|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
| 1 - Office | 4 - Home | 8 - Correctional Facility | 11 - Faith-based | 14 - Client’s Job Site | 17 - Non-Traditional | 20 - Telehealth |
| 2 - Field | 5 - School | 9 - Inpatient | 12 - Health Care | 15 - Adult Residential | 18 - Other | 21 - Unknown |
| 3 - Phone | 6 - Satellite Clinic | 10 - Homeless | 13 - Age-Specific | 16 - Mobile Service | 19 - Children’s Residential |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| date: |       | billing time: |       | location: |       | service type: |       | preferred language: |       |
| date: |       | billing time: |       | location: |       | service type: |       | preferred language: |       |
| date: |       | billing time: |       | location: |       | service type: |       | preferred language: |       |
|  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Gender:** | [ ]  M [ ]  F | **Marital Status:** | [ ]  Single [ ]  Married [ ]  Divorced [ ]  Widow [ ]  Separated [ ]  Lives In/With: |       |
| **Age:** | [ ]  Under 6 Y/O1 | [ ]  Over 15 Y/O2 |  |

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| **NOTE:** Shaded items with superscripts trigger CANS-SB Module. Completion of triggered CANS-SB Modules are required. |

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| --- | --- | --- | --- | --- | --- | --- |
| **Person giving treatment consent:** | [ ]  Parent(s) | [ ]  Guardian | [ ]  CFS | [ ]  Court | [ ]  Self: |       |
| **Referral source:** | [ ]  Person(s) child is living with [ ]  School [ ]  CFS [ ]  Court [ ]  Probation [ ]  Access Unit [ ]  Health Plan [ ]  Self |
| **Other agencies/providers client is involved with:** | [ ]  None  |       |
| **Sources of information:** | [ ]  Minor | [ ]  Caregiver | [ ]  Other: *(name, role)* |       |

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| **PRESENTING PROBLEM / HISTORY OF CURRENT PROBLEMS**Include significant problems with regard to daily living, such as with responsibilities, social relations, living arrangement, mental health and physical health. Include cultural explanations if these are important to the client. |

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|       |
|  |
| **Motives for services / What does client really want from services?**       |
|  |
| **What do caregivers really want from services?**       |
|  |
| **Why is client coming for help now?**       |
|  |

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| **Refer to CANS-SB Manual for detailed scoring information** |
| **KEY** | **0 =** | **NO EVIDENCE TO BELIEVE ITEM REQUIRES ANY ACTION** |
| **1 =** | **NEEDS WATCHFUL WAITING, MONITORING OR POSSIBLY PREVENTIVE ATION** |
| **2 =** | **NEEDS ACTION. STRATEGY NEEDED TO ADDRESS PROBLEM/NEED** |
|  | **3 =** | **NEEDS IMMEDIATE/INTENSIVE ACTION. IMMEDIATE SAFETY CONCERN/PRIORITY FOR INTERVENTION** |
|  |  |  |  |  |

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| **Child Behavioral/Emotional Needs** |
| --- |
|  | **n/a** | **0** | **1** | **2** | **3** |  | **n/a** | **0** | **1** | **2** | **3** |
| Psychosis |  | [ ]  | [ ]  | [ ]  | [ ]  | Anger Control |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Impulsivity/Hyperactivity |  | [ ]  | [ ]  | [ ]  | [ ]  | Eating Disturbances\* |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Depression |  | [ ]  | [ ]  | [ ]  | [ ]  | Affect Dysregulation\* |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Anxiety |  | [ ]  | [ ]  | [ ]  | [ ]  | Behavioral Regressions\* |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Oppositional |  | [ ]  | [ ]  | [ ]  | [ ]  | Somatization\* |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Conduct |  | [ ]  | [ ]  | [ ]  | [ ]  | Substance Use9 |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Adjustment to Trauma8 |  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |

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| **Dysfunction requiring treatment (consider work, school, home, peer, family, parenting, self-care, etc.):** **[ ]** None      |
|  |
| **Life Domain Functioning** |
|  | **n/a** | **0** | **1** | **2** | **3** |  | **n/a** | **0** | **1** | **2** | **3** |
| Family3 |  | [ ]  | [ ]  | [ ]  | [ ]  | Medical |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Living Situation |  | [ ]  | [ ]  | [ ]  | [ ]  | Physical |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Social Functioning |  | [ ]  | [ ]  | [ ]  | [ ]  | Sexuality5 |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Recreational |  | [ ]  | [ ]  | [ ]  | [ ]  | Sleep |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Developmental4 |  | [ ]  | [ ]  | [ ]  | [ ]  | School Behavior6 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Job Functioning | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | School Achievement6 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Legal |  | [ ]  | [ ]  | [ ]  | [ ]  | School Attendance6 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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| **MENTAL HEALTH HISTORY** |
|  |  |  |  |  |
| **Type of Treatment****(e.g., inpatient, outpatient)** | **Provider** | **Therapeutic Modality****(e.g., therapy, medication)** | **Date(s)** | **Response to Treatment** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

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| **assessment of risk**Clinical masters level or above only |
| **Danger to Self:** | [ ]  None | [ ]  Ideation | [ ]  Plan | [ ]  Intent w/o means | [ ]  Intent w/means |
| **Danger to Others:** | [ ]  None | [ ]  Ideation | [ ]  Plan | [ ]  Intent w/o means | [ ]  Intent w/means |
|  |  | [ ]  Identifiable victim(s) (Tarasoff) See note dated:       |
|  |  |  Please describe actions taken:       |
|  |
| **Grave Disability: [ ]** No [ ]  Yes As evidenced by:       |
|  |
| **Suicide Hx:** [ ]  No [ ]  Yes Describe if yes:       |
|  |
| **Homicide Hx: [ ]** No [ ]  Yes Describe if yes:       |
|  |
| **Abuse Hx: [ ]** No [ ]  Yes Describe if yes:       |
|  |
| **Risk for Abuse and/or Victimization: [ ]** No [ ]  Yes Describe if yes:       |
|  |
|  |
| **Child Risk Behaviors** |
|  | **n/a** | **0** | **1** | **2** | **3** |  | **n/a** | **0** | **1** | **2** | **3** |
| Suicide Risk |  | [ ]  | [ ]  | [ ]  | [ ]  | Deliquency13 |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Self-Mutilation |  | [ ]  | [ ]  | [ ]  | [ ]  | Judgment |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Other Self Harm |  | [ ]  | [ ]  | [ ]  | [ ]  | Fire Setting14 |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Danger to Others10 |  | [ ]  | [ ]  | [ ]  | [ ]  | Social Behavior - Sanction Seeking |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Sexual Aggression11 |  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| Runaway12 |  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |

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| **MEDICAL HISTORY** |
|  |
| **Current health problems:** **[ ]** None       |
|  |
| **Current health conditions placing client at special risk:** **[ ]** None       |
|  |
| **Currently pregnant?** **[ ]** Yes [ ]  No       |
|  |
| **Allergies to medicine or other substances:** **[ ]** None       |
|  |
| **Medications:** *(for medical and mental health conditions)*  |

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| --- | --- | --- | --- |
| **Medication/Herbal Tx** | **Dosage/Frequency** | **Duration** | **Response/Side Effects** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

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| **SUBSTANCE EXPOSURE/SUBSTANCE USE (PAST AND PRESENT)** |
| [ ]  **No issue noted** *(If none, proceed to next section)* |
| SUBSTANCE | EVER USED? | CURRENTLY USING? | AGE WHEN FIRST USED | TIME OF LAST USE | FREQUENCY & QUANTITY OF USE | PROBLEMS ASSOCIATED W/USE (I.E., LEGAL, INTERPESONAL | WITHDRAWAL AND/OR TOLERANCE? | EFFORTS TO STOP OR CUT DOWN AND TX |
| Tobacco | [ ]  N [ ]  Y | [ ]  N [ ]  Y |       |       |       |       | [ ]  W [ ]  T |       |
| Alcohol | [ ]  N [ ]  Y | [ ]  N [ ]  Y |       |       |       |       | [ ]  W [ ]  T |       |
| Caffeine | [ ]  N [ ]  Y | [ ]  N [ ]  Y |       |       |       |       | [ ]  W [ ]  T |       |
| Marijuana | [ ]  N [ ]  Y | [ ]  N [ ]  Y |       |       |       |       | [ ]  W [ ]  T |       |
| Complementary / Alt. Medications:       | [ ]  N [ ]  Y | [ ]  N [ ]  Y |       |       |       |       | [ ]  W [ ]  T |       |
| OTC Medications:       | [ ]  N [ ]  Y | [ ]  N [ ]  Y |       |       |       |       | [ ]  W [ ]  T |       |
| Illicit Drugs:(include IV drug use)       | [ ]  N [ ]  Y | [ ]  N [ ]  Y |       |       |       |       | [ ]  W [ ]  T |       |
| Other:       | [ ]  N [ ]  Y | [ ]  N [ ]  Y |       |       |       |       | [ ]  W [ ]  T |       |

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| **Additional information:**       |

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| **DEVELOPMENTAL HISTORY** |
|  |  |  |  |  |  |  |  |
| **Pregnancy Planned** | [ ]  YES [ ]  NO |       | **Complications?** | [ ]  YES [ ]  NO |       |
| **Drug/Alcohol Impact** | [ ]  YES [ ]  NO |       | **Premature Birth?** | [ ]  YES [ ]  NO |       |
| **Birth Complications** | [ ]  YES [ ]  NO |       |  |  |       |
| **Age When: Crawled?** |       | **Walked?** |       | **Spoke Single Words?** |       | **Spoke Sentences?** |       | **Toilet Trained?** |       |
|  |
| **Age-appropriate Self-Care:** [ ]  **WNL**       |
|  |
| **C****urrent Developmental Delays and Problems:** [ ]  None       |
|  |

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| **FAMILY HISTORY** |
| **Birth order:** |       | of |       | **Raised by:** [ ]  Birth Parents |       | **Age at parents’ divorce:** [ ]  N/A |       |
|  |
| **Out of home placements:** [ ]  None       |
|  |
| **Parents are:** [ ]  Married [ ]  Living Together [ ]  Separated [ ]  Divorced [ ]  No Longer Connected:       |
|  |
| **Problems with parents:** **[ ]** None       |
|  |
| **Cultural or acculturation-related parenting issues:** **[ ]** None       |
|  |
| **Siblings:** [ ]  None       |
|  |
| **Problems with siblings:** **[ ]** None       |
|  |
|  |
| **Support system support/involvement of family in client’s life:** [ ]  None      |
|  |
| **Desire of client for involvement of family or others in treatment:** **[ ]** None       |

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|  |
| **caregiver strengths/needs**[ ]  **Caregiver section does not apply at this time** |
|  | **n/a** | **0** | **1** | **2** | **3** |  | **n/a** | **0** | **1** | **2** | **3** |
| Supervision |  | [ ]  | [ ]  | [ ]  | [ ]  | Physical |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Involvement |  | [ ]  | [ ]  | [ ]  | [ ]  | Mental Health |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Knowledge |  | [ ]  | [ ]  | [ ]  | [ ]  | Substance Use |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Organization |  | [ ]  | [ ]  | [ ]  | [ ]  | Developmental |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Social Resources |  | [ ]  | [ ]  | [ ]  | [ ]  | Safety |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Residential Stability |  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| Caregiver name: |       | Caregiver role: |       |

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|  |
| **PROBLEM HISTORY** |
|  |
| **Behavior problems:** **[ ]** None       |
|  |
| **Temper/Violence/Harm to Animals/Property:** **[ ]** None       |
|  |
| **Past and current arrests and legal problems:** **[ ]** None       |
|  |
| **Sexually active:** [ ]  Yes [ ]  No |       | **Sexual problems:** | [ ]  Yes [ ]  No |       |
|  |  |  |  |  |
| **Sexual orientation issues:** **[ ]** None       |
|  |
| **Sleep problems:** **[ ]** None       |
|  |
| **Eating problems:** | [ ]  Normal [ ]  Binge [ ]  Purge [ ]  Underweight [ ]  Obese [ ]  Compulsive Eating [ ]  Distorted Body Image |
|  |  |
| **Other:**       |
|  |
| **Past and present employment:** [ ]  Never employed       |

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|  |
| **SCHOOL/PEER RELATIONS** |
| **School history:** | School: |       | Grade: |       | Teacher: |       |
| Current problems with: | [ ]  Teachers | [ ]  Grades | [ ]  Peers | [ ]  Suspensions/expulsions | [ ]  Truancy |
|  | [ ]  Resists going to school | [ ]  Problems separating from home/parents |
|  | [ ]  Recent drop in grades | [ ]  Receiving special services | Grades usually receives: |       |
|  |
| **Explanation:**       |

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| --- | --- | --- | --- | --- | --- | --- |
| Peer issues: | [ ]  None | [ ]  Isolates | [ ]  Cries a lot | [ ]  Shy | [ ]  Few friends | [ ]  Usually a follower |
|  | [ ]  Bullies | [ ]  Provokes/teases | [ ]  Fights | [ ]  Frequently loses friends | [ ]  Makes friends easily |
|  | [ ]  Usually a leader | [ ]  Frequently teased about: |       |
|  |  |  |  |
| **Explanation:**       |

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| **CULTURE/DIVERSITY**Assess unique aspects of the client, including culture, background, and sexual orientation, that are important forunderstanding and engaging the client and for care planning. |
| **Preferred language for receiving our services:** | [ ]  English [ ]  Other: |       | (**If not** English, complete all items in this section) |
|  |  |  |  |
| **Nature of services and staff assigned will need to be significantly culturally-related:** **[ ]** No [ ]  Yes *(How?)*       |
|  |
| **(If “yes” complete all items in this section)** |
|  |
| **If the answers to the abovementioned items are “English” and “No,” respectively, the remainder of this section is optional.** |
|  |
| Mother’s country of origin: |       | Father’s country of origin: |       |  |
| Number of years client and parents have been in this country: | Client: [ ]  All his/her life |       | Parents: [ ]  All their lives |       |  |
|  |  |  |
| Culture client most identifies with:       |  |
|  |  |  |
| Problems client has had because of his/her cultural background: [ ]  None       |  |
|  |  |  |
| Culture-related healing practices used: [ ]  None       |  |
|  |  |
| Additional cultural/diversity assessment: *(optional)* [ ]  None       |  |
|  |  |
|  |
| **Importance of religion/spirituality for client:** **[ ]  Not Important**       |

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|  |
| **ACCULTURATION** |
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|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **0** | **1** | **2** | **3** |  |  | **0** | **1** | **2** | **3** |
| Language |  | [ ]  | [ ]  | [ ]  | [ ]  | Ritual |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Identity |  | [ ]  | [ ]  | [ ]  | [ ]  | Cultural Stress |  | [ ]  | [ ]  | [ ]  | [ ]  |

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|  |
| **client strengths** |

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| --- |
| **Client strengths:**       |

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| **CHILD STRENGTHS** |
|  | **n/a** | **0** | **1** | **2** | **3** |  | **n/a** | **0** | **1** | **2** | **3** |
| Family |  | [ ]  | [ ]  | [ ]  | [ ]  | Spiritual/Religious |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Interpersonal |  | [ ]  | [ ]  | [ ]  | [ ]  | Community Life |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Optimism |  | [ ]  | [ ]  | [ ]  | [ ]  | Relationship Permanence7 |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Educational |  | [ ]  | [ ]  | [ ]  | [ ]  | Well-being\* |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Vocational | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Resiliency |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Talents/Interests |  | [ ]  | [ ]  | [ ]  | [ ]  | Resourcefulness |  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **MENTAL STATUS (CLINICAL MASTERS LEVEL OR ABOVE ONLY)**Please check one or more of the following boxes below |
|  |
| **APPEARANCE:** [ ]  Clean [ ]  Groomed [ ]  Dirty [ ]  Disheveled *(Describe)*       |
|  |
| **SPEECH:** [ ]  Organized [ ]  Coherent [ ]  Pressured [ ]  Rapid [ ]  Slow [ ]  Mumbling *(Describe)*       |
|  |
| **ORIENTATION:** [ ]  Person [ ]  Place [ ]  Time [ ]  Situation *(Describe)*       |
|  |
| **AFFECT:** [ ]  Appropriate [ ]  Blunted/Flat [ ]  Restricted [ ]  Labile [ ]  Tearful *(Describe)*       |
|  |
| **INSIGHT:** [ ]  Good [ ]  Average [ ]  Poor [ ]  None *(Describe)*       |
|  |
| **JUDGMENT**: [ ]  Good [ ]  Average [ ]  Poor *(Describe)*       |
|  |
| **MOOD:** [ ]  Stable [ ]  Depressed [ ]  Irritable [ ]  Anxious [ ]  Manic [ ]  Elevated *(Describe)*       |
|  |
| **PERCEPTION:** [ ]  Normal [ ]  Auditory Hallucinations [ ]  Visual Hallucinations [ ]  Other:       *(Describe)*       |
|  |
| **THOUGHT CONTENT:** [ ]  Normal [ ]  Delusional [ ]  Grandiose [ ]  Paranoid [ ]  Phobic [ ]  Other:       *(Describe)*       |
|  |
| **THOUGHT PROCESS:** [ ]  Organized [ ]  Poor Concentration [ ]  Obsessive [ ]  Flight of Ideas [ ]  Thought Blocking *(Describe)*       |
|  |
| **MEMORY:** Intact for: [ ]  Immediate [ ]  Recent [ ]  Remote *(Describe)*       |
|  |
| **INTELLECTUAL FX ESTIMATE:** [ ]  Above Average [ ]  Average [ ]  Below Average [ ]  Intellectual Disability *(Describe)*       |

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| **cans-sb modules**[ ]  **No Modules Triggered *(no information to be completed in this section)*** |

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| **Early Development (ED) Module 0-51****[ ]  Not Applicable** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Motor | [ ]  | [ ]  | [ ]  | [ ]  | Substance Exposure | [ ]  | [ ]  | [ ]  | [ ]  |
| Sensory | [ ]  | [ ]  | [ ]  | [ ]  | Parent or Sibling Problems | [ ]  | [ ]  | [ ]  | [ ]  |
| Communication | [ ]  | [ ]  | [ ]  | [ ]  | Maternal Availability | [ ]  | [ ]  | [ ]  | [ ]  |
| Failure to Thrive | [ ]  | [ ]  | [ ]  | [ ]  | Curiosity | [ ]  | [ ]  | [ ]  | [ ]  |
| Regulatory Problems | [ ]  | [ ]  | [ ]  | [ ]  | Playfulness | [ ]  | [ ]  | [ ]  | [ ]  |
| Birth Weight | [ ]  | [ ]  | [ ]  | [ ]  | Attachment | [ ]  | [ ]  | [ ]  | [ ]  |
| PICA | [ ]  | [ ]  | [ ]  | [ ]  | Adaptability | [ ]  | [ ]  | [ ]  | [ ]  |
| Prenatal Care | [ ]  | [ ]  | [ ]  | [ ]  | Persistence | [ ]  | [ ]  | [ ]  | [ ]  |
| Labor and Delivery | [ ]  | [ ]  | [ ]  | [ ]  | Empathy for Child | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Transitional Age Youth (TAY) Module2****[ ]  Not Applicable** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Independent Living Skills | [ ]  | [ ]  | [ ]  | [ ]  | Gender Identity | [ ]  | [ ]  | [ ]  | [ ]  |
| Transportation | [ ]  | [ ]  | [ ]  | [ ]  | Sexual Orientation | [ ]  | [ ]  | [ ]  | [ ]  |
| Parenting Roles | [ ]  | [ ]  | [ ]  | [ ]  | Medication Compliance | [ ]  | [ ]  | [ ]  | [ ]  |
| Personality Disorder | [ ]  | [ ]  | [ ]  | [ ]  | Educational Attainment | [ ]  | [ ]  | [ ]  | [ ]  |
| Intimate Relationships | [ ]  | [ ]  | [ ]  | [ ]  | Victimization | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Family Difficulties (FAM) Module3****[ ]  Not Applicable** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Relationship with Bio-Mother | [ ]  | [ ]  | [ ]  | [ ]  | Parental/Caregiver Collaboration | [ ]  | [ ]  | [ ]  | [ ]  |
| Relationship with Bio-Father | [ ]  | [ ]  | [ ]  | [ ]  | Family Communication | [ ]  | [ ]  | [ ]  | [ ]  |
| Relationship with Primary Caregiver | [ ]  | [ ]  | [ ]  | [ ]  | Family Role Approp/Boundaries | [ ]  | [ ]  | [ ]  | [ ]  |
| Relationship among Siblings | [ ]  | [ ]  | [ ]  | [ ]  | Family Conflict | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Developmental Needs (DD) Module4****[ ]  Not Applicable** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Cognitive | [ ]  | [ ]  | [ ]  | [ ]  | Developmental | [ ]  | [ ]  | [ ]  | [ ]  |
| Communication | [ ]  | [ ]  | [ ]  | [ ]  | Self-care/Daily Living Skills | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Sexuality Module5****[ ]  Not Applicable** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Promiscuity | [ ]  | [ ]  | [ ]  | [ ]  | Knowledge of Sex | [ ]  | [ ]  | [ ]  | [ ]  |
| Masturbation | [ ]  | [ ]  | [ ]  | [ ]  | Choice of Relationships | [ ]  | [ ]  | [ ]  | [ ]  |
| Reactive Sexual Behavior | [ ]  | [ ]  | [ ]  | [ ]  | Sexual Exploitation | [ ]  | [ ]  | [ ]  | [ ]  |

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| **School Module6****[ ]  Not Applicable** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Attention-Concentration in School | [ ]  | [ ]  | [ ]  | [ ]  | Depression in School | [ ]  | [ ]  | [ ]  | [ ]  |
| Sensory Integration Difficulties in School | [ ]  | [ ]  | [ ]  | [ ]  | Peer Relations in School | [ ]  | [ ]  | [ ]  | [ ]  |
| Affect Dysregulation in School | [ ]  | [ ]  | [ ]  | [ ]  | Oppositional in School | [ ]  | [ ]  | [ ]  | [ ]  |
| Anxiety in School | [ ]  | [ ]  | [ ]  | [ ]  | Conduct in School | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Permanency Module7****[ ]  Not Applicable** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Siblings | [ ]  | [ ]  | [ ]  | [ ]  | Living Situation | [ ]  | [ ]  | [ ]  | [ ]  |
| Biological/Adoptive Mother | [ ]  | [ ]  | [ ]  | [ ]  | Grief and Loss | [ ]  | [ ]  | [ ]  | [ ]  |
| Biological/Adoptive Father | [ ]  | [ ]  | [ ]  | [ ]  | Family Identity and Belonging | [ ]  | [ ]  | [ ]  | [ ]  |
| Other Significant Adults | [ ]  | [ ]  | [ ]  | [ ]  | Family Finding | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Trauma Module8****[ ]  Not Applicable** |
| ***Characteristics of the Trauma Experience*** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Sexual Abuse | [ ]  | [ ]  | [ ]  | [ ]  | Witness to Family Violence | [ ]  | [ ]  | [ ]  | [ ]  |
| Physical Abuse | [ ]  | [ ]  | [ ]  | [ ]  | Witness to Community Violence | [ ]  | [ ]  | [ ]  | [ ]  |
| Emotional Abuse | [ ]  | [ ]  | [ ]  | [ ]  | Witness/Victim - Criminal Acts | [ ]  | [ ]  | [ ]  | [ ]  |
| Neglect | [ ]  | [ ]  | [ ]  | [ ]  | Marital/Partner Violence | [ ]  | [ ]  | [ ]  | [ ]  |
| Medical Trauma | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |
| Natural Disaster | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |

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| ***Sexual Abuse Expansion - Complete if Sexually Abused*** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Emotional Closeness to Perpetrator | [ ]  | [ ]  | [ ]  | [ ]  | Duration | [ ]  | [ ]  | [ ]  | [ ]  |
| Frequency | [ ]  | [ ]  | [ ]  | [ ]  | Force | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  | Reaction to Disclosure | [ ]  | [ ]  | [ ]  | [ ]  |

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| ***Adjustment to Sexual Abuse Expansion - Complete if Sexually Abused*** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Affect Regulation | [ ]  | [ ]  | [ ]  | [ ]  | Dissociation | [ ]  | [ ]  | [ ]  | [ ]  |
| Intrusions | [ ]  | [ ]  | [ ]  | [ ]  | Caregiver Post-Traumatic Reaction | [ ]  | [ ]  | [ ]  | [ ]  |
| Attachment | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |

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| **Substance Use Disorder (SUD) Module9****[ ]  Not Applicable** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Severity of Use | [ ]  | [ ]  | [ ]  | [ ]  | Peer Influences | [ ]  | [ ]  | [ ]  | [ ]  |
| Duration of Use | [ ]  | [ ]  | [ ]  | [ ]  | Parental Influences | [ ]  | [ ]  | [ ]  | [ ]  |
| Stage of Recovery | [ ]  | [ ]  | [ ]  | [ ]  | Environmental Influences | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Violence Module10****[ ]  Not Applicable** |
| ***Historical risk factors*** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| History of Physical Abuse | [ ]  | [ ]  | [ ]  | [ ]  | Witness to Environmental Violence | [ ]  | [ ]  | [ ]  | [ ]  |
| History of Violence | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |
| Witness to Domestic Violence | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |

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| ***Emotional/Behavioral risks*** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Bullying | [ ]  | [ ]  | [ ]  | [ ]  | Paranoid Thinking | [ ]  | [ ]  | [ ]  | [ ]  |
| Frustration Management | [ ]  | [ ]  | [ ]  | [ ]  | Secondary Gains from Anger | [ ]  | [ ]  | [ ]  | [ ]  |
| Hostility | [ ]  | [ ]  | [ ]  | [ ]  | Violent Thinking | [ ]  | [ ]  | [ ]  | [ ]  |

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| ***Resiliency factors*** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Aware of Violence Potential | [ ]  | [ ]  | [ ]  | [ ]  | Commitment to Self-Control | [ ]  | [ ]  | [ ]  | [ ]  |
| Response to Consequences | [ ]  | [ ]  | [ ]  | [ ]  | Treatment Involvement | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Sexually Aggressive Bx (SAB) Module11****[ ]  Not Applicable** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Relationship | [ ]  | [ ]  | [ ]  | [ ]  | Response to Accusation | [ ]  | [ ]  | [ ]  | [ ]  |
| Physical Force/Threat | [ ]  | [ ]  | [ ]  | [ ]  | Temporal Consistency | [ ]  | [ ]  | [ ]  | [ ]  |
| Planning | [ ]  | [ ]  | [ ]  | [ ]  | History of Sexual Behavior | [ ]  | [ ]  | [ ]  | [ ]  |
| Age Differential | [ ]  | [ ]  | [ ]  | [ ]  | Severity of Sexual Abuse | [ ]  | [ ]  | [ ]  | [ ]  |
| Type of Sex Act | [ ]  | [ ]  | [ ]  | [ ]  | Prior Treatment | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Runaway Module12****[ ]  Not Applicable** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Frequency of Running | [ ]  | [ ]  | [ ]  | [ ]  | Likelihood of Return on Own | [ ]  | [ ]  | [ ]  | [ ]  |
| Consistency of Destination | [ ]  | [ ]  | [ ]  | [ ]  | Involvement with Others | [ ]  | [ ]  | [ ]  | [ ]  |
| Safety of Destination | [ ]  | [ ]  | [ ]  | [ ]  | Realistic Expectations | [ ]  | [ ]  | [ ]  | [ ]  |
| Involvement in Illegal Activity | [ ]  | [ ]  | [ ]  | [ ]  | Planning | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Juvenile Justice (JJ) Module13****[ ]  Not Applicable** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Seriousness | [ ]  | [ ]  | [ ]  | [ ]  | Peer Influences | [ ]  | [ ]  | [ ]  | [ ]  |
| History | [ ]  | [ ]  | [ ]  | [ ]  | Parental Criminal Behavior | [ ]  | [ ]  | [ ]  | [ ]  |
| Planning | [ ]  | [ ]  | [ ]  | [ ]  | Environmental Influences | [ ]  | [ ]  | [ ]  | [ ]  |
| Community Safety | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |

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| **Fire Setting (FS) Module14****[ ]  Not Applicable** |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| Seriousness | [ ]  | [ ]  | [ ]  | [ ]  | Community Safety | [ ]  | [ ]  | [ ]  | [ ]  |
| History | [ ]  | [ ]  | [ ]  | [ ]  | Response to Accusation | [ ]  | [ ]  | [ ]  | [ ]  |
| Planning | [ ]  | [ ]  | [ ]  | [ ]  | Remorse | [ ]  | [ ]  | [ ]  | [ ]  |
| Use of Accelerants | [ ]  | [ ]  | [ ]  | [ ]  | Likelihood of Future Fire | [ ]  | [ ]  | [ ]  | [ ]  |
| Intention to Harm | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |

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| **DISPOSITION** |

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| **Diagnosis:** **[ ]** See diagnosis sheet for full diagnosis |  |
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| **Case Status:** [ ]  Case Open [ ]  NOA Issued [ ]  Rationale for NOA: *(Medi-Cal Only)*       |
|  |  |  |  |  |
| **Disposition: List actions taken, recommendations, and referrals made *(mental health tx, drug/alcohol tx, community resources, medical care, etc.).* Include preferred language for services and provider gender and ethnicity if these are important to the client.**      |
|  |
| (All staff participating sign below) |
| Signature: |  | Print Name: |       | Date: |       |
| Signature: |  | Print Name: |       | Date: |       |

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| **ASSESSMENT UPDATE** |

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| **Update entries may be made here of important background information or other assessment information about changes in the client’s circumstances discovered during the course of services. All entries will be dated and signed as a regular chart note. If an interview takes place, it may be charted here and billed by adding the MHS-Assess heading, the billing time, and the location code.**      |

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