THERAPEUTIC BEHAVIORAL SERVICES

Risk Assessment

Print

Yes	No	Unk	Assessment
☐	☐	☐	**1. Is this child a danger to him/herself or others?** ☐ *has attempted suicide, made suicidal gestures, or expressed suicidal ideation* ☐ *assaultive to other children or adults* ☐ *reckless and routinely puts self in dangerous situations* ☐ *attempted to or has sexually assaulted or molested other children* ☐ *engaged in self-mutilation*
☐	☐	☐	**2. Does this child have a history of neglect, physical or sexual abuse or has he/she been exposed to violent behavior in his/her home?** ☐ *has been subject to or has witnessed physical abuse* ☐ *has been subject to neglect* ☐ *has been subject to or has witnessed sexual abuse*
☐	☐	☐	**3. Does this child have behaviors that are so difficult that his/her current living or educational situation is in jeopardy?** ☐ *behaviors are chaotic or disruptive* ☐ *has daily verbal outbursts* ☐ *refuses to follow basic rules* ☐ *does not respond to limit-setting or other discipline* ☐ *constantly challenges authority of adults or attempts to undermine authority of caregiver with other children* ☐ *requires constant direction and supervision in all or most activities* ☐ *requires total attention of caregiver and is overly jealous of caregiver's other relationships* ☐ *wanders the house at night* ☐ *is regularly truant from school* ☐ *has significant sleeping problems*
☐	☐	☐	**4. Does the child exhibit unusual, bizarre or psychotic behaviors?** ☐ *history or pattern of fire setting* ☐ *cruelty to animals* ☐ *masturbates compulsively and/or publicly* ☐ *hears voices or responds to other internal stimuli (including alcohol or drug induced)* ☐ *consistently repeats words, sounds or phrases; emits unusual noises or sounds* ☐ *smears feces or engages in other activities that exhibits lack of repulsivity* ☐ *markedly flat affect, loose associations or flight of ideas* ☐ *experiences significant paranoia* ☐ *bizarre fixations* ☐ *hoards and/or hides food* ☐ *eats or drinks substances that are not food*
☐	☐	☐	**5. Does the child need psychotropic medication?** ☐ *need is immediate* ☐ *needs medication evaluation* ☐ *currently stable on psychotropic medications*

Yes	No	Unk	Assessment
☐	☐	☐	**6. Does the child have problems with social adjustments?** ☐ *regularly involved in physical fights with other children or adults* ☐ *verbally threatens people* ☐ *purposely damages possessions of self or others* ☐ *runs away from home or adult supervision* ☐ *has been caught stealing or has been known to steal on more than one occasion* ☐ *frequently lies in order to avoid consequences or to look good among peers* ☐ *confined due to serious law violations* ☐ *does not seem to feel guilt after misbehavior* ☐ *consistent pattern of negative, hostile, or defiant behavior* ☐ *does not form bond or attachment to caregiver or other appropriate adult*
☐	☐	☐	**7. Does the child have problems making and maintaining healthy relationships?** ☐ *unable to form positive relationships with peers* ☐ *provokes other children to victimize him/her.* ☐ *involved with gangs or expresses the desire to be* ☐ *engages in sexual behavior that puts him/her at risk*
☐	☐	☐	**8. Does this child have problems with personal care?** ☐ *enuretic or encopretic (subject to age of child)* ☐ *refuses or is unable to tend to personal hygiene*
☐	☐	☐	**9. Does this child have significant impairment in functional development?** ☐ *child's academic performance at school is impaired* ☐ *significant delays in language, especially expressive and receptive skills* ☐ *under socialized and incapable of managing age appropriate tasks (e.g. play catch, make change, participate in team play)*
☐	☐	☐	**10. Does this child have significant problems managing his/her feelings?** ☐ *severe temper tantrums; screams uncontrollably; cries inconsolably* ☐ *withdrawn and uninvolved with others* ☐ *unable to tolerate normal separation from significant others* ☐ *worries excessively and/or is hypervigilant* ☐ *compulsively preoccupied with minor annoyances* ☐ *regularly expresses feelings of worthlessness or inferiority* ☐ *exhibits excessive grandiosity* ☐ *frequently appears sad or depressed* ☐ *significant issues relating to food*
☐	☐	☐	**11. Does this child have problems with attention and/or hyperactivity?** ☐ *attention* ☐ *hyperactivity*

Yes	No	Unk	Assessment
☐	☐	☐	**12. Does this child have a history of inpatient or outpatient psychiatric care, or is he/she taking prescribed psychotropic medications?** ☐ *has been in inpatient psychiatric care* ☐ *currently being seen in outpatient mental health treatment* ☐ *has previously been seen in outpatient mental health treatment* ☐ *currently taking psychotropic medication* ☐ *has taken psychotropic medications in the past* ☐ *medication prescribed but is not being taken as directed*
☐	☐	☐	**13. Does the child have a history of using or exposure to drugs and alcohol?** ☐ *regularly uses drugs and/or alcohol* ☐ *past history of substance abuse* ☐ *family has history of substance abuse* ☐ *exposed to drugs and/or alcohol in utero*
☐	☐	☐	**14. Does the child have a significant medical history or current problems with physical and or dental health?** ☐ *barriers to medical/dental services* ☐ *medical condition(s)*_____ ☐ *dental condition(s)*_____ ☐ *seizure disorder* ☐ *pregnancy* ☐ *significant weight gain or loss* ☐ *behaviors that place the child at risk for health related issues (e.g., sexual activity, drug use, smoking)* ☐ *exhibiting side effects from psychotropic medication (e.g. dry mouth, dizziness, tremors, sedation)*
☐	☐	☐	**15. Does the family have sufficient means to meet the child's basic needs?** ☐ *Does the family have sufficient funding/insurance to cover the expenses of the child's medica/dental needs?* ☐ *Does the family have sufficient means for transportation to meet the child's needs, i.e., school,medical appointments, day care, etc.?* ☐ *Does the family meet the child's basic needs for food, clothing, shelter with electricity and running water?* ☐ *Does the home have minimum furnishings, ie,, beds, dining table, etc...* ☐ *Is the home and outside premises clean?* ☐ *Does the family have friends or relatives that provide additional support or a network?*

Comments:

Date___/___/___**Signature**_____ **Name (printed)**_____