedly 'play out' or 'act out' traumatic experiences?
- How does the child cope when faced with challenging situations or overwhelming feelings?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence that child has experienced a traumatic life event, OR child has adjusted well to traumatic/adverse experiences.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
The child has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child's functioning in at least one life domain.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

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REGULATORY

This indicator refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, the ability to moderate intense emotions without the use of aggression, and the ability to be consoled.

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Strong evidence the child is developing strong self-regulation capacities. This is indicated by the capacity to fall asleep, and regular patterns of feeding and sleeping. Infants can regulate breathing and body temperature, are able to move smoothly between states of alertness, sleep, feeding on schedule, make use of caregiver/pacifier to be soothed, and move toward regulating themselves (e.g., the infant can begin to calm to caregiver's voice before being picked up). Toddlers are able to make use of caregiver to help regulate emotions, fall asleep with appropriate transitional objects, can attend to play with increased attention and play is becoming more elaborated, or have some ability to calm themselves down.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
At least one area of concern about an area of regulation--breathing, body temperature, sleep, transitions, feeding, crying--but the caregiver feels that adjustments on their part are effective in assisting child to improve regulation; monitoring is needed.

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

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Concern in two or more areas of regulation, including but not limited to difficulties in breathing, body movements, crying, sleeping, feeding, attention, ability to self-soothe, sensitivity and/or aggressive responses to environmental or emotional stressors.

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ATYPICAL BEHAVIORS

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

Questions to Consider:

- Does the child exhibit behaviors that are unusual or difficult to understand?
- Does the child engage in certain repetitive actions?
- Are the unusual behaviors or repeated actions interfering with the child's functioning (e.g., being able to engage at preschool or daycare, or in play with others)?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of atypical behaviors (repetitive or stereotyped behaviors) in the child.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Atypical behaviors (repetitive or stereotyped behaviors) are reported by caregivers or familiar individuals that may have mild or occasional interference in the child's functioning.

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

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

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SLEEP (12 months+)

This indicator rates the child's sleep patterns. This indicator is used to describe any problems with sleep, regardless of the cause, including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues. **The child must be 12 months of age (1-year-old) or older to rate this indicator.**

Questions to Consider:

- Is the child is getting enough sleep? Does the child appear rested?
- What are the child's nap and bedtime routines?
- How does the child's sleep routine impact the family?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child gets a full night's sleep each night.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child has some problems sleeping. Generally, the child gets a full night's sleep, but at least once a week, problems arise. This may include occasionally awakening or bedwetting or having nightmares.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child is having problems with sleep. Sleep is disrupted often, and the child seldom obtains a full night of sleep.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child is generally sleep deprived. Sleeping is almost always difficult, and the child is not able to get a full night's sleep.

NA Child is younger than 12 months old.

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FUNCTIONING

FAMILY FUNCTIONING

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

Questions to Consider:

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

Ratings and Descriptions

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or suspicion of problems, and/or child is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with the child. Relationship stress may be common but does not result in major problems.

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

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

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

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EARLY EDUCATION

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

Questions to Consider:

- What is the child's experience in preschool/daycare?
- Does the child have difficulties with learning new skills, social relationships, or behavior?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of problems with functioning in current educational environment.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or evidence of problems with functioning in current educational environment. Child may be enrolled in a special program.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child is experiencing difficulties maintaining their behavior, attendance, and/or progress in current educational environment.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child's problems with functioning in current educational environment place them at immediate risk of being removed from program due to their attendance, behaviors, lack of progress, or unmet needs.

Supplemental Information: Children under 5 who are not in any congregate learning settings (e.g., EHS, HS, preschool, pre-K) would be rated '0.'

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SOCIAL AND EMOTIONAL FUNCTIONING

This indicator rates the child's social and relationship functioning. This includes age-appropriate behavior and the ability to engage and interact with others. When rating this indicator, consider the child's level of development.

Questions to Consider:

- How does the child get along with others?
- Can the infant engage with and respond to adults? Can the toddler interact or play positively with peers?
- Does the child interact with others in an age appropriate manner?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of problems with social functioning; child has positive social relationships.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child is having some problems in social relationships. Infants may be slow to respond to adults, toddlers may need support to interact with peers, and preschoolers may resist social situations.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child is having problems with their social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child is experiencing disruptions in their social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.

Supplemental Information: This indicator is important to assess due to how significantly it relates to all other areas of development. A child that is struggling in their capacity to relate to their parents, caregivers, and peers will also struggle in their ability to find support for the other areas of development. The importance of the parent/child relationship and the child's capacity to socialize and regulate their emotions give a child the tools to move forward in all other areas. Motivation for challenge, coping with frustration and the ability to feel good about one's accomplishments all occur through healthy relationships and supports further growth. [continues]

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SOCIAL AND EMOTIONAL FUNCTIONING continued

The following is from Landy, S. (2002). *Pathways to competence: Encouraging healthy social and emotional development in young children* (pp. 12- 27). Baltimore: Paul H. Brookes Publishing Co.

By 3 Months	• Is available and enjoys responsive interaction with caregivers • Quiets if upset when picked up • Recognizes caregiver and responds with pleasure; reaches out to caregiver • Enjoys being held and cuddled at times other than feeding and bedtime • Smiles in response to a friendly face or voice • Stops crying when parent or caregiver comes near • Expresses basic emotions • Uses sustained looking or sucking to calm down • Entertains self by playing with hands, feet, and toes
By 7 Months	• Laughs out loud • Cries in response to another infant's cry • Beginning to feel security with and attachment to primary caregiver • Reacts to emotional displays of others • Gets upset at "still" face of caregiver or if caregiver does not respond • Shows fear of falling off high places • Expresses emotions with recognizable and different sounds and expressions • May make different emotional responses to different experiences such as hearing a vacuum or a dog barking • Shouts for attention • May cry if caregiver leaves • Plays interactive games such as Peekaboo • Knows difference between familiar and unfamiliar people
By 14 months	• Shows more control over display of emotions • Likes caregivers to be in sight • Indicates social referencing or awareness of emotional signals of caregivers • Demonstrates fear of strange objects and events and separation • Develops fear of heights • May show fear of strangers and of separation from parents • Often becomes attached to a cuddly toy or a blanket • Likes to hide • Babbles or jabbers to get attention • Can distinguish between self and others • Engages in parallel play with others children with eye contact and occasional sounds • Can join another person in looking at an object • May point out something to another person and follow the gaze of someone else • Recognizes peer as social partner; likes to be around other children • Is capable of turn taking • Imitates actions of another [continues]

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By 2 years	• Often checks caregiver's facial expression to see what caregiver is feeling • Shows shame if he or she does not succeed at a task • Recognizes him or herself in a mirror • Experiences anxiety if an object is flawed or broken • Complies about 45% of the time • Gets upset if he or she cannot meet standards • Labels emotions of others • May be defiant; temper tantrums are at their peak • Demonstrates self-conscious emotions of shame and embarrassment • Shows and points • Can look at something together with another person • Plays close to others and joins in play together • Plays games such as Hide and Seek, rolling a ball back and forth • Uses personal pronouns • May comfort another child • Is possessive with toys, and finds it hard to share
By 4 years	• Can consistently bring to mind the memory of a caregiver • Displays emotional reactions to distress of others • Understands rules about what to do and what not to do • Argues and justifies actions more often with parents • Integrates "good" and "bad" parts of self and of others • Some fear may increase • Is less likely to change emotion rapidly but can switch between being stubborn and cooperative quite quickly • Some sharing behavior and cooperative play, but at times acts selfishly Imitates and follow the leader • Increased awareness of standards and rules • Shows reciprocal and complementary roles during pretend play • May have a close friend • Less likely to express intense emotions, and emotions switch less rapidly so more likely to sustain social interactions • Expresses less aggression and more verbal anger • Seeks approval from others for accomplishments

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DEVELOPMENTAL/INTELLECTUAL

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

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of developmental delay and/or child has no developmental problems or intellectual disability.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There are concerns about possible developmental delay. Child may have low IQ, a documented delay, or documented borderline intellectual disability (i.e., FSIQ 70-85). Mild deficits in adaptive functioning are indicated.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

Supplemental Information: This area of development is important to assess due to its impact on all other areas of development. A child that is impaired in their cognitive functioning will demonstrate limitations in other areas of development, especially their language development and self-help skills. This is an area in which early intervention is critical. [continues]

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DEVELOPMENTAL/INTELLECTUAL continued

The following reference is from Landy, S. (2002). *Pathways to competence: Encouraging healthy social and emotional development in young children (pp. 12-27).* Baltimore: Paul H. Brookes Publishing Co.

By 3 Months	• Watches hands • Can remember for 3-4 seconds • Usually explores environment by looking around • Follows objects that are moving up and down with eyes • Recognizes familiar faces, voices and smells
By 7 Months	• Likes to make things happen (e.g., pulls a string to get something attached to it) • Imitates gestures • Follows and searches for objects with eyes • Establishes object and person permanence • Focuses on toy or person for 2 minutes • Throws objects over side of crib to watch it fall
By 14 Months	• Understands how things happen (i.e., what causes what) • Examines toys to see how they work • Begins to engage in pretend play • Can point to pictures of objects in a picture book when prompted • Plays on own for 10 minutes or more • Follows simple directions • Copies activities such as banging a drum to make noise
By 2 Years	• Increasingly engages in pretend play • Can play in a focused way for 10 minutes • Points to body parts • Can sort by color, classification • Can match by size and color • Can sequence pretend play into scripts • Concentrates on self-selected activities for longer periods
By 4 Years	• Engages in more elaborate pretend play • Can classify objects for their purpose • Can identify up to six geometric shapes by pointing to them when asked • Understands nearest, longest, tallest, same • Counts five objects and rote counts to 20 or more • Distinguishes between genders • Can name some letters and recognizes a few words • Understands the sequence of daily events

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MEDICAL/PHYSICAL

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

Questions to Consider:

- Is the child generally healthy?
- Does the child have any medical problems?
- If the child has a health or medical issue, how much does it interfere with the child's life?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence that the child has any medical or physical problems, and/or they are healthy.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like diabetes or asthma.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child has serious medical or physical problems that require medical treatment or intervention. Or child has a chronic illness or a physical challenge that requires ongoing medical intervention.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child's safety, health, and/or development.

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

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SELF-HARM (12 months+)

This indicator rates the presence of repetitive behaviors, like head-banging or biting/hitting oneself, that could result in physical harm to the child. **The child must be 12 months of age (1-year-old) or older to rate this indicator**.

Questions to Consider:

- Has the child engaged in head banging or other self-harming behaviors?
- If the child does self-harming behaviors, does the caregiver's support help stop the behavior?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
There is no evidence of self-harm behaviors.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History, suspicion or some evidence of self-harm behaviors. These behaviors are controllable by caregiver.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child's self-harm behaviors such as head banging cannot be impacted by supervising adult and interferes with their functioning.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child's self-harm behavior puts their safety and well-being at risk.

NA Child is younger than 12 months of age.

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EXPLOITED

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

Questions to Consider:

- Has the child ever been victimized in any way (e.g., abused, victim of a crime, etc.)?
- Are there concerns that the child has been or is currently being taken advantage of by peers or other adults?
- Is the child currently at risk of being victimized by another person?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of a history of exploitation OR no evidence of recent exploitation and no significant history of victimization within the past year. Child is not presently at risk for re-victimization.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Suspicion or history of exploitation, but the child has not been exploited during the past year. Child is not presently at risk for re-victimization.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child has been recently exploited (within the past year) but is not at acute risk of re-exploitation. This might include experiences of physical or sexual abuse, significant psychological abuse by family or friends or violent crime.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child has recently been exploited and is at acute risk of re-exploitation.

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PRENATAL CARE

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

Questions to Consider:

- What kind of prenatal care did the biological mother receive?
- Did the biological mother have any unusual illnesses or risks during pregnancy?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child's biological mother had adequate prenatal care (e.g., 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child's biological mother had some shortcomings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here; her care must have begun in the first or early second trimester. A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child's biological mother had no prenatal care or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here.

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EXPOSURE

This indicator describes the child's exposure to environmental toxins and substance use and abuse both before and after birth. This indicator is rated across the lifespan.

Questions to Consider:

- Was the child exposed to substances or toxins during the pregnancy or after birth? If so, what substances?
- Has there been exposure to any environmental toxins (e.g., lead, asbestos?

Ratings and Descriptions

0 *No evidence of any needs; no need for action*.
Child had no in utero exposure to environmental toxins, alcohol or drugs, and there is currently no exposure in the home.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child had either some in utero exposure (e.g., mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy, or exposure to lead at home), or there is current alcohol and/or drug use in the home or environmental toxins in the home or community.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child was exposed to significant environmental toxins, alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g., heroin, cocaine), significant use of alcohol or tobacco, or exposure to environmental toxins would be rated here.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child was exposed to environmental toxins, alcohol or drugs in utero and continues to be exposed in the home or community. Any child who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here. A child who ingested lead paint and exhibited symptoms would be rated here.

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LABOR AND DELIVERY

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

Questions to Consider:

- Were there any unusual circumstances related to the labor and delivery of the child?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child and mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child or mother had some mild problems during delivery, but there is no history of adverse impact. An emergency C-section or a delivery-related physical injury (e.g., shoulder displacement) to the baby is rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7 or needed some resuscitative measures at birth is rated here.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child had severe problems during delivery that have long-term implications for development (e.g., extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower or who needed immediate or extensive resuscitative measures at birth would be rated here.

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BIRTH WEIGHT

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

Questions to Consider:

- How did the child's birth weight compare to typical averages?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.

1 *Identified needs that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child born underweight. A child with a birth weight of between 1500 grams (3.3. pounds) and 2499 grams would be rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child considerably underweight at birth to the point of presenting a development risk to them. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child extremely underweight at birth to the point of threatening their life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

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FAILURE TO THRIVE

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

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of failure to thrive.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
The child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The child may presently be experiencing slow development in this area.

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

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
The child has one or more of all of the above and is currently at serious medical risk. [continues]

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FAILURE TO THRIVE continued

Supplemental Information: Failure to thrive is considered a condition in which an infant or child has weight below the fifth percentile on NCHS growth charts or has a decrease across two percentiles in growth or weight (Zeanah, 1993). This is critical to monitor due to the possible problems that may be associated with this condition such as possible developmental disorders such as oral motor problems, sensory processing disorders, relationship problems, self-regulation problems or difficult temperament issues. Failure to thrive has also been associated with later cognitive challenges, school problems, attachment difficulties, self-regulation challenges, inability to delay gratification and various health concerns. Relationship disturbances are also present in failure to thrive infants as they grow older which are seen in their frequent lack of confidence in others, poor self-esteem, and inability to trust the attachment relationship. The feeding experience for infants also serves additional functions other than caloric intake. It is through this experience that an infant develops a sense of security and source of emotional comfort. It is also an organizing and integrating event in the infant's day. There have been numerous causes for failure to thrive listed in literature some of which are lack of caloric intake due to lack of information on part of parent, lack of caloric intake due to parental neglect, lack of caloric intake due to food refusal, nutritional absorption problems, inappropriate feeding practices, or relationship-based problems that manifest in feeding challenges. Some of the characteristics of the infant/toddler that can be associated with failure to thrive are listed below.

Possible characteristics of infant/toddler failure to thrive:

- Extreme watchfulness
- Bizarre eating patterns (excessive intake, hoarding food, refusing food)
- Protruding abdomen
- Need improvement in weight gain during hospitalizations
- Poor cuddling or social responsiveness

Adapted from *Infant Mental Health: A Psychotherapeutic Model of Intervention* by Michael Trout.

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STRENGTHS

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

0 Well-developed, centerpiece strength; may be used as a centerpiece in 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.

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FAMILY STRENGTHS

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

Questions to Consider:

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

Ratings and Descriptions

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

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.*
Family has some good relationships and good communication. Family members can enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child and can provide limited emotional or concrete support.

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.*
Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none can provide emotional or concrete support.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
Family needs significant assistance in developing relationships and communications, or child has no identified family. Child is not included in normal family activities.

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INTERPERSONAL

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

Questions to Consider:

- How does the child interact with other children and adults?
- How does the child do in social settings?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*
Child has a prosocial or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of a plan. May require some effort to develop strength into a centerpiece strength.*
Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults but may not initiate such interactions by themselves.

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.*
Child may be shy or uninterested in forming relationships with others, or – if still an infant -- child may have a temperament that makes attachment to others a challenge.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
Child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g. social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.

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NATURAL SUPPORTS

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

Questions to Consider:

- Outside of the family, does the child go to others for comfort and support?
- Does the child have non-family members in their life that are positive influences?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*
Child has significant natural supports that contribute to helping support their healthy development.

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.*
Child has identified natural supports that provide some assistance in supporting their healthy development.

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.*
Child has some identified natural supports; however, these supports are not actively contributing to the child's healthy development.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
Child has no known natural supports (outside of family and paid caregivers).

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RESILIENCY (PERSISTENCE AND ADAPTABILITY)

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

Questions to Consider:

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*
The child consistently has a strong ability to adjust to changes and transitions and continues an activity when challenged or meeting obstacles. This supports further growth and development and can be incorporated into a service plan as a centerpiece strength.

1 *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.*
Child with good curiosity and some ability to continue an activity that is challenging. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to them, would be rated here. The child demonstrates a level of adaptability and ability to continue in an activity that is challenging. The child could benefit from further development in this area before it is considered a significant strength.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
The child shows some ability to continue a challenging task although this needs to be more fully developed. Parents and caregivers need to be the primary support in this area.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
Child's difficulties coping with challenges places their development at risk. Child may seem frightened of new information, changes or environments. [continues]

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RESILIENCY (PERSISTENCE AND ADAPTABILITY) continued

Supplemental Information:

Adaptability: A child's ability to adjust to changes in their routine or environment, known as adaptability, is considered one of the original nine temperament characteristics as defined by Chess and Thomas (1959). Temperament characteristics are defined by as "the style in which a person does what he or she does." Children that are adaptable are flexible, tolerant of changes and transitions, not bothered intrusions and "go with the flow." The characteristic of adaptability is protective for children for a number of reasons. Children that are exposed to high-risk environments are often challenged with multiple stressors, caregivers, and changes in their routine. The ability to cope with such affords them a greater amount of energy to focus on growth and development. Children that are less adaptable often evoke negative reactions from caregivers, authority figures as well as peers due to their increased neediness and changes in behavior. Parents that experience their children as flexible and less demanding overall tend to be more responsive and consistent in their reactions. Parents who are experiencing their own stressors, health or mental health problems typically have less patience to offer their children and are easily overwhelmed.

Manifestations of Adaptability

Infants and Toddlers	• Easily falls asleep and remains asleep • Changes in routine minimally disrupts sleep • Accepts new foods easily • Eats a variety of foods • Accepts diapering, dressing and bathing tasks without resistance • Accepts changes in day care providers or introduction of additional children • Accepts separations
Pre-Schoolers/School Age	• Transitions from wake to sleep state easily • Sleep cycle remains unaffected by changes • Eats a variety of foods and will try new foods • Accepts control from caregivers/teachers • Is not excessively needy • Follows instructions easily • Can 'switch gears' easily • Makes friends easily • Tries new activities [continues]

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RESILIENCY (PERSISTENCE AND ADAPTABILITY) continued

Persistence: Persistence refers to the ability to continue an activity that is difficult or unappealing. A persistent child is one that is very focused and motivated. Persistence is another one of the original temperament characteristics described by Thomas and Chess. This characteristic supports the acquisition of new developmental abilities. In children that are challenged by health or developmental disabilities, this characteristic can prove to be essential to their well-being. Children that manifest this characteristic show the ability to face challenges physically and emotionally in a more competent fashion.

Manifestations of Persistence

Infants and Toddlers	• Attempts tasks related to motor development over and over until mastery occurs • Will persist in attempting tasks independent of parents • Plays alone well • Does not cry or whine easily • Good attention span • Sleeps well
Pre-Schoolers/School Age	• Attempts difficult tasks • Keeps focused and on track • Motivated internally • Appears stubborn • Slow to disengage from activity or task • Does not quit • Team sports or play • Identified as a perfectionist • Accepts challenges

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RELATIONSHIP PERMANENCE

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

Questions to Consider:

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*
Child has very stable relationships. Family members, friends, and community have been stable for most of their life and are likely to remain so in the foreseeable future. Child is involved with their parents.

1 *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.*
Child has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
Child has had at least one stable relationship over their lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
Child does not have any stability in relationships.

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PLAYFULNESS

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

Questions to Consider:

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*
The child consistently demonstrates the ability to make use of play to further their development. Their play is consistently developmentally appropriate, spontaneous, self-initiated and enjoyable.

1 *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.*
The child demonstrates play that is developmentally appropriate, self-initiated, spontaneous and enjoyable much of the time. Child needs some assistance making full use of play.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
The child demonstrates the ability to enjoy play and uses it to support their development some of the time or with support of a caregiver. Even with this in place there does not appear to be investment and enjoyment in the child.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
The child does not demonstrate the ability to play in a developmentally-appropriate or quality manner.

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TRANSITION AGE YOUTH DOMAIN (AGES 14+)

The following indicators focus on specific issues related to a youth's transition to living on their own. **This domain should be completed for youth ages 14+.**

Question to Consider for this Domain: What are the areas of functioning that are important to the young person living independently?

For the **Transition Age Youth Domain,** 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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

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BEHAVIORAL/EMOTIONAL NEEDS

INTERPERSONAL PROBLEMS

This indicator identifies problems with functioning and behaving due to a rigid and consistent pattern of perceiving and relating to situations and people which negatively impacts the individual's relationships, social activities, and their behavior at work and other settings. These behaviors are consistent with personality disorders.

Questions to Consider:

- Does the youth exhibit inflexible and maladaptive emotional and/or behavioral day-to-day traits?
- Does the youth have difficulties relating to other people?
- Is the youth socially isolated?
- Has the youth been diagnosed with a personality disorder?

Ratings and Descriptions

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

No evidence of symptoms of a personality disorder.

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

Evidence of some interpersonal challenges. For example, mild but consistent dependency in relationships might be rated here, or some evidence of antisocial or narcissistic behavior. Also, an unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Evidence of sufficient degree of interpersonal problems. Youth's relationship problems may warrant a related DSM diagnosis.

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

Evidence of a severe interpersonal problem that has significant implications for the youth's long-term functioning. Interpersonal problems are disabling and block the youth's ability to function independently.

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FUNCTIONING

INDEPENDENT LIVING SKILLS*

This indicator is used to describe the youth's ability to take responsibility for and also self-manage in an age-appropriate way. Skills related to healthy development towards becoming a responsible adult and living independently may include cooking, housekeeping, etc. Ratings for this indicator focus on the presence or absence of short- or long-term risks associated with impairments in independent living abilities.

Questions to Consider:

- Has the youth ever lived independently? Does the youth have impairments that impact their ability to live independently?
- Does the youth have problems managing money?
- Can the youth cook, clean, and manage their schedule without help from anyone? Can they perform day-to-day tasks without assistance?
- What are some independent living skills that the youth still needs to build?

Ratings and Descriptions

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

Youth is fully capable of independent living. No evidence of any deficits or barriers that could impede the development of skills to maintain one's own home.

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

This level indicates a youth with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems are generally addressable with training or supervision.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

This level indicates a youth with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing self when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.

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

This level indicates a youth with profound impairment of independent living skills. This youth would be expected to be unable to live independently given current status. Problems require a structured living environment.

***A rating of '1', '2' or '3' on this indicator triggers the completion of the [E] Independent Activities of Daily Living Module.**

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[E] INDEPENDENT ACTIVITIES OF DAILY LIVING MODULE (AGES 14+)

MEAL PREPARATION

This indicator describes youth's ability to prepare healthy meals for themselves.

Questions to Consider:

- Is the youth able to prepare their own meals?
- Are they able to use kitchen appliances appropriately to prepare their meals?
- Is the youth able to prepare meals safely and make good food choices?

Ratings and Descriptions

0	Youth is fully independent in preparing meals. Youth can select and safely prepare food that is reasonably healthy.
1	Youth generally prepares meals independently but makes somewhat poor choices for eating or relies on prepared meals or fast food.
2	Youth struggles with safe meal preparation. Youth has difficulty selecting and preparing meals in appropriate portions, or using utensils, appliances, or stove properly. Youth can prepare basic foods like cereal and sandwiches but does not cook.
3	Youth is not currently able to safely prepare meals or select appropriate portion size (too little or too much) which results in harm or danger.

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SHOPPING

This indicator describes youth's ability to budget, select items, or plan for multiple shopping needs at one time (e.g., food, clothing, toiletries, etc.).

Questions to Consider:

- Does the youth shop independently for themselves?
- Are they able to plan, budget and make good choices regarding their shopping priorities?

Ratings and Descriptions

0	Youth can shop independently to meet all needs.
1	Youth can shop independently for self but may struggle with spending or item selection or have some other shopping problem.
2	Youth struggles with shopping for self. Youth may be able to do some shopping, but challenges occur with shopping choices, habits, or expenditures that interfere with functioning.
3	Youth is unable to shop to meet basic needs, or choices, habits or expenditures pose significant risk to well-being, health, or safety.

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HOUSEWORK

This indicator describes youth's ability to keep a functioning and clean living space independently or seek out the necessary resources to do so.

Questions to Consider:

- Is the youth able to keep their living space clean and functional?
- Are there additional skills that would be helpful for the youth to acquire to keep their living space clean and/or functional?

Ratings and Descriptions

0	Youth does housework independently. Youth maintains a functioning and clean living space and takes care of challenges that happen as a routine aspect of living (e.g., clogged toilet, broken refrigerator).
1	Youth can maintain a reasonably clean living space but may struggle with common challenges that happen with housing.
2	Youth has challenges with housework. Youth currently does not maintain a clean living environment or need prompts, cues, or reminders about housework.
3	Youth is currently not able to do housework or living environment potentially poses a health risk.

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MONEY MANAGEMENT

This indicator describes youth's ability to manage finances by keeping a budget or adjusting expenses to meet all or as many needs as possible.

Questions to Consider:

- How does the youth manage their money?
- Is the youth able to manage their money such that they can meet their monthly expenses?

Ratings and Descriptions

0	Youth manages money independently. Youth appears to understand the relationship between income and expenditures and can keep expenditures within budget.
1	Youth may have some challenges with aspects of money management (e.g., over spending, losing small amount of money) but these challenges do not have a notable impact on functioning.
2	Youth has challenges with money management that notably interfere with functioning.
3	Youth is currently not able to manage money.

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COMMUNICATION DEVICE USE

This indicator refers to youth's ability to appropriately use a phone and other electronic devices such as smartphones or tablets to communicate with others including the use of email and social media; properly monitor device use and service plan; and adequately care for communication devices.

Questions to Consider:

- What communication devices does the youth have access to?
- Does the youth take appropriate steps to protect their personal information on their communication devices?
- Does the youth engage in dangerous behavior on their communication device?

Ratings and Descriptions

0	Youth uses and manages communication devices appropriately and independently.
1	Youth has some challenges with aspects of communication devices (e.g., boundary issues with sharing contact information, photos or personal information, losing or damaging devices multiple times); however, these challenges do not notably impact functioning.
2	Youth has challenges with communication device use. This may include technical problems using the devices or limited access to devices because of financial reasons or it may include challenges with judgment regarding appropriate device use.
3	Youth is currently unable to use electronic communication devices or engages in dangerous or highly inappropriate activity with such devices and means of communication.

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HOUSING SAFETY

This indicator describes whether the youth's current housing circumstances are safe and accessible. Consider the youth's specific medical or physical challenges when rating this indicator.

Questions to Consider:

- What are the youth's current housing circumstances?
- Is the youth's current housing circumstance safe?

Ratings and Descriptions

0	Current housing has no challenges with regard to fully supporting the youth's health, safety, and accessibility.
1	Current housing has minor challenges with regard to fully supporting the youth's health, safety, and accessibility but these challenges do not currently interfere with functioning or present any notable risk to the youth or others.
2	Current housing has notable limitations with regard to supporting the youth's health, safety, and accessibility. These challenges interfere with or limit the youth's functioning.
3	Current housing is unable to meet the youth's health, safety, and accessibility needs. Housing presents a significant risk to the youth's health and well-being.

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End of the Independent Activities of Daily Living Module

PARENTING/CAREGIVING ROLES*

This indicator is intended to rate the youth in any parenting or caregiver roles. For example, a youth with a son or daughter or a youth responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role.

Questions to Consider:

- Does the youth have children or care for an elderly parent?
- Is the youth pregnant?
- Does the youth have trouble caring for children or parents?
- Are parenting responsibilities keeping the youth from going to school or work?

Ratings and Descriptions

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

The youth has a parenting/caregiving role and they are functioning appropriately in that role or the youth has no role as a parent/caregiver.

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

The youth has responsibilities as a parent/caregiver but occasionally experiences difficulties with this role.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

The youth has responsibilities as a parent/caregiver, and either the youth is struggling with these responsibilities, or these issues are currently interfering with the youth's functioning in other life domains.

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

The youth has responsibilities as a parent/caregiver and the youth is currently unable to meet these responsibilities, or these responsibilities are making it impossible for the youth to function in other life domains.

***A rating of '1', '2' or '3' on this indicator triggers the completion of the [F] Parenting/Caregiving Module.**

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[F] PARENTING/CAREGIVING MODULE

KNOWLEDGE OF NEEDS

This indicator is based on the youth's knowledge of the specific strengths of the child or adult in their care and any needs experienced by the child or adult, and the youth's ability to understand the rationale for the treatment or management of these problems.

Questions to Consider:

- How does the youth understand the needs of the child or adult in their care?
- Does the youth have the necessary information to meet the needs of the child or the adult they are caring for?

Ratings and Descriptions

0	Youth is fully knowledgeable about the psychological strengths and needs and limitations of the child or adult being cared for.
1	Youth, while being generally knowledgeable about the child or adult being cared for, has some mild deficits in knowledge or understanding of the psychological condition or skills and assets of the child or adult being cared for.
2	Youth does not know or understand the child or adult being cared for well. Significant deficits exist in the caregiver's ability to relate to the needs or strengths of the child or adult being cared for.
3	Youth has no understanding of the condition of the child or adult they are caring for. The youth is unable to cope with the child or adult being cared for given their own status at the time, not because of the needs of the dependent child/adult but because the youth does not understand or accept the situation.

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YOUTH SUPERVISION

This indicator rates the capacity of the youth to provide the level of monitoring needed by the child or adult in their care.

Questions to Consider:

- Does the youth set appropriate limits on the child?
- Does the youth provide appropriate support to the child/adult being cared for?
- Does the youth think they need some help with these issues?

Ratings and Descriptions

0	Youth's supervision and monitoring of child or adult in their care is appropriate and functioning well.
1	Youth's supervision is generally adequate but inconsistent.
2	Youth's supervision and monitoring are very inconsistent. They are frequently absent.
3	Youth's supervision and monitoring are nearly always absent or inappropriate.

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YOUTH INVOLVEMENT WITH CARE

This indicator rates the level of involvement and follow-through the youth has in the planning and provision of behavioral health, child welfare, educational and medical services on behalf of the child or adult in their care.

Questions to Consider:

- Is the youth actively involved in helping to get services for the child/adult in their care?
- Is the youth willing to follow up on recommendations for the child/adult?
- Is the youth uninterested in or unwilling to become involved in child/adult's care?

Ratings and Descriptions

0	Youth is actively involved in the planning and/or implementation of services and can be an effective advocate on behalf of the child or adult in their care.
1	Youth is consistently involved in the planning and/or implementation of services for the child/adult but is not an active advocate on behalf of the child or adult in their care.
2	Youth is minimally involved in the care of the child or adult in their care. Youth may visit the child/adult when in a temporary out-of-home care but does not become involved in service planning and implementation.
3	Youth is uninvolved with the care of the child or adult. Youth may want child/adult out of the home or fails to visit the child/adult when in out-of-home placement.

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YOUTH ORGANIZATION

This indicator should be rated based on the ability of the youth to participate in or direct the organization of the household, services, and related activities.

Questions to Consider:

- Does the youth need or want help with managing their home?
- Do they have difficulty getting to appointments or managing a schedule?
- Is the youth prepared for meetings or commitments, remembering to bring anything they needed or promised?

Ratings and Descriptions

0	Youth is well organized and efficient.
1	History or evidence of youth's difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return calls from service providers.
2	Youth has moderate difficulties in organizing and maintaining household to support needed services.
3	Youth is unable to organize household to support needed services. Help is needed.

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YOUTH MARITAL/PARTNER VIOLENCE IN THE HOME

This indicator describes the degree of difficulty or conflict in the youth's relationship and the impact on parenting and childcare.

Questions to Consider:

- How does the youth and their spouse/partner manage conflict between them?
- How is power and control handled in the youth and their spouse/partner's relationship with each other?
- Does the youth and their spouse/partner's conflict escalate to verbal aggression, physical attacks, or destruction of property?

Ratings and Descriptions

0	Youth and their spouse/partner appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
1	Youth's marital difficulties and partner arguments are generally able to be kept to a minimum when dependent youth or adult being cared for is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
2	Youth's marital difficulties and/or partner conflicts, including frequent arguments, often escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which dependent child/adult being cared for often witnesses.
3	Youth's partner or marital difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate the difficulties experienced by the dependent child or adult being cared for, placing the child/adult at greater risk.

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End of the Parenting/Caregiver Module

JOB FUNCTIONING (AGES 16+)*

If the youth is working, this indicator describes their functioning in a job setting.

Questions to Consider:

- Is the youth able to meet expectations at work?
- Do they have regular conflict at work?
- Are they timely and able to complete responsibilities?

Ratings and Descriptions

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

No evidence of any problems in work environment. Youth is excelling in a job environment.

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

Youth has a history of problems with work functioning, or youth may have some problems in the work environment that are not interfering with work functioning or other functional areas. The youth is functioning adequately in a job environment. A youth that is not currently working, but is motivated and is actively seeking work, could be rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Some problems at work including disruptive behavior and/or difficulties with performing required work is indicated. Supervisors likely have warned youth about problems with their work performance. OR, although not working, the youth seems interested in doing so, but may have problems with developing vocational or prevocational skills.

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

Youth has problems at work in terms of attendance, performance, or relationships. Youth may have recently lost a job. Work problems are placing the youth or others in danger including aggressive behavior toward peers or superiors or severe attendance problems are evidenced. Youth may be recently fired or at very high risk of firing (e.g., on notice). OR, the youth has a long history of unemployment.

NA Youth is under the age of 16 or youth is not currently working.

***A rating of '1', '2' or '3' on this indicator triggers the completion of the [G] Vocational/Career Module.**

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[G] VOCATIONAL/CAREER MODULE (AGES 16+)

For the **Vocational/Career Module,** use the following categories and action levels:

0 Well-developed, centerpiece strength; may be used as a centerpiece in 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.

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CAREER ASPIRATIONS

This indicator is used to describe the degree to which a youth has ideas about what type of job they would want or a clear idea of a career direction.

Questions to Consider:

- Does the youth have goals for their job or career development?
- Is the youth able to identify a job or career path, and do they have resources needed to get there?

Ratings and Descriptions

0	Youth has clear and feasible career plans.
1	Youth has career plans, but significant barriers may exist to achieving these plans.
2	Youth wants to work but does not have a clear idea regarding jobs or careers.
3	Youth has no career plans or aspirations.

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JOB ATTENDANCE

This indicator is used to describe the youth's ability to consistently make it to work based on their job history.

Questions to Consider:

- Has the youth experienced communication or disciplinary action for work attendance issues?
- Is the youth meeting expectations for attendance?

Ratings and Descriptions

0	Youth goes to work consistently as scheduled.
1	Youth has occasional problems going to work. They may sometimes call in sick when not ill.
2	Youth has difficulty consistently going to work.
3	Youth has severe job attendance problems that threaten termination or have resulted in recent firing.

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JOB PERFORMANCE

This indicator is used to describe the youth's prior performance based on their job history.

Questions to Consider:

- What feedback has the youth received regarding their job performance?

Ratings and Descriptions

0	Youth is a productive employee.
1	Youth is generally a productive employee, but some performance issues exist.
2	Youth is having problems performing adequately on the job.
3	Youth has severe performance problems that threaten termination or have resulted in recent firing.

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JOB RELATIONS

This indicator is used to describe the youth's history of relationships in work environments.

Questions to Consider:

- Are the youth's relationships at the job setting a source of distress or source of strength for them?

Ratings and Descriptions

0	Youth gets along well with superiors and co-workers.
1	Youth is experiencing some problems with relationships at work.
2	Youth is having problems with their relationships with superiors and/or co-workers. Difficulties are causing functioning problems at work.
3	Youth is having severe relationship problems with superiors and/or co-workers. Relationship issues threaten employment or have resulted in recent firing.

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End of the Vocational/Career Module

MEDICATION ADHERENCE

This indicator focuses on the level of the youth's willingness and participation in taking prescribed medications.

Questions to Consider:

- Is youth prescribed medication?
- Is youth prescribed psychotropic medication?
- Has youth ever had trouble remembering to take medication?
- Has youth ever refused to take prescribed medication?
- Has youth ever overused medication to get "high" or as an attempt at self-harm?

Ratings and Descriptions

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

This level indicates a youth who takes any prescribed medications as prescribed and without reminders, or a youth who is not currently on any psychotropic medication.

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

This level indicates a youth who will take prescribed medications routinely, but who sometimes needs reminders to maintain compliance. Also, a history of medication noncompliance but no current problems would be rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

This level indicates a youth who is somewhat non-compliant. This youth may be resistant to taking prescribed medications or may tend to overuse their medications. They might comply with prescription plans for periods of time (1-2 weeks) but generally do not sustain taking medication in prescribed dose or protocol.

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

This level indicates a youth who has refused to take prescribed medications during the past 30-day period or a youth who has abused their medications to a significant degree (i.e., overdosing or over-using medications to a dangerous degree).

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INTIMATE RELATIONSHIPS

This indicator is used to rate the youth's current status in terms of romantic/intimate relationships.

Questions to Consider:

- Does the youth enjoy a rewarding interpersonal relationship with an age-appropriate peer?
- If in a relationship, is it developing appropriately over time?
- Is the youth's "partnership" with another a problem either in terms of safety, well-being or lifestyle?

Ratings and Descriptions

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

Adaptive partner relationship. Youth has a strong, positive, partner relationship with another youth, or they have maintained a positive partner relationship in the past but are not currently in an intimate relationship.

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

Mostly adaptive partner relationship. Youth has a generally positive partner relationship with another youth. This relationship may, at times, impede the youth's healthy development.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Limited adaptive partner relationship. The youth has a recent history of being in a domestically violent relationship or a recent history of being in a relationship where they were overly dependent on their partner. Youth may or may not be currently involved in any partner relationship with another individual.

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

Significant difficulties with partner relationships. Youth is currently involved in a negative or domestically violent relationship or a relationship where they are totally dependent on their partner.

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TRANSPORTATION

This indicator is used to rate the level of transportation required to ensure that the youth could effectively participate in their own treatment and in other life activities. Only unmet transportation needs should be rated here.

Questions to Consider:

- How often does the youth need transportation?
- Does the youth require a special vehicle to get to activities?
- Does the youth have access and means to public transportation?

Ratings and Descriptions

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

The youth has no unmet transportation needs.

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

The youth has occasional unmet transportation needs (e.g., getting to appointments). These needs would be no more than weekly and not require a special vehicle. The needs can be met with minimal support, for example, assistance with bus routes or provision of a bus card.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

The youth has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily transportation to appointments) that do not require a special vehicle, but access to transportation is difficult.

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

Youth requires frequent (e.g., daily) transportation in a special vehicle or is completely reliant on others for transportation.

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EDUCATIONAL ATTAINMENT

This indicator rates the degree to which the youth has completed their identified own educational goals.

Questions to Consider:

- Does the youth have educational goals? Have they made any progress towards these goals?
- Does the youth have an educational plan?
- What is the highest level of education they have completed? Is there concern that their level of educational attainment may impact their ability to attain their desired employment?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Youth has achieved all their identified educational goals OR has no educational goals and educational attainment has no impact on lifetime vocational functioning.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Youth has set educational goals and is currently making progress towards achieving them.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Youth has set educational goals but is currently not making progress towards achieving them.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Youth has no educational goals and lack of educational attainment is interfering with youth's lifetime vocational functioning.

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