CHILD/YOUTH AND ADOLESCENT NEEDS AND STRENGTHS

(CANS) COMPREHENSIVE MULTISYSTEM ASSESSMENT

For Children and Youth Ages 6 to 21

New York State

Reference Guide

February 2023

NEW YORK STATE OF OPPORTUNITY. | Medicaid Redesign Team | Department of Health | Office of Mental Health | Office of Alcoholism and Substance Abuse Services | Office of Children and Family Services

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

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

Additionally, "child/youth" is being utilized in reference to "child/youth," "youth," "adolescent," or "young adult." This is due to the broad range of ages to which this manual applies (e.g., ages 6 through 20 years old).
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INTRODUCTION

The **CANS-NY** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the **CANS-NY** is to accurately represent the shared vision of the child/youth serving system—child/youth and families. As such, completion of the **CANS-NY** 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-NY** 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. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.

2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. A description of the actions levels can be found on the following page.

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 sensitivity 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 item. In other words, anger control is not relevant for a very young child/youth but would be for an older child/youth or youth 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." Only one item, Adjustment to Trauma, has any cause-effect judgments.

6. A 30-day window is used for ratings in order to make sure assessments stay "fresh" and relevant to the child/youth or youth's present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

ACTION LEVELS FOR "NEED" ITEMS

0 – No Evidence of Need – No current need, no need for action.
1 – Watchful Waiting/Prevention Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.
2 – Action Needed – Need is interfering with functioning, action is required to ensure the identified need is addressed.
3 – Immediate/Intensive Action Needed Need requires immediate or intensive action.

ACTION LEVELS FOR "STRENGTHS" ITEMS

0 – Centerpiece Strength – Well-Developed centerpiece strength, may be used in an intervention/action plan.
1 – Useful Strength – Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop into a centerpiece strength.
2 – Identified Strength – Strengths have been identified but require efforts to become effectively used as part of a plan. Identified but not useful.
3 – No Strength Identified –No current strength is identified, efforts may be recommended to develop strength in this area.

GUIDANCE FOR COMPLETING THE CAREGIVER SECTION OF THE CANS-NY(6-21)

Identifying the appropriate adults to include in the Caregiver section of the CANS-NY is extremely important as it can affect the amount of care coordination and home-based services the child/youth is eligible for, in addition to being critical to developing a suitable care plan for the child/youth and family.

- For children/youth who live at home, any parents or parent substitutes with a significant role in the child/youth's life are considered caregivers that need to be rated in the CANS. In addition to the biological parent the child/youth lives with, examples of parent substitutes or other "caregivers" may include a biological parent who does not live with the child/youth but shares custody, a step-parent who does live with the child/youth, or a grandparent who has custody of the child/youth.

- If children/youth are in the legal custody of their parent(s), but are temporarily living elsewhere (hospital, detention center, nursing home) then these children/youth's CANS-NY would include the parent(s) in the Caregiver section.

Other children/youth and families have unique circumstances where it may not be obvious which parents, and/or parent substitutes, if any, should be included in the CANS. This section provides guidance on Caregiver selection in a variety of circumstances that you may encounter.

- For older youth who are not in foster care status, and who are not living with any parents or parent substitutes, there may be no identified caregiver. This category may include youth who have run away or thrown out of home, and are living on their own, on the streets, or in a homeless or runaway youth shelter, and there is no suitable adult involved in the youth's life. In this instance the Caregiver section of the CANS-NY will NOT be completed.

- For children/youth in foster care, consider the child/youth's current residence and the child/youth's permanency goal to help decide which parent or parent substitute needs to be included in the Caregiver Section.

IF CHILD/YOUTH IS IN FOSTER CARE				
CHILD/YOUTH'S RESIDENCE	***PERMANENCY GOAL***			
	Reunification	***Live with Relative***	***Adoption***	***Another Planned Living Arrangement (APLA)***
Foster Home	Both Parent(s) and Foster Parent(s)	Relative(s) and Foster Parent(s)	Pre-adoptive parent(s) and /or foster parent(s)	Foster Parent(s) and, if still involved in child/youth's care, the Parent(s)
Congregate Care	Parent(s)	Relative(s)	Pre-adoptive Parent or No Caregiver	No Caregiver
Living Independently	Parent(s)	Relative(s)	Pre-adoptive Parent or No Caregiver	No Caregiver

A. CAREGIVER RESOURCES & NEEDS: The CANS-NY score sheet for the caregiver domain has space to rate multiple caregivers, if applicable. The score sheet has space to indicate the caregiver's relationship to the child/youth, such as parent or foster parent.

If the child/youth lives in a foster boarding home, complete (at least) 2 caregiver sections – one for the foster parent and one for the parent(s) from whom the child/youth was removed.

If the child/youth is freed for adoption, do not complete a caregiver section for the child/youth's parents.

If the child/youth has a permanency goal other than return home, complete a caregiver section on the intended permanency person (if identified).

If the child/youth lives in a congregate foster care setting, there will be no foster parent to rate. For child/youth whose permanency goal is APLA, no caregiver section should be completed. For child/youth with other permanency goals, rate the parent from whom the child/youth was removed and/or a different permanency resource person.

1	**PHYSICAL HEALTH:** *This item describes the presence of any medical or physical health concerns that the caregiver might be experiencing that prevent or limit their ability to parent the child/youth.*
0	No evidence of medical or physical health conditions.
1	History, suspicion, or caregiver is in recovery from a medical or physical condition.
2	Caregiver has medical/physical problems that interfere with capacity to parent.
3	Caregiver has medical/physical problems that make it impossible to parent at this time.

2	**DEVELOPMENTAL:** *This item describes the presence of any developmental disabilities that challenge the caregiver's ability to parent.*
0	No evidence of caregiver developmental challenges.
1	Caregiver has developmental challenges that do not currently interfere with parenting capacity.
2	Caregiver has developmental challenges that interfere with the capacity to parent the child.
3	Caregiver has developmental challenges that make it impossible to parent the child at this time.

3	**MENTAL HEALTH:** *This item refers to any serious mental health issues among caregivers that might limit their capacity for parenting/caregiving to the child/youth.*
0	No evidence of caregiver mental health needs.
1	History or suspicion of or caregiver is in recovery from mental health difficulties.
2	Caregiver's mental health difficulties interfere with the capacity to parent.
3	Caregiver has mental health difficulties that make it impossible to parent currently.

4	**SUBSTANCE USE:** *This item rates the impact of any substance use by the caregivers that might limit their capacity for parenting the child/youth.*
0	No evidence of caregiver substance use.
1	History or suspicion of substance use where there is no interference in the ability to parent the child.
2	Caregiver has some substance use difficulties that interfere with the capacity to parent.
3	Caregiver has substance use difficulties that make it impossible to parent currently.

5	**PARTNER RELATIONSHIP:** *This item refers to the primary caregiver's intimate relationship with another adult.*
0	Caregiver has a generally positive partner relationship with another adult. This adult functions as a member of the family.
1	Caregiver has a generally positive partner relationship with another adult. This adult does not function as a member of the family.
2	Caregiver is currently involved in a negative, unhealthy relationship with another adult. This adult does not live with the caregiver and children (include recent break-ups here if the partner still has access to the household or has contact with the children).
3	Caregiver is currently involved in a negative, unhealthy relationship with another adult who is living with the primary caregiver and children.
NA	Primary Caregiver does not have an adult partner relationship.

6	**CAREGIVER ADJUSTMENT TO TRAUMA:** *This item is used to describe a caregiver who is having difficulty adjusting to traumatic experiences or events defined as traumatic by the caregiver. Informed speculation about why a person is displaying certain behavior, linking trauma and behavior, may be entertained.*
0	There is no evidence of problems associated with traumatic life events.
1	There is a history or suspicion of problems associated with a traumatic life event(s), or the caregiver is making progress adapting to trauma, or the caregiver recently experienced a trauma where the impact on their well-being is not yet known.
2	There is clear evidence of negative symptoms associated with a traumatic life event(s). The symptoms are interfering with the caregiver's functioning in at least one life domain or the caregiver has been diagnosed with a trauma-related disorder.
3	The caregiver has been diagnosed with PTSD or has a history of trauma exposure and there is clear evidence of trauma symptoms (e.g., numbing, nightmares, anger, dissociation) that interfere with multiple areas of functioning.

7	**LEGAL:** *This item describes the caregiver's involvement in any legal system due to caregiver's behavior*.
0	Caregiver has no known legal difficulties.
1	Caregiver has a history of legal problems but is not currently involved with the legal system.
2	Caregiver has some legal problems and is currently involved in the legal system.
3	Caregiver has serious current or pending legal difficulties that place them at risk for incarceration or caregiver is currently imprisoned.

8	**ACCULTURATION/LANGUAGE:** *This item includes both spoken and sign language.*
0	Caregiver(s) speaks and understands English well.
1	Caregiver(s) speaks some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Caregiver(s) does not speak English. A translator or native language speaker is needed for successful intervention and someone can be identified within natural supports (do not include children under 18 years of age).
3	Caregiver(s) does not speak English. A translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

9	**CULTURE STRESS:** *Culture stress refers to experiences and feelings of discomfort or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which the individual lives.*
0	No evidence of stress between caregiver's cultural identity and current living situation.
1	Some stress resulting from friction between the caregiver's cultural identity and current living situation.
2	Caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage culture stress.
3	Caregiver is experiencing cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce culture stress.

10	**SELF-CARE/DAILY LIVING:** *This item describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, and clothing) of self.*
0	The caregiver has the skills needed to complete the daily tasks required to care for self.
1	The caregiver needs verbal prompting to complete the daily tasks required to care for self.
2	The caregiver needs physical prompting to complete the daily tasks required to care for self.
3	The caregiver is unable to complete some or all of the daily tasks required to care for self.

11	**ORGANIZATION:** *This item describes the ability of the caregiver to organize and manage their household within the context of accessing community services to care for their child/youth.*
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining a household that supports needed services.
2	Caregiver has difficulty organizing and maintaining a household that supports child's needed services.
3	Caregiver is unable to organize a household that supports child's needed services.

12	**SUPERVISION:** *This item rates the caregiver's capacity to provide the level of monitoring and discipline needed by the child/youth.*
0	No evidence of need. Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision but may need occasional help or technical assistance.
2	Supervision and monitoring are not adequate to support the child's needs. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

13	**RESOURCEFULNESS:** *This item describes the caregiver's ability to identify, access and utilize external resources and services to address the needs of the child/youth and family.*
0	Caregiver is skilled at finding resources that are useful in achieving and maintaining safety and well-being for self and child.
1	Caregiver has skills in finding resources that are useful in achieving and maintaining safety and well-being for self and child, but sometimes requires assistance in identifying or accessing resources.
2	Caregiver lacks skills finding resources that are useful in achieving and maintaining safety and well-being for self and child. Caregiver requires temporary assistance with identifying and accessing resources.
3	Caregiver is unable to find resources that are useful in achieving and maintaining safety and well-being for self and child. Caregiver requires ongoing assistance with identifying and accessing resources.

14	**DECISION-MAKING:** *This item describes the caregiver's ability to comprehend and anticipate the consequences of decisions; to plan, implement, and monitor a course of action; and to judge and self-regulate behavior according to anticipated outcomes.*
0	The caregiver has no evidence of problems with decision-making.
1	The caregiver has difficulty thinking through problems or situations but decision-making abilities do not interfere with caregiver's functioning as a parent.
2	The caregiver has difficulty thinking through problems or situations and this interferes with their ability to function as a parent.
3	The caregiver demonstrates decision-making and judgment that places the child at risk.

15	**PARENTING STRESS:** *This item reflects the degree of stress or burden experienced by the caregiver as a result of the needs of all children in the household, including target child/youth.*
0	No evidence of need.
1	Caregiver has problems with the stress of the child/children's needs and is able to utilize resources to manage.
2	Caregiver has problems managing the stress of the child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with the child/children's needs. This stress prevents caregiver from parenting.

16	**HOUSING SAFETY AND ACCESSIBILITY:** *This item describes whether the caregiver's current housing circumstances are safe and accessible. Consider the child/youth's specific medical or physical challenges when rating this item.*
0	Current housing has no challenges to fully support the child's health, safety, and accessibility.
1	Current housing has some challenges to fully support the child's health, safety, and accessibility but these challenges do not currently interfere with functioning or present any notable risk to the child or others.
2	Current housing has notable limitations to support the child's health, safety, and accessibility. These challenges interfere with or limit the child's functioning.
3	Current housing is unable to meet the child's health, safety, and accessibility needs. Housing presents a significant risk to the child's health and well-being.

17	**RESIDENTIAL STABILITY:** *This item describes the housing stability of the caregiver(s)/family.*
0	No evidence of need, caregiver has stable housing.
1	Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force a housing disruption.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the recent past.

18	**FINANCIAL RESOURCES**: *This item refers to the income and other sources of money available to caregivers that can be used to address family need.*
0	No evidence of financial issues or caregiver has financial resources necessary to meet needs.
1	History or suspicion, or existence of difficulties. Caregiver has financial resources necessary to meet most needs; however, some limitations exist.
2	Caregiver has financial difficulties that limit ability to meet significant family needs.
3	Caregiver is experiencing financial hardship, poverty.

19	**SAFETY:** *This item describes the caregiver's ability to maintain the child/youth's safety within the household.*
0	Caregiver's household is safe and secure from potentially dangerous individuals – no risk from others.
1	Caregiver's household is safe but concerns exist about the safety of the child due to history or others in the neighborhood that might be abusive.
2	Child is in some danger from one or more individuals with access to the household.
3	Child is in immediate danger from one or more individuals with unsupervised access.

20	**INFORMAL SUPPORTS**: *This item refers to the caregiver's relationship with extended family, friends, and neighbors who can provide emotional and instrumental support.*
0	The caregiver has adaptive relationships. Extended family members, friends or neighbors play a central role in the functioning and well-being of the caregiver and family. Caregiver has predominately positive relationships and conflicts are resolved quickly.
1	The caregiver's relationships are mostly adaptive. Extended family members, friends, or neighbors play a supportive role in caregiver and family functioning. They generally have positive relationships. Conflicts may linger but are eventually resolved.
2	The caregiver has limited relationships. Extended family members, friends, or neighbors are marginally involved in the functioning and well-being of the caregiver and family. The caregiver has generally strained or absent relationships with these informal supports.
3	The caregiver has significant difficulties with relationships. The caregiver is not in contact or estranged from extended family members. They may report they have no friends or no contact with neighbors. The family has negative relationships involving continuing conflicts with extended family and friends. The family does not feel supported and may feel shunned by their neighbors.

21	**CULTURAL DIFFERENCES WITHIN A FAMILY:** *Sometimes individual members within a family have different backgrounds, values or perspectives. In many cases, this may not cause any difficulties in the family as they are able to communicate about their differences, but for others, it may cause conflict, stress, or disengagement between family members and impact the child/youth's functioning. This might occur in a family where a child/youth is adopted from a different race, culture, ethnicity, or socioeconomic status. The parent may struggle to understand or lack awareness of the child/youth's experience of discrimination. Additionally, this may occur in families where the parents 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.*
0	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	Child and family have struggled with cultural differences in the past, but are currently managing them well or there are issues of disagreement.
2	Child and family experience difficulties managing cultural differences within the family which negatively impacts the functioning of the child.
3	Child and family experience such significant difficulty managing cultural differences within the family that it interferes with the child's functioning or requires immediate action.

22	**TRANSPORTATION OF CHILD/YOUTH:** *This item reflects the caregiver's ability to provide appropriate transportation for the child/youth.*
0	Child and caregiver have no transportation needs. Caregiver is able to get child to appointments, school, activities, etc. consistently.
1	Child and caregiver have some transportation needs for appointments. Caregiver has difficulty getting child to appointments, school, activities.
2	Child and caregiver have frequent transportation needs. Caregiver has difficulty getting child to appointments, school, activities, etc. regularly. Caregiver needs assistance transporting child and access to transportation resources or may require a special vehicle.
3	Child and caregiver have no access to appropriate transportation and are unable to get child to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

23	**KNOWLEDGE OF CONDITION:** *This item seeks to identify whether the caregiver requires more information about the child/youth's developmental, behavioral, or medical condition(s) in order to be the best advocate for the child/youth.*
0	Caregiver is knowledgeable about the child's condition(s), needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their parenting capacity.
2	Caregiver has clear need for information to improve knowledge about the child. Current lack of information is interfering with ability to parent.
3	Caregiver's lack of knowledge places the child at risk for significant negative outcomes.

24	**CARE/TREATMENT INVOLVEMENT:** *This item rates the caregiver's participation in seeking and supporting care/treatment to address the needs of the child/youth.*
0	No evidence of need with caregiver involvement with services or interventions for the child or caregiver is actively involved in treatment and ensures that treatment is provided consistently or caregiver is an effective advocate for child.
1	Caregiver is open to support, education, and information. Caregiver is involved in treatment but may struggle to stay consistent.
2	Caregiver is not involved in the child's service interventions.
3	Caregiver does not participate in services or interventions intended to assist the child and their lack of involvement places child at risk. Caregiver may wish for the child to be removed from their care.

25	**KNOWLEDGE CONGRUENCE:** *This item refers to a family's explanation about their child/youth's presenting issues, needs and strengths in comparison to the prevailing professional/helping culture(s) perspective.*
0	There is no evidence of differences/disagreements between the family's explanation of presenting issues, needs and strengths and the prevailing professional/helping cultural view(s), i.e., the family's view of the child is congruent with the prevailing professional/helping cultural perspective(s).
1	Some evidence of differences between the family's explanation and the prevailing professional/helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs.
2	Disagreement between the family's explanation and the prevailing professional/helping cultural perspective(s) creates challenges for the family or those who work with them.
3	Significant disagreement in terms of explanation between the family and the prevailing professional/helping cultural perspective(s) that places the family in jeopardy of significant problems or sanctions.

26	**FAMILY RELATIONSHIP TO THE SYSTEM**: *This item describes the degree to which the family's apprehension to engage with the formal health care system creates a barrier to receipt of care. For example, if a family refuses to see a psychiatrist due to their belief that medications are over-prescribed for child/youth, a clinician must consider this belief and understand its impact on the family's choices. These complicated factors may translate into generalized discomfort with the formal health care system and may require the clinician to reconsider their approach.*
0	The caregiver actively engages with the formal helping system.
1	The caregiver expresses little hesitancy to engage with the formal helping system.
2	The caregiver expresses hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.
3	The caregiver expresses significant hesitancy to engage with the formal helping system that prohibits the family's engagement with the treatment team currently. When this occurs, the development of an alternate treatment plan may be required.

B. CHILD/YOUTH STRENGTHS

27	**FAMILY:** *This item 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. The definition of family comes from the child/youth's perspective (i.e., who the child/youth describe 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.*
0	Significant family strengths exist and family members display much love and respect for one another. Family members are central in each other's lives. Child is fully included in family activities.
1	Family has strong relationship and strengths. Family members are loving with generally good communication and ability to enjoy each other's company. There is at least one family member with a strong, loving relationship with the child and is able to provide emotional or other support.
2	Presence of some family strengths and family members are able to communicate and participate in each other's lives; however, family members are not able to provide emotional or concrete support for each other.
3	This level indicates a child with no known family strengths. Child is not included in normal family activities.

28	**FOSTER FAMILY:** *This item describes whether positive and supportive relationships exist within the foster family and the child/youth's inclusion in foster family's activities. Check NA if a child/youth is not in a foster family.*
0	Family members display much love and respect for one another. Family members are central in each other's lives. Child is fully included in family activities.
1	Family members are loving with generally good communication and ability to enjoy each other's company. There may be some problems between family members.
2	Family members are able to communicate and participate in each other's lives; however, family members are not able to provide significant emotional or concrete support for each other.
3	This level indicates a child with no known family strengths. Child is not included in normal family activities.
NA	Child does not live a family-type foster home (i.e., not in foster care, or lives in congregate care).

29	**INTERPERSONAL:** *This item 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*
0	Child/youth has well-developed interpersonal skills and healthy friendships.
1	Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.
2	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	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.

30	**SOCIAL RELATIONSHIPS WITH ADULTS:** *This item describes child/youth's social relationships with adults outside the family.*
0	Child/youth is skilled with positive social relationships with adults.
1	Child/youth shows interest and capability with social relationships with adults.
2	Child/youth shows some interest but not current connection to social relationships with adults.
3	No evidence of strength specific to child/youth social relationships with adults.

31	**RELATIONSHIP STABILITY:** *This item refers to the stability of significant relationships in the child/youth's life. This likely includes family members but may also include other individuals.*
0	Child/youth has stable relationships. Family members, friends, and community have been stable for most of child/youth's life and are likely to remain so in the foreseeable future. Child/youth is involved with caregivers/parents.
1	Child/youth has had stable relationships but there is some concern about instability in the near future due to impending transitions, illness, divorce, or age. A stable relationship with only one parent/caregiver/adult may be rated here.
2	Child/youth has had at least one stable relationship over their lifetime but has experienced other instability through factors such as divorce, moving, removal from home, or death, for example.
3	Child/youth does not have stability in relationships.

32	**OPTIMISM:** *This item is based on the child/youth's sense of self in their own future.*
0	Child/youth has a strong and stable optimistic outlook on life.
1	Child/youth is generally optimistic about their future.
2	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	There is no evidence of optimism at this time and/or child/youth has difficulties seeing positive aspects about themselves or their future.

33	**RESOURCEFULNESS:** *This item describes the child/youth's ability to identify and use external resources necessary to manage challenges.*
0	Child/youth is quite skilled at finding the necessary resources required to aid them in managing challenges and maintaining their well-being.
1	Child/youth has some skills at finding resources required to aid them in managing challenges and pursuing their own well-being but sometimes requires assistance in identifying or accessing these resources.
2	Child/youth has limited skills for finding resources required to aid in managing their well-being and requires temporary assistance both with identifying and accessing these resources.
3	Child/youth has no skills for finding the resources to aid in managing their well-being and requires ongoing assistance with both identifying and accessing these resources.

34	**ADAPTABILITY:** *This item describes the child/youth's ability to respond to changing circumstances, even when the caregiver is present.*
0	Child has a strong ability to adjust to changes and transitions.
1	Child has the ability to adjust to changes and transitions, when challenged the child is successful with caregiver support.
2	Child has difficulties adjusting to changes and transitions even with caregiver support.
3	Child has difficulties coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

35	**PERSISTENCE:** *This item describes the act of persevering or working towards accomplishing tasks/activities***.**
0	Child has a strong ability to continue an activity that is challenging even in the face of obstacles or distractions.
1	Child has some ability to continue an activity that is challenging. Adults are able to assist the child to continue attempting the task or activity.
2	Child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the child in this area.
3	Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence.

36	**RESILIENCE:** *This item refers to the child/youth's ability to recognize his or her strengths and use them in times of need or to support his or her own healthy development.*
0	Child/youth is able to both identify and use strengths to better self and successfully manage difficult challenges.
1	Child/youth is able to identify strengths and is able to partially utilize them constructively.
2	Child/youth is able to identify strengths but is not able to utilize them constructively.
3	Child/youth is not yet able to identify any strengths.

37	**TALENTS/INTEREST:** *This item refers to the broad array of possible activities that the child/youth may enjoy and help enable child/youth's healthy development. Examples include athletics, art, singing, cooking, etc.*
0	Child/youth has a talent that provides pleasure or self-esteem.
1	Child/youth has a talent, interest, or hobby with the potential to provide pleasure and self-esteem but child/youth is not fully engaged.
2	Child/youth has identified interests but needs assistance converting those interests into a talent or hobby. For example, the child/youth may lack resources needed to access these activities.
3	Child/youth has no identified talents, interests or hobbies.

38	**CULTURAL IDENTITY:** *Item refers to the child/youth's view of self as belonging to a specific cultural group. Culture may be defined by factors including race, religion, ethnicity, geography, sexual orientation, gender identity, and expression.*
0	Child/youth has a defined cultural identity and is connected to others who share the same cultural identity.
1	Child/youth is developing a cultural identity and is seeking others to support their identity.
2	Child/youth is searching for their cultural identity and has not yet connected with others.
3	Child/youth does not identify with a specific cultural identity

39	**SPIRITUAL/RELIGIOUS:** *This item refers to the child/youth's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the child/youth.*
0	Child/youth receives comfort and support from religious or spiritual beliefs and practices and/or community.
1	Child/youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices, and/or community whose members provide support.
2	Child/youth has expressed some interest in religious or spiritual belief and practices.
3	No evidence of identified spiritual or religious strength or expressed interest at this time.

C. CHILD/YOUTH NEEDS & FUNCTIONING

40	**LIVING SITUATION:** *This item describes the child/youth's functioning in their current living environment.*
0	No evidence of problem with functioning in current living environment.
1	History or suspicion of problems with functioning in current living situation; caregivers are concerned about child's behavior in living situation.
2	Problems with functioning in current living situation; child has difficulties maintaining acceptable behavior in this setting.
3	Child is at immediate risk of being removed from living situation due to unacceptable behavior.

41	**ACCULTURATION/LANGUAGE***: This item looks at whether the child/youth and family need help with communication to obtain the necessary resources, supports and accommodations (e.g., interpreter). This item includes spoken, written, and sign language, as well as issues of literacy.*
0	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 the child/youth or family lives.
1	Child/youth and/or family speak or read the primary language where the child/youth or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.
2	Child/youth and/or significant family members do not speak the primary language where the child/youth or family lives. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.
3	Child/youth and/or significant family members do not speak the primary language where the child/youth or family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

42	**SOCIAL FUNCTIONING:** *This item 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.*
0	No evidence of any problems with peers. Child/youth has friends and has developmentally appropriate peer interactions.
1	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	Child/youth is having some problems with social relationships that interfere with functioning in other life domains.
3	Child/youth is experiencing 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.

43	**DECISION-MAKING/JUDGMENT:** *This item describes the child/youth's ability to comprehend and anticipate the consequences of decisions; to plan, implement, and monitor a course of action; and to judge and self-regulate behavior according to anticipated outcomes, in a developmentally appropriate manner.*
0	No evidence of need.
1	There is history or suspicion of problems with judgement in which the child/youth makes decisions that are in some way harmful to their development and/or well-being.
2	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	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.

44	**SLEEP:** *This item rates the child/youth's sleep patterns. This item 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.*
0	Child/youth gets a full night's sleep each night.
1	Child/youth has some problems sleeping. Child/youth gets a full night's sleep but occasionally problems arise such as waking up due to bed wetting, nightmares, or night terrors.
2	Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep. Sleeping too much could also be rated here.
3	Child/youth is rarely able to get a full night's sleep and is generally sleep deprived. Excessive sleep that is preventing functioning in at least one life domain could also be rated here.

45	**PHYSICAL LIMITATIONS:** *This item refers to any changes in body structures, functioning or health that negatively impacts child/youth's performance in activities. Aspects of physical health affecting performance include gross and fine motor deficits, sensory deficits related to vision and hearing, and health status. Please review the child/youth's most recent health assessment to assist with completion of this section.*
0	Child has no physical limitations.
1	Child has one or more physical conditions that place limitations on activities. Conditions such as impaired hearing or vision would be rated here. Treatable medical conditions that result in physical limitations (e.g., asthma) could also be rated here.
2	Child has one or more physical conditions that impact activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has physical limitations due to multiple physical conditions that impact activities.

46	**DENTAL NEEDS:** *This item refers to the child/youth's need for dental health services.*
0	No evidence of any dental health needs or needs are currently being addressed appropriately.
1	Child has not received dental health care and requires a checkup. Child may have some dental health needs but they are not clearly known at this time.
2	Child has dental health needs that require attention.
3	Child has serious dental health needs that require intensive or extended treatment/intervention.

47	**RECREATIONAL:** *This item rates the child/youth's access to and use of leisure activities.*
0	No evidence of any problems with recreational functioning. Child/youth has access to sufficient activities that the child/youth enjoys.
1	Child/youth participates in some recreational activities although problems may exist, such as lack of frequency of variety.
2	Child/youth is having problems with recreational activities. Child/youth may experience some problems with effective use of leisure time.
3	Child/youth has no access to or interest in recreational activities. Child/youth has significant difficulties making use of leisure time.

48	**JUVENILE JUSTICE/LEGAL***: This item indicates the child/youth's level of involvement with the juvenile justice system/family court, and/or police/legal. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating.*
0	Child/youth has no known legal difficulties or involvement with the court system.
1	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	Child/youth has some legal problems and is currently involved in the legal system due to delinquent behaviors (misdemeanors such as offenses against persons or property, drug-related offenses, underage drinking).
3	Child/youth has serious current or pending legal difficulties that place them at risk for a court ordered out of home placement, detention, or incarceration (ages 18 to 21) 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).

D. SCHOOL/ACADEMIC FUNCTION

If child/youth is older than high school age and has permanently left school, you may check NA for items 49-52.

49	**EDUCATIONAL PARTNERSHIP:** *This item rates the degree of partnership between the school and others in meeting the child/youth's educational needs, including but not limited to any medical accommodations needed.*
0	School works closely with child/youth and family to identify and successfully address child/youth's educational needs, or child/youth excels in school.
1	School works with child/youth and family to identify and address educational needs.
2	School is currently unable to adequately identify or address child/youth's needs.
3	School is unable or unwilling to work to identify and address child/youth's needs.
NA	Youth has graduated HS or has GED.

50	**SCHOOL BEHAVIOR:** *This item rates the behavior of the child/youth in school or school-like settings.*
0	No evidence of behavioral problems at school, OR child/youth is behaving well in school.
1	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	Child/youth's behavior problems are interfering with functioning at school. The child/youth is disruptive and may have received sanctions including suspensions.
3	Child/youth is having problems with behavior in school. The child/youth is frequently disruptive. School placement may be in jeopardy due to behavior.
NA	Youth has graduated HS, has GED or is home schooled.

51	**SCHOOL ACHIEVEMENT:** *This item rates the child/youth's grades or level of academic achievement. This item is rated based on developmental age rather than chronological age.*
0	No evidence of issues in school achievement and/or child/youth is doing well in school.
1	Child/youth is doing adequately in school although some problems with achievement exist.
2	Child/youth is having problems with school achievement. The child/youth may be failing some subjects.
3	Child/youth is having 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.
NA	Youth has graduated HS or has GED.

52	**SCHOOL ATTENDANCE:** *This item rates issues of attendance. If school is not in session, rate the last 30 days when school was in session.*
0	Child/youth attends school regularly.
1	Child/youth has a history of attendance problems, OR child/youth has some attendance problems but generally goes to school.
2	Child/youth's problems with school attendance are interfering with academic progress.
3	Child/youth is generally absent from school and interfering with academic progress.
NA	Youth has graduated HS, has GED or is home schooled.

53	**LEARNING ABILITY:** *This item refers to the child/youth's ability to learn. Special educational strategies may be needed to create an environment where child/youth can learn*.
0	The child/youth appears fully able to effectively learn.
1	There is a history, suspicion of, or evidence of a learning disability.
2	There is evidence of a learning disability. The child/youth is struggling to learn and unless challenges are addressed, learning will remain impaired.
3	There is evidence of a learning disability. The child/youth is currently unable to learn as current challenges are preventing any progress.

E. RISK BEHAVIORS

Lifetime histories, as well as the recency of acts, are considered when rating child/youth risk factors and behaviors.

54	**SUICIDE RISK:** *This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of a child or youth to end their life. A rating of '2' or '3' would indicate the need for a safety plan.*
0	No evidence of suicidal thoughts or behaviors.
1	History of suicidal thoughts or behaviors but no recent indication.
2	Current evidence of risk of thoughts or behaviors towards suicide.
3	Current ideation and intent or command hallucinations that involves self-harm.

55	**SELF-INJURIOUS BEHAVIOR:** *This item 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.).*
0	No evidence of self-injurious behavior.
1	History of self-injurious behavior.
2	Engaged in self-injurious behavior that does not require medical attention.
3	Engaged in self-injurious behavior that requires medical attention.

56	**OTHER SELF-HARM:** *This item describes reckless behavior other than suicide or self-injury that places the child/youth at risk of physical harm.*
0	No evidence of behaviors that place the child/youth at risk of physical harm.
1	There is a history of behavior that places child/youth at risk of physical harm; this includes possibly endangering reckless and risk-taking behavior.
2	Engaged in reckless or intentional risk-taking behavior that places child/youth at risk of physical harm.
3	Engaged in reckless or intentional risk-taking behavior other than suicide or self-mutilation that places child/youth at immediate risk of harm or death.

57	**DANGER TO OTHERS:** *This item rates the child/youth's violent or aggressive behavior. The intention is to intimidate others with threats to cause harm to others. A rating of a "2" or "3" would indicate the need for a safety plan.*
0	No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).
1	History of aggressive behavior or verbal threats of aggression towards others.
2	Evidence of aggression towards others. Child/youth has made verbal threats of violence towards others.
3	Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.

58	**FIRE SETTING:** *This item 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.*
0	No evidence of fire setting by the child/youth.
1	History or suspicion of fire setting.
2	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	Acute threat of fire setting. Set fire that endangered the lives of others (e.g., attempting to burn down a house or setting other fires).

59	**SEXUALLY REACTIVE BEHAVIOR:** *This item refers to sexual behavior that may not be age-appropriate and may put youth at-risk for adverse outcomes, such as victimization, pregnancy, or STIs.*
0	No evidence of problems with sexually reactive behaviors.
1	History or suspicion of sexually reactive behavior that places the child/youth at risk, such as inappropriate sexual language or behavior, or unprotected sex with single partner. A history of sexually provocative behavior would be rated here.
2	Child/youth engages in sexually reactive behavior that places child/youth at risk that negatively impacts functioning. Child/youth may exhibit sexually provocative behaviors.
3	Child/youth engages in a dangerous level of sexually reactive behaviors. Child/youth exhibits sexual behaviors that place child/youth or others at immediate risk such as engaging in promiscuous sexual behaviors, or having unprotected sex with multiple partners.

60	**SEXUAL AGGRESSION:** *This item is intended to describe both aggressive sexual behavior and sexual behavior in which the child/youth take advantage of a younger or less powerful child/youth. The severity and recency of the behavior provide the information needed to rate this item.*
0	No evidence of any history of sexually aggressive behavior.
1	History or suspicion of sexually aggressive behavior and/or sexually inappropriate behavior within the past year that troubles others such as harassing talk or public masturbation.
2	Child/youth engages in sexually aggressive behavior that negatively impacts functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching of others). Frequent disrobing would be rated here only if it was sexually provocative.
3	Child/youth engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person.

61	**DELINQUENT BEHAVIOR:** *This item includes behaviors that may result from child/youth failing to follow required behavioral standards (e.g., truancy, curfew violations, driving without a license). If caught, the child/youth could be arrested for the exhibited behavior.*
0	No evidence of illegal or delinquent behavior.
1	History or suspicion of delinquent behavior.
2	Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk of legal involvement.
3	Recent acts of delinquent activity that place the child/youth and/or others at risk of significant loss or injury or place the child/youth to have legal involvement. Examples include car theft, residential burglary, and gang involvement.

62	**BULLYING:** *This item describes the child/youth's behavior that involves intimidation (either verbal or physical, or both) of peers and younger child/youth; threatening others with harm if they do not comply with the child/youth's demands is rated here. Cyber-bullying could be rated here. (If this child/youth is a victim of bullying, rate Item 83 as a "1.")*
0	Child/youth has never engaged in bullying at school or in the community.
1	Child/youth has been involved with groups that have bullied other child/youth either in school or the community; however, child/youth has not had a leadership role in these groups.
2	Child/youth has bullied other child/youth in school or community. Child/youth has either bullied the other child/youth individually or led a group that bullied other child/youth.
3	Child/youth has repeatedly utilized threats or actual violence to bully other child/youth in school or in the community.

63	**RUNAWAY:** *This item describes the risk of running away, leaving without permission or anyone knowing where the child/youth is, or actual runaway behavior.*
0	No evidence of runaway behavior.
1	Child/youth may have a history of running away but no recent history of running away, although has expressed ideation about leaving current living situation. Child/youth may have threatened running away on one or more occasions.
2	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) for current living arrangement.
3	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.

64	**INTENTIONAL MISBEHAVIOR:** *This item describes intentional behaviors that a child/youth engages in to force others to administer consequences. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which the child/youth lives) that put the child/youth at some risk of consequences. It is not necessary that the child/youth be able to articulate that the purpose of their misbehavior is to provide reactions/consequences to rate this item. There is always, however, a benefit to the child/youth resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., child/youth feel more protected, more in control, less anxious because of the sanctions). This item should not be rated for children/youth who engage in such behavior solely due to developmental delays.*
0	No evidence of problematic social behavior.
1	Some problematic social behavior that causes adults to intervene.
2	Child intentionally getting in trouble in school or at home and the consequences are causing problems in the child's life
3	Problematic social behavior that makes it necessary for adults to repeatedly administer consequences to the child. The behaviors may cause harm to others and/or they place the child at risk of significant sanctions (e.g., expulsion from school or removal from the community).

65	**EATING DISTURBANCE:** *This item describes problems with eating, such as disturbances in body image, refusal to eat or maintain normal body weight, recurrent episodes of binge eating and hoarding food. Pica (a craving for something not normally regarded as nutritive), anorexia, bulimia, and obesity would be rated in this category. A '3' would describe an eating disturbance that was placing the child/youth in physical jeopardy.*
0	There is no evidence of eating disturbance.
1	There is a level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
2	There is clear evidence of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, or emaciated body appearance. This level could also include more notable overeating that has led to obesity or binge eating episodes that may or may not be followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). In addition to anorexia and bulimia, food hoarding could also be rated here.
3	Eating disturbance is disabling. This could include significantly low weight where hospitalization is required; obesity with significant health problems; or excessive binging or binging then purging behaviors (at least once per day).

F. EXPOSURE TO POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES
This section is based on the child/youth's exposure to Adverse Childhood Experiences during the child/youth's entire **LIFETIME** so far.

66	**SEXUAL ABUSE:** *This item describes if the child/youth has experienced sexual abuse at any point in the child/youth's lifetime.*
0	There is NO evidence that the child has experienced sexual abuse.
1	Child has experienced or there is a suspicion that child has experienced sexual abuse.

67	**PHYSICAL ABUSE:** *This item describes if the child/youth has experienced physical abuse at any point in the child/youth's lifetime.*
0	There is NO evidence that the child has experienced physical abuse.
1	Child has experienced or there is a suspicion that they have experienced physical abuse, or repeated physical abuse with sufficient physical harm requiring medical treatment.

68	**EMOTIONAL ABUSE:** *This item describes if the child/youth has experienced emotional abuse at any point in the child/youth's lifetime, including verbal and nonverbal forms. This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child/youth or "emotional neglect" defined as the denial of emotional attention or support from caregivers.*
0	There is NO evidence that the child has experienced emotional abuse.
1	Child has experienced or there is a suspicion that child has experienced emotional abuse.

69	**NEGLECT:** *This item describes if the child/youth has experienced neglect at any point in the child/youth's lifetime. Neglect can refer to a lack of food, shelter or supervision (physical neglect) or a lack of access to needed medical care (medical neglect) or failure to receive academic instruction (educational neglect).*
0	There is NO evidence that the child has experienced neglect.
1	Child has experienced or there is a suspicion that child has experienced physical, medical, or educational neglect.

70	**WITNESS TO ABUSE OF ANOTHER CHILD/YOUTH:** *This item describes if the child/youth has witnessed the abuse or maltreatment of another child/youth in the home at any point in the child/youth's lifetime.*
0	There is NO evidence that the child has witnessed the abuse of another child in the home.
1	Child has witnessed or there is a suspicion that child has witnessed the abuse of another child in the home.

71	**MEDICAL TRAUMA:** *This item describes if the child/youth has experienced medical trauma at any point in the child/youth's lifetime. Potential traumas include but are not limited to: the onset of a life threatening illness; sudden painful medical events; chronic medical conditions resulting from an injury or illness or another type of medically related traumatic event. This could include witnessing a close relative's medical trauma as well.*
0	There is NO evidence that the child has experienced medical trauma.
1	Child 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. A suspicion that a child has had a medical experience that was perceived as emotionally or mentally overwhelming should be rated here.

72	**DOMESTIC VIOLENCE:** *This item describes if the child/youth has been exposed to domestic violence between adults at any point in the child/youth's lifetime.*
0	There is NO evidence that the child has been exposed to domestic violence.
1	Child has been exposed or there is a suspicion that child has been exposed to domestic violence.

73	**COMMUNITY VIOLENCE:** *This item describes if the child/youth has been exposed to community violence at any point in the child/youth's lifetime. Community violence may include direct victimization or hearing/seeing fights, muggings, gunshots, people being killed, etc. Terrorism or war-affected can be rated here.*
0	There is NO evidence that child has been exposed to violence in the community.
1	Child has been exposed or there is a suspicion that child has been exposed community violence.

74	**EXPLOITATION:** *This item describes if the child/youth has been forced into unlawful activities such as prostitution, drug dealing or forced labor at any point in the child/youth's lifetime.*
0	There is NO evidence that child has been exploited.
1	Child has been exploited or there is a suspicion that child has been exploited.

75	**SCHOOL VIOLENCE:** *This item describes if the child/youth has been exposed to school violence at any point in the child/youth's lifetime. School violence may include direct victimization or hearing/seeing fights, gunshots, muggings, people being killed, etc.*
0	There is NO evidence that child has been exposed to school violence.
1	Child has been exposed or there is a suspicion that child has been exposed to school violence.

76	**NATURAL OR MAN-MADE DISASTERS:** *This item describes if the child/youth has experienced a natural or man-made disaster at any point in the child/youth's lifetime.*
0	There is NO evidence that the child has been exposed to natural or man-made disasters.
1	Child has been exposed to a natural or man-made disaster.

77	**CRIMINAL ACTIVITY:** *This item describes if the child/youth has been exposed to criminal activity at any point in the child/youth's lifetime. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault, or battery.*
0	There is NO evidence that the child has been victimized or witnessed significant criminal activity.
1	Child has been exposed or there is a suspicion that child has been exposed to criminal activity.

78	**PARENTAL/CAREGIVER INCARCERATION:** *This item describes whether child/youth's parents/caregivers have ever been incarcerated during child/youth's lifetime (include both biological and stepparents, and other legal guardians, not foster parents).*
0	There is NO evidence that the child's parents/caregivers have ever been incarcerated.
1	Child's parents/caregivers have a history of incarceration or are currently incarcerated.

79	**DISRUPTIONS IN CAREGIVING/ATTACHMENT:** *This item describes if the child/youth has experienced disruptions in caregiving involving separation from primary attachment figure(s) or attachment losses. Child/youth, who has had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings, are rated here. Short term hospital stays or brief juvenile detention stays, during which the child/youth's caregiver remains the same, would not be included in this item.*
0	There is NO evidence that the child has experienced disruptions in caregiving or attachment losses.
1	Child has experienced disruptions in caregiving or attachment losses.

80	**DEATH OF A LOVED ONE:** *This item describes if the child/youth has experienced the death of a loved one. This includes anyone who the child/youth had a significant attachment to including, grandparents, siblings, and other caregivers.*
0	There is NO evidence that the child has experienced the death of a loved one.
1	Child has experienced the death of a loved one.

81	**SUBSTANCE EXPOSURE:** *This item describes the child/youth's exposure to substance use and abuse both before birth and exposure to dangerous substances within the household.*
0	Child had NO exposure to alcohol or drugs while in utero.
1	Child was exposed to alcohol or drugs while in utero.

82	**SEXUAL ORIENTATION/GENDER IDENTITY OR EXPRESSION:** *This item refers to times when child/youth may have been bullied, physically or emotionally abused by peers or adults, including the child/youth's parents, because of the child/youth's sexual orientation, gender identity or expression.*
0	Child/youth has NOT been targeted for physical or emotional abuse due to sexual orientation, gender identity or expression and/or are supported in their search for sexual orientation/gender identity.
1	Child/youth has been targeted for physical or emotional abuse due to sexual orientation, gender identity or expression and/or are not supported in their search for sexual orientation/gender identity.

83	**BULLIED:** *This item refers to times when child/youth may have been bullied, physically or emotionally abused by peers for reasons other than sexual orientation, gender identity or expression. Bullying could have occurred at school or in the community. Include bullying via social media.*
0	Child has NOT been targeted for physical or emotional abuse.
1	Child has been targeted for physical or emotional abuse either directly or indirectly.

G. SCREENING QUESTIONS FOR MODULES

84	**ADJUSTMENT TO TRAUMA:** *This item is used to describe the child/youth who is having difficulties adjusting to a traumatic experience, as defined by the child/youth. Please note that to score this item as a 1, 2 or 3, a traumatic event needs to have occurred and been scored in the Adverse Childhood Experiences domain (Domain F). A rating of '0' would describe a person who has not experienced any trauma or whose exposure to traumatic/adverse experiences did not impact functioning.* ***Note: A score of 1, 2 or 3 on this item means that both the Trauma Symptoms and Behavioral Health Modules must be completed.***
0	No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.
1	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	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/youth's functioning in at least one life domain.
3	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 PTSD).

85	**BEHAVIORAL HEALTH:** *This item describes problems related to mental or emotional health. This item rates the extent to which these issues are impacting functioning and/or being treated. Diagnosis is not required in rating these items, as you are only rating symptoms and behaviors. When rating these items, it is important to take the child/youth's development into account. Remember we are rating the "What" not the "Why". This means for the purpose of this assessment you are looking at what is, what you can see, what is known, evidence of behavior, but not trying to identify why some behavior is present.* ***Note: A score of 1, 2, or 3 on this item means that the Behavioral Health Module must be completed. If the child/youth has a score of 1 or more in the Trauma Screening question then the Behavioral Health Module must also be completed.***
0	Child has no emotional or behavioral difficulties.
1	Child has some emotional or behavioral difficulties but these challenges do not interfere with current functioning.
2	Child has notable emotional or behavioral difficulties that currently interfere with the child, family or community functioning.
3	Child has mental or emotional health issues that limit functioning and may result in danger to self or public safety issues. Immediate and/or intensive interventions are indicated.

86	**SUBSTANCE USE:** *This item describes problems related to the use/abuse of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by a child/youth. This item does not apply to the use of tobacco or caffeine.* ***Note: A score of 1, 2, or 3 on this item means that the Substance Use Module must be completed.***
0	No evidence of substance use.
1	History or suspicion of substance use.
2	Child/youth has a substance use problem that consistently interferes with the ability to function in their daily activities, but does not completely preclude functioning in an unstructured setting.
3	Child/youth has a substance use/abuse 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.

87	**DEVELOPMENTAL:** *This item describes the child/youth's development compared to typical or expected development. It also includes documenting the presence of developmental delays (motor, social, and speech) or impairment associated with specific childhood-onset disorders including intellectual disability (intellectual developmental disorder) and Autism Spectrum Disorder. Rate the item depending on the significance of the disorder(s) and associated level of impairment in personal, social, family, or school functioning.* ***Note: A score of 1, 2, or 3 on this item means that the Developmental Module must be completed.***
0	No evidence of developmental delays and/or child/youth has no identified developmental problems, intellectual disability, autism spectrum disorder, or other neurodevelopmental disorder.
1	There are concerns about possible developmental delay(s) in one or more areas of functioning and/or there is an identified condition that can be associated with developmental delays including autism spectrum disorder, cerebral palsy, learning disorder, etc. Mild deficits in adaptive functioning may also be indicated.
2	Child/youth has moderate developmental delays (e.g., motor, social, speech/communication) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 50- 69)
3	Child/youth has severe developmental delays, to profound intellectual disability (FSIQ, if available, less than 50) 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.

88	**MEDICAL HEALTH:** *This item rates the child/youth's current health status. This item does not rate depression or other mental health issues.* **Note: A score of 1, 2, or 3 on this item means that the Medical Module must be completed.**
0	No evidence child has medical health concerns.
1	Child has transient or well-managed medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
2	Child has medical or physical condition(s) that require medical treatment or intervention. Caregiver requires support to manage the child's care.
3	Child has life threatening or disabling medical condition that caregiver is unable to manage currently.

89	**SELF-CARE ACTIVITIES OF DAILY LIVING:** *This item aims to describe the child/youth's ability and motivation to engage in developmentally appropriate self-care tasks such as eating, bathing, dressing, toileting, and other such tasks related to personal hygiene.* ***Note: A score of 1, 2, or 3 on this item means that Activities of Daily Living Module must be completed.***
0	Child/youth's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child/youth has any problems performing daily living skills.
1	Child/youth may require verbal prompting on self-care tasks or daily living skills.
2	Child/youth requires assistance on self-care tasks or hands-on support with self-care tasks (e.g., eating, bathing, dressing, and toileting).
3	Child/youth requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, toileting).

90/ 91	**TRANSITION TO ADULTHOOD and INDEPENDENT ACTIVITIES OF DAILY LIVING:** *If the child/youth is 14 or older then* ***complete the Transition to Adulthood Module and the Independent Activities of Daily Living Module***
0	Child/youth is under 14 years of age.
1	Child/youth is 14 or older. Complete both the Transition to Adulthood Module and the Independent Activities of Daily Living Module.

84. TRAUMA SYMPTOMS MODULE

If the Trauma Symptoms Module is completed, the Behavioral Health Module should be completed as well.

A	**TRAUMATIC GRIEF:** *This item refers to the grief a child/youth may experience as a result of the death or separation from significant caregivers, siblings or other important figures in child/youth's life. This child/youth may be preoccupied with the separation from their parents (i.e., clinginess, worrying about caregivers' safety) and this preoccupation may impact their ability to function in one or more areas. Conversely, the child/youth may actively avoid thinking or talking about the person they lost. This child/youth may also experience repeated images regarding this loss (i.e., intrusive memories or nightmares).*
0	There is no evidence that the child is experiencing traumatic grief reactions or separation from the loss of significant caregivers. Either the child has not experienced a traumatic loss (e.g., death of a loved one) or the child has adjusted well to separation.
1	Child is experiencing grief due to death or loss/separation from a significant person in a manner that is expected or appropriate given the nature of loss or separation.
2	Child is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some, but not all areas of daily functioning. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
3	Child is experiencing traumatic grief reactions and exhibits impaired functioning across most or all areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

B	**RE-EXPERIENCING:** *This item refers to a child/youth who re-enacts or has intrusive memories following a traumatic event(s). These symptoms consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, and repetitive play with themes of specific traumatic experiences. Symptoms also include intense distress or physiological reactivity (sweating, heart racing) after exposure to reminders (external or internal) of the event(s).*
0	No evidence of intrusive symptoms.
1	History or suspicion of re-experiencing symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits re-experiencing symptoms associated with the traumatic event(s). Symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits re-experiencing symptoms associated with the traumatic event(s) and symptoms are highly distressing for the child or caregiver(s) and negatively impact day-to-day functioning. This child may experience frequent and overwhelming intrusive symptoms/distressing memories. The child may exhibit trauma-specific reenactments that include sexually or physically harmful behavior that could be traumatizing to other children or sexual play with adults or related behaviors that put the safety of the child or others at risk. The child may also exhibit persistent flashbacks, delusions or hallucinations related to the trauma.

C	**HYPERAROUSAL:** *This item refers to a child/youth who experiences prolonged states of physiological arousal following trauma exposure. This may manifest behaviorally, emotionally, and cognitively. The child/youth may appear on edge, easily startled or wound up. They may be irritable and display outbursts of anger with little or no provocation. They may constantly be on the lookout for threats around them (i.e., Hypervigilant). Because of a constant state of hypervigilance regarding their own safety, they may have a hard time concentrating. They may also exhibit physical symptoms such as headaches or stomach aches and may have difficulty falling or staying asleep. They may engage in reckless or self-destructive behavior.*
0	No evidence of hyperarousal symptoms.
1	History or suspicion of hyperarousal symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits hyperarousal symptoms associated with the traumatic event(s). Symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits hyperarousal symptoms associated with traumatic event(s) and the intensity or frequency of these symptoms are overwhelming for the child or caregiver(s) and impede day-to-day functioning in many areas. The child may experience frequent difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance or exaggerated startle response.

D	**AVOIDANCE:** *This item refers to a child/youth who avoids or tries to avoid places or people who remind them of earlier traumatic experiences. This may manifest as avoidance of thoughts, feelings or conversations about a traumatic event; avoidance of actual places or people connected to the event or who may remind the child/youth of the event. Given a child/youth's lack of control over their circumstances avoidance behaviors may manifest as clinginess to caregivers.*
0	No evidence of avoidance symptoms.
1	History or suspicion of avoidance symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits avoidance symptoms associated with the traumatic event(s). Symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits avoidance symptoms and the intensity or frequency of these symptoms are overwhelming for the child or caregiver(s) and impede day-to-day functioning in many areas. The child may avoid thoughts and feelings as well as situations and people associated with the trauma.

E	**NUMBING:** *This item refers to a child/youth who has experienced traumatic events and displays a diminished capacity to feel or experience and express a range of emotions. This may manifest as difficulty feeling or expressing emotions such as happiness, anger or fear. The child/youth may also withdraw from people and activities the child/youth used to enjoy (i.e., play). The child/youth may also have a sense of a foreshortened future (i.e., no expectation of finishing school) or negative beliefs about self or the world (i.e., "I am bad" "I did this"). The child/youth may also have difficulty remembering important aspects of the event. These numbing symptoms were not present before the traumatic event.*
0	No evidence of numbing responses.
1	History or suspicion of numbing symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits numbing symptoms associated with the traumatic event(s) and symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits numbing symptoms associated with the traumatic event(s) and the intensity or frequency of these symptoms are overwhelming for the child or caregiver(s) and impede day-to-day functioning in many areas. The child may have a markedly diminished interest or participation in significant activities, have difficulty experiencing intense emotions or feel detached from others, and experience a sense of a foreshortened future.

F	**DISSOCIATION:** *This item refers to a child/youth who may be experiencing numbing symptoms that are extreme enough to include feelings of depersonalization and derealization. This child/youth can exhibit withdrawn behavior and appear detached or disconnected from self and others. Child/youth may exhibit rapid changes in personality associated with triggers of traumatic experiences. This child/youth may also space or blank out, have a difficult time remembering past experiences (related to trauma or not) and exhibit a loss of orientation to time and place. This child/youth may appear to be in a trance or may say that they feel like an outside observer of their feelings and behavior, or like their memories are not their own (depersonalization). The child/youth may also say that they feel like their surroundings are artificial as if they are in a movie or in a distorted reality (derealization).* *Note: Dissociation is more notable among youth exposed to complex trauma (chronic and interpersonal).*
0	No evidence of dissociation.
1	History or suspicion of dissociation that does not significantly interfere with day-to-day functioning.
2	Child exhibits dissociation associated with the traumatic event(s). Symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits dissociation symptoms associated with the traumatic event(s) and symptoms are highly distressing for the child or caregiver(s) and negatively impact day-to-day functioning. Child may exhibit significant memory difficulties associated with trauma that also impede day-to-day functioning. Child is frequently forgetful or confused about things the child should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child shows rapid changes in personality or evidence of distinct personalities.

G	**AFFECTIVE OR PHYSIOLOGICAL DYSREGULATION**: *This item refers to a cluster of symptoms often seen among children who have experienced complex (chronic and interpersonal) trauma. This child/youth often demonstrates difficulty identifying, describing and regulating internal emotional states (affect) and may also have difficulty managing energy level and related body states/systems (physiological) such as hunger, thirst, sleep, and elimination. Affect dysregulation may manifest as problems labeling or expressing feelings, difficulty or inability in controlling or modulating emotions, and difficulty communicating needs. The child/youth may also exhibit restricted affect punctuated by outbursts of anger or sadness. Overall, it is a pattern of repeated dysregulation that is triggered by exposure to trauma cues or reminders. Once aroused this child/youth has difficulty modulating feelings and returning to a state of equilibrium. This child/youth may also display over-reactivity or under-reactivity to touch and sounds. Affective and physiological dysregulation may also lead to somatic complaints such as headaches and stomachaches. The child/youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation.* *NOTE: This item should be rated in the context of what is normative for a child/youth's age/developmental stage and the child/youth's exposure to trauma. This item is highly related to other items such as hyperarousal, numbing, and anger control therefore scores in these items will likely be similar.*
0	Child has no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.
1	History or evidence of difficulties with affect/physiological regulation. The child 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 may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.
2	Child 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 may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. Child 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 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	Child is unable to regulate affect and/or physiological responses. The child 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 may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, the child 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 may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems.

85. BEHAVIORAL HEALTH MODULE

A	**PSYCHOSIS:** *The key symptoms of psychosis include hallucinations, delusions (consider age), very bizarre thoughts, or very bizarre behavior.*
0	No evidence of psychosis.
1	History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
2	Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain.
3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that may be associated with a psychotic disorder which places the child/youth or others at risk of physical harm.

B	**ATTENTION/CONCENTRATION:** *Problems with attention, concentration and task completion would be rated here. These may include symptoms that are part of a diagnosis of Attention Deficit/Hyperactivity Disorder. Inattention/distractibility not related to opposition would be rated here.*
0	No evidence of attention or concentration problems. Child/youth stays on task in an age-appropriate manner.
1	Minor problems with attention and concentration. Child/youth may have some difficulties staying on task for an age-appropriate time period on school or play.
2	In addition to problems with sustained attention, child/youth may become easily distracted or forgetful in daily activities, have trouble following through on activities, and become reluctant to engage in activities that require sustained effort. A child/youth who meets diagnostic criteria for ADHD would be rated here.
3	Child/youth has impairment of attention or concentration. A child/youth with profound symptoms of ADHD or significant attention difficulties related to another diagnosis would be rated here.

C	**IMPULSIVITY:** *Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. 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.*
0	No evidence of symptoms of loss of control of behavior.
1	There is a history or evidence of impulsivity evident in action or thought that places the child/youth at risk of future functioning difficulties. 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	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	Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child/youth at risk of physical harm. This indicates 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). The child/youth may be impulsive on a nearly continuous basis. The child/youth endangers self or others without thinking.

D	**DEPRESSION:** *This item 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 item can be used to rate symptoms of the depressive disorders.*
0	No evidence of depression.
1	History or suspicion of depression; depression associated with a recent negative life event with minimal impact on life domain functioning.
2	Clear evidence of depression associated with either depressed mood or significant irritability which has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. 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.

E	**ANXIETY:** *This item describes worries or fearfulness that interferes with functioning.*
0	No evidence of anxiety.
1	There is a history, suspicion, or evidence of 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	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	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.

F	**OPPOSITIONAL:** *This item rates the child/youth's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the child/youth. Oppositional behaviors rated here are inconsistent with developmentally appropriate resistance to rule following.*
0	No evidence of oppositional behavior.
1	History or evidence of defiance towards authority figures.
2	Oppositional or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain; behavior may cause emotional harm to others.
3	A dangerous level of oppositional behavior involving the threat of physical harm to others.

G	**CONDUCT:** *This item rates antisocial behavior and the degree to which a child/youth engages in behavior that is consistent with the presence of a Conduct Disorder.*
0	No evidence of antisocial behavior.
1	History or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals. The child/youth may have some difficulties with school and home behavior.
2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
3	Evidence of conduct problems as described above that place the child/youth or community at significant risk of physical harm due to these behaviors.

H	**EMOTIONAL CONTROL:** *This item describes the child/youth's ability to manage emotions (positive or negative). It describes symptoms of affect dysregulation.*
0	Child/youth has no problems with emotional control.
1	History or suspicion of problems with emotional control that can be overcome with caregiver support. Difficulties with managing emotions can be overcome with caregiver support.
2	Child/youth may quickly become excitable or frustrated and react aggressively or child/youth's difficulties with controlling emotions are impacting functioning in at least one life domain. Child/youth may quickly become excitable or frustrated and react aggressively or impulsively.
3	Child/youth's emotional control problems are interfering with development and put child/youth at imminent risk of harming self or others. Caregivers are not able to mediate the effects.

I	**ANGER CONTROL:** *This item captures the child/youth's ability to identify and manage their anger when frustrated.*
0	No evidence of anger control problems.
1	History or suspicion of some problems with controlling anger; child may sometimes become verbally aggressive when frustrated; peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
2	Child's difficulties with controlling anger are impacting functioning. Child's temper has gotten child in significant trouble with peers, family or school; anger may be associated with physical violence; others are likely quite aware of anger potential.
3	Child's temper or anger control problem is dangerous. Child frequently has conflict that is physical.

J	**ATTACHMENT:** *This item rates the level of difficulty the child/youth has with attachment and their ability to form relationships.*
0	No evidence of attachment problems. Caregiver-youth relationship is characterized by mutual satisfaction of needs and 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 caregiver for both nurturing and safety needs.
1	Some history or evidence of insecurity in the caregiver-youth 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	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.
3	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.

86. SUBSTANCE USE MODULE

A	**SEVERITY OF USE:** *This item describes the frequency and intensity of child/youth's use of alcohol and/or substances.*
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 and/or substances but not daily.
3	Child/youth has used alcohol and/or substances on a daily basis.

B	**DURATION OF USE:** *This item describes the duration of time a child/youth has been using alcohol or substances.*
0	Child/youth has begun use in the past year.
1	Child/youth has been using alcohol and/or substances for at least one year but has had periods of at least 30 days where child/youth did not have any use.
2	Child/youth has been using alcohol and/or substances for at least one year (but less than 5 years), but not daily.
3	Child/youth has been using alcohol and/or substances on a daily basis for more than the past year or intermittently for at least 5 years.

C	**PEER INFLUENCES:** *This item describes the child/youth's network of peer influences and their alcohol and/or substance use.*
0	Child/youth's primary peer social network does not engage in alcohol and/or substance use.
1	Child/youth has peers in primary peer social network who do not engage in alcohol and/or substance use but has some peers who do.
2	Child/youth predominately socializes with peers who frequently engage in alcohol and/or substance use.
3	Child/youth identifies with/is a member of a peer group that consistently engages in alcohol and/or substance use.

D	**STAGE OF RECOVERY:** *This item rates the child/youth's willingness to address alcohol and/or substance use.*
0	Child/youth is in the maintenance stage of recovery. Child/youth is abstinent and able to recognize and avoid risk factors for future alcohol and/or substance 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 alcohol and/or substance use problem.

87. DEVELOPMENTAL MODULE

A	**COGNITIVE:** *This item refers to the cognitive or intellectual functioning of the child/youth. Cognitive functions include the child/youth's ability to comprehend ideas and involve aspects of perception, thinking, reasoning, remembering, awareness, and judgment. Cognitive functioning is most often measured through an IQ test. If the child/youth does not have an identified IQ test score, please use available information in order to score the item, including input from child/youth and family team members.*
0	Child/youth's intellectual functioning appears to be in normal range.
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.

B	**AGITATION:** *This item describes the degree to which a child/youth's behaviors indicate irritation or restlessness. Examples include biting or hitting, hand-wringing, dressing and undressing, general restlessness, scratching, grabbing, and spitting.*
0	Child/youth does not exhibit agitated behavior.
1	Child/youth becomes agitated on occasion but can be calmed relatively easily.
2	Child/youth becomes agitated often or can be difficult to calm.
3	Child/youth exhibits a dangerous level of agitation. Child/youth becomes agitated often and easily becomes aggressive towards self or others.

C	**SELF-STIMULATION:** *This item describes refers to self-stimulation behavior (pacing, rocking, gesticulating, some verbalizations, and other stereotypical behaviors; this rating does not include masturbation), related to the over- or under-stimulation of the sensory environment. Child/youth is not able to control the circumstances (where, when, or how often they repeat the behavior) so it is impairing their ability to function in life activities.*
0	No evidence of self-stimulation when exposed to sensory stimuli.
1	The child's self-stimulating behaviors do not impact their ability to function in their daily activities or the child easily responds to intervention from a caregiver.
2	The child does not respond to intervention from a caregiver and will continue with behaviors having a moderate impact on their ability to participate in their daily activities. The child may be easily distressed by stimulation of their senses: touch (tactile), taste, noise (hearing), lights (sight), smell, and kinesthesis/proprioception (movement/pressure).
3	Self-stimulation causes physical harm to self, others, or destruction of property. Child is unable to tolerate stimulation of senses. The child does not respond to intervention from a caregiver. The child has significant difficulty participating in their daily life activities.

D	**MOTOR:** *This item rates delays in the development of the child's/youth's fine motors skills and gross motor skills. Fine motor skills (e.g., hand grasping and manipulation) involve the muscles of the fingers, hands and wrists. These develop throughout childhood into early adulthood. Gross motor skills (e.g., walking, running) involve the large muscle groups of the arms legs and torso. These are typically developed in childhood through physical activity.*
0	No evidence of problems with motor functioning.
1	Fine or gross motor skill deficits that do not impact day-to-day functioning.
2	A non-ambulatory child/youth with fine motor skills or an ambulatory child/youth with significant fine motor deficits or a child/youth who meets criteria for a motor disorder would be rated here.
3	A non-ambulatory child/youth with fine motor skill deficits is rated here.

E	**COMMUNICATION:** *This item rates the child/youth's ability to communicate with others via expression and reception. Receptive communication refers to the way a listener receives and understands a message. Expressive communication refers to how one conveys a message.*
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.

F	**DEVELOPMENTAL DELAY:** *This item rates whether the child/youth has a suspected or diagnosed developmental delay or disorder. Developmental delays are life-long disabilities attributable to mental or physical impairments and can include both psychological and/or physical disorders. Developmental delays or disorders may affect a single area of development (specific developmental disorders) or several (pervasive developmental disorders). Examples of "pervasive developmental disorders" include Autism Spectrum Disorder and Down's Syndrome. If the child/youth does not have an identified diagnosis or assessment regarding their developmental ability, please use available information in order to score the item, including input from child/youth and family team members regarding the developmental level of the child/youth.*
0	Child/youth's development appears within normal range; there is no reason to believe that the child/youth has any developmental problems.
1	Suspicion of a developmental delay.
2	Evidence of a pervasive developmental disorder including Autism Spectrum Disorder, Tourette's, Down's Syndrome or other significant developmental delay.
3	Evidence of developmental disorder or has been diagnosed with a pervasive developmental disorder that causes developmental delays.

G	**SENSORY:** *This item describes the child's/youth's ability to use all senses including vision, hearing, smell, touch and kinesthetic senses (senses related to body positioning and body movement).*
0	The child/youth's sensory functioning appears normal. There is no reason to believe that the child/youth has any problems with sensory functioning.
1	The child/youth has impairment on a single sense (e.g., hearing deficits, correctable vision problems).
2	The child/youth has impairment on a single sense or impairment on multiple senses (e.g., difficulties with sensory integration, diagnosed need for occupational therapy).
3	The child/youth has significant impairment on one or more senses (e.g., profound hearing or vision loss).

88. MEDICAL HEALTH MODULE

A	**LIFE THREATENING:** *This item refers to conditions that pose an impending danger to life or carry a high risk of death if not treated.*
0	Child's medical condition has no implications for shortening child's life.
1	Child's medical condition may shorten life but not until later in adulthood.
2	Child's medical condition places child at some risk of premature death before reaching adulthood.
3	Child's medical condition places child at imminent risk of death.

B	**CHRONICITY:** *This item refers to a condition that is persistent or long-lasting in its effects or a disease that develops gradually over time and is expected to last a long time even with treatment (e.g., development of Type 2 diabetes in child/youth who has been obese for many years). Chronic conditions are in contrast to acute conditions which have a sudden onset; a child/youth may fully recover from an acute condition or it may become chronic.*
0	Child is expected to fully recover from current medical condition within the next six months to one year. Note: A child with this rating does not have a chronic condition.
1	Child's chronic condition is minor or well controlled with current medical management (e.g., a child with acne).
2	Child's chronic condition(s) is moderate in nature with significant effects/exacerbations despite medical management. Child may experience more frequent medical visits, including ER visits, surgeries or hospitalizations for acute manifestation or complications of chronic condition.
3	Child's chronic condition(s) places the child at risk for prolonged inpatient hospitalization or out of home placement (or in home care with what would be equivalent to institutionalized care).

C	**DIAGNOSTIC COMPLEXITY:** *The item refers to the degree to which symptoms can be attributed to medical, developmental, or behavioral conditions, or there is an acknowledgement that symptoms/behaviors may overlap, and are contributing to the complexity.*
0	The child's medical diagnoses are clear and there is no doubt as to the correct diagnoses; symptom presentation is clear.
1	Although there is some confidence in the accuracy of child's diagnoses, there also exists sufficient complexity in the child's symptom presentation to raise concerns that the diagnoses may not be accurate.
2	There is substantial concern about the accuracy of the child's medical diagnoses due to the complexity of symptom presentation.
3	It is currently not possible to accurately diagnose the child's medical condition(s).

D	**EMOTIONAL RESPONSE:** *This item refers to the strain the child/youth's medical conditions are placing on the individual child/youth. The family response will be measured in the FAMILY STRESS item in the MEDICAL MODULE.*
0	Child is coping well with medical condition.
1	Child is experiencing some emotional difficulties related to medical condition but these difficulties do not interfere with other areas of functioning.
2	Child is having difficulties coping with medical condition. Child's emotional response is interfering with functioning in other life domains.
3	Child's emotional response to medical condition is interfering with treatment and functioning.

E	**IMPAIRMENT IN FUNCTIONING:** *This item refers to either a reduction in physical or mental capacity that is sufficient to interfere with managing day-to-day tasks of life. This limitation can range from a slight loss of function to a total impairment which is usually considered a disability. Some impairments may be short term while others may be permanent. Assessing the impairment can help identify the best course of treatment and whether it is responding to treatment.*
0	Child's medical condition is not interfering with functioning in other life domains.
1	Child's medical condition has a limited impact on functioning in at least one other life domain.
2	Child's medical condition is interfering in more than one life domain or is disabling in at least one.
3	Child's medical condition has disabled child in most other life domains.

F	**INTENSITY OF TREATMENT:** *This item refers to special medical services or equipment provided to a child/youth.*
0	Child's medical treatment involves taking daily medication or visiting a medical professional for routine follow up no more than 2 times a year.
1	Child's medical treatment involves taking multiple medications daily and visiting a medical professional(s) 3-4 times a year.
2	Child's medical treatment is daily but non-invasive; treatment can be administered by a caregiver. Non-invasive treatments could include daily nebulizer treatments, chest percussion therapy, application of splints/braces and stretching exercises etc. Without a caregiver, this child's care might be provided in an alternate setting (i.e., intermediate care facility). The child could require visits every 4-6 weeks to a medical professional(s) for adjustments in medication dosing and treatment and take multiple daily medications with dosing spaced throughout the day.
3	Child's medical treatment is daily and invasive and requires either a medical professional to administer or a well-trained caregiver. Examples of treatment provided by medical professional or well-trained caregiver include catheterization of bladder, suctioning of tracheostomy tube, provision of tube feedings etc. Without a well-trained caregiver or medical professional, this child's care would be provided in a skilled alternate setting (i.e., hospital, nursing home).

G	**ORGANIZATIONAL COMPLEXITY:** *This item refers to how effectively organizations and medical/ancillary service providers caring for a child/youth work together. The more organizations and professionals, the increased likelihood of complexity and need for ongoing communication and collaboration. A child/youth who receives primary and specialty care from one institution in which professionals are successfully communicating (i.e., within a tertiary medical center) would score lower than a child/youth who receives primary care from a community provider, behavioral health care from another community provider, specialty medical care from a tertiary care center and communication issues exist amongst professionals regarding the treatment plan.*
0	All care is provided by a single medical provider; there are no ancillary service providers involved.
1	Care is provided by a single or multiple medical provider(s) plus ancillary services provider(s), and communication/collaboration among providers is effective.
2	Care is provided by a single or multiple medical and/or ancillary services provider(s) and communication/collaboration among providers may present some challenges for the child's care.
3	Care is provided by a single or multiple medical and/or ancillary services provider(s) and lack of communication/collaboration among providers is presenting significant challenges for the child's care.

H	**FAMILY STRESS:** *This item refers to the physical, emotional, or financial stress on the family due to the provision of direct care, making and coordinating appointments, or obtaining medical supplies and equipment.*
0	Child/youth's medical condition or care is not adding stress to the family.
1	Child/youth's medical condition or care is a stressor on the family and family is functioning well.
2	Child/youth's medical condition or care is a stressor on the family and is somewhat interfering with family functioning.
3	Child/youth's medical condition or care is a stressor on the family and is significantly impacting family functioning.

89. SELF-CARE ACTIVITIES OF DAILY LIVING MODULE

A	**EATING:** *This item refers to the process of getting food into the body by any means.*
0	No evidence of problems related to eating.
1	Problems with eating that have been present in the past or are currently present some of the time. Child/youth has some difficulty eating but manages by self.
2	Problems with eating are present. Child/youth may overeat, have few food preferences or not have a clear pattern of when they eat. Child/youth may need help from another person or the use of adaptive equipment (e.g., adapted utensils) to feed self but manages by self.
3	Problems with eating are present putting the child/youth at risk developmentally. Child/youth needs to be totally fed (including parenteral nutrition) or the child/youth and family are very distressed and unable to overcome problems in this area.

B	**TOILETING:** *Toileting includes the process of elimination and the ability to transfer on and off the commode, adjust clothing, clean oneself following elimination, and washing hands.*
0	There is no evidence of elimination problems and child/youth is able to complete the task of toileting independently as needed.
1	Child/youth may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion. Child/youth is able to complete toileting tasks with occasional cues/supervision from another person.
2	Child/youth demonstrates problems with elimination on a consistent basis or elimination is maintained with the use of an appliance or catheter. This is interfering with child/youth's functioning. Child/youth may completely lack a routine in elimination and as a result develop constipation along with encopresis and enuresis. Child/youth may need assistance (cueing or physical assistance) from another person to initiate or complete toileting tasks or child/youth may require the use of adaptive equipment (e.g., toilet tissue holder, reachers) in order to complete toileting tasks.
3	Child/youth demonstrates significant difficulty with elimination to the extent that child/youth/parent is in significant distress or interventions have failed. Child/youth is completely dependent upon others for completion of toileting tasks.

C	**BATHING:** *This item refers to washing oneself by sponge bath; or in either a tub or shower. (Bathing does not include personal hygiene tasks as presented in the HYGIENE item in ADL Module).*
0	No evidence of challenges with bathing. Child/youth has age appropriate skills and bathing is consistent with same age peers.
1	Child/youth has some challenges with bathing. Child/youth has some difficulty but manages by self with minimal supervision, occasional assistance or cueing from another person regarding certain tasks related to bathing.
2	Child/youth has notable challenges with bathing. These challenges interfere with functioning (child/youth or caregiver) either at home, in school or in the community. Child/youth needs regular assistance (cueing or physical assistance) from another person to initiate or complete bathing thoroughly or child/youth may require use of adaptive equipment (e.g., bath seats, long handled brushes) in order to bathe self.
3	Child/youth has challenges with bathing. These challenges prevent functioning in at least one life domain. Child/youth needs constant cueing/supervision from another person to initiate and complete bathing safely or needs total physical assistance from another person to complete bathing.

D	**HYGIENE:** *This item describes the child/youth's ability to take care of personal hygiene. Personal Hygiene looks at skills such as brushing hair, brushing teeth, wiping face while eating, washing hands, etc. (Hygiene does not include bathing/showering as presented in the **BATHING** item in ADL module).*
0	Child/youth is fully independent in ability to take care of personal hygiene.
1	Child/youth is generally independent in addressing personal hygiene but may have some challenges with aspects of maintaining personal hygiene. Child/youth may require occasional cueing/supervision from another person in order to complete hygiene tasks.
2	Child/youth struggles with personal hygiene. Problems with maintaining personal hygiene are present and impair the child/youth's functioning. Child/youth may need assistance (cueing or physical assistance) from another person to initiate or complete hygiene tasks or child/youth may require the use of adaptive equipment (e.g., long-handled brush, adapted or electric toothbrush) in order to complete hygiene tasks.
3	Child/youth is not currently able to take care of own personal hygiene. Child/youth needs constant cueing/supervision from another person to initiate and complete personal hygiene tasks or needs total physical assistance from another person to complete these tasks.

E	**DRESSING:** T*his item refers to putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs. This includes buttoning buttons and tying shoes. (Dressing does not include pulling clothes up or down during toileting as presented in the **TOILETING** item in ADL Module).*
0	No evidence of challenges with dressing or undressing.
1	Child/youth has some challenges with dressing or undressing. Child/youth may need occasional assistance or reminders to initiate or complete dressing.
2	Child/youth has notable challenges with dressing or undressing. These challenges interfere with functioning (child/youth or caregiver) either at home, in school or the community. Child/youth requires regular assistance (cueing or physical assistance) from another person to initiate or complete dressing (including the selection of appropriate clothing for the situation) or child/youth may require the use of adaptive equipment (e.g., reachers, button hooks) in order to dress self.
3	Child/youth has challenges with dressing or undressing. These challenges prevent functioning in at least one life domain. Child/youth needs constant cueing/supervision from another person to initiate and complete dressing or needs total physical assistance from another person to complete dressing.

F	**MOBILITY:** *This item describes the ability of the child/youth to move.*
0	Child/youth is fully independent in ability to ambulate.
1	Child/youth is generally independent in mobility but has some adaptive technology that facilitates independent mobility. Mobility challenges do not have a notable impact on functioning.
2	Child/youth has notable challenges with mobility that interfere with functioning. Limited mobility for short distances or short periods of time can occur when assisted by another person or adaptive technology.
3	Child/youth has motor challenges that prevent from any mobility without total assistance of another person or support of an adaptive device (e.g., wheelchair or crutches).

G	**POSITIONING:** *This item describes the child/youth's ability to move a limb or their entire body while stationary.*
0	Child/youth is fully independent in ability to position body.
1	Child/youth is generally independent in position but has some adaptive technology that facilitates independent positioning. Positioning challenges do not have a notable impact on functioning.
2	Child/youth has notable challenges with positioning that interfere with functioning. Physical assistance from others or adaptive technology provides some independence in positioning.
3	Child/youth is unable to reposition self and requires 24 hour monitoring and physical assistance from others to reposition self.

H	**TRANSFERRING:** *This item refers to the process of moving between positions (e.g., to and from bed, chair to standing). (Transferring does not include transferring to/from toilet as presented in the **TOILETING** item in ADL Module).*
0	Child/youth is fully independent in ability to transfer (e.g., in and out of bed, sitting to standing).
1	Child/youth is generally independent in mobility. Child/youth has some difficulty but is able to transfer unassisted and transfer challenges do not have a notable impact on functioning. May require the use of assistive devices.
2	Child/youth has notable challenges with transfers that interfere with functioning; child/youth needs some assistance from another person to transfer. May or may not require the use of assistive devices.
3	Child/youth is unable to transfer without assistance from another person.

90. TRANSITION TO ADULTHOOD MODULE

A	**KNOWLEDGE OF CONDITION:** *This item reflects the youth's ability to understand the rationale for the treatment or management of youth's transition to adulthood.*
0	Youth is fully knowledgeable about own condition, including medications and treatments, strengths and weaknesses, talents, and limitations.
1	Youth is generally knowledgeable about own condition, including medications and treatments, but, has some deficits in knowledge or understanding of condition, talents, skills, and assets.
2	Youth's lack of knowledge or understanding about own condition, including medications and treatments, interferes with maintaining or improving health and well-being.
3	Youth has little or no knowledge or understanding of current condition, including medications and treatments, or fails to accept the situation and is at imminent risk of harm or other negative health outcomes.

B	**MEDICATION ADHERENCE:** *This item focuses on the individual's level of willingness or ability to collaborate and participate in taking prescribed medications. As youth transition to adulthood, they become responsible for their own medical care. Thus while medication adherence is the responsibility of caregivers for youth, youth need to begin to take responsibility for their personal management of any prescribed medications. This item is used to describe any challenges youth experience following prescribed medication regimens. A youth who is not currently taking medication would have a rating of '0' .*
0	Youth is not currently on any medication or takes medication as prescribed.
1	Youth sometimes needs reminders to take medication regularly. A history of inability or unwillingness to take medication as prescribed, but no current problems would be rated here.
2	Youth is periodically unable or unwilling to collaborate or take medication as prescribed or may overuse medications. Youth might adhere to prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication following the prescribed dose or protocol. Youth needs daily medication reminder systems to organize/track adherence or daily oversight/administration of medication.
3	Youth has refused to take prescribed medications during the past 30-day period. A youth who has abused his or her medications to a significant degree (i.e., overdosing or over using medications to a dangerous degree) would be rated here. Medications might need to be locked up or youth may need to be directly observed to ensure each dose of medication is taken.

C	**YOUTH INVOLVEMENT:** *This item refers to the youth's participation in efforts to address identified needs.*
0	Youth helps direct planning to address needs.
1	Youth fully participates in planning to address needs.
2	Youth somewhat participates in plans to address needs.
3	Youth is not willing or not able to participate in any process to address needs.

D	**SELF-CARE MANAGEMENT:** *This item describes the ability of the youth to organize and manage everyday responsibilities for appointments and services to address his/her needs.*
0	Youth is well organized and able to manage everyday responsibilities for appointments and services to address his/her needs.
1	Youth has minimal difficulties with organizing and managing everyday responsibilities for appointments and services to address his/her needs.
2	Youth has difficulties with organizing and managing everyday responsibilities for appointments and services to address his/her needs.
3	Youth is unable to organize and manage everyday responsibilities for appointments and services to address his/her needs.

E	**YOUTH RELATIONSHIP TO THE SYSTEM:** *This item rates the degree to which the youth's apprehension to engage with the formal health care system creates a barrier for receipt of care. There are situations and instances when people may be apprehensive to engage with the formal helping systems. Clients, as well as providers, bring their cultural experiences to the treatment relationship. Members of some cultural groups may be accustomed to the use of traditional healers or self-management of behavioral health issues or are simply distrustful of Western medicine. Undocumented individuals may be fearful of interaction with the health care system because of their legal status. These complicated factors may translate into generalized discomfort with the formal helping systems. A clinician must consider this experience and understand its impact on the youth's choices.*
0	The youth expresses no concerns about engaging with the formal helping system.
1	The youth expresses little hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with the formal helping system.
2	The youth expresses hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.
3	The youth expresses significant hesitancy to engage with the formal helping system that prohibits the family's engagement with the treatment team at this time. When this occurs, the development of an alternate treatment plan may be required.

F	**CAREER ASPIRATIONS:** *This item describes the youth's development of a career plan.*
0	Youth has clear and feasible career plans.
1	Youth has career plans, but a minor barrier may exist to achieving these plans.
2	Youth wants to work, but does not have a clear idea regarding jobs or careers or multiple minor or one major barrier exists to any possible plan.
3	Youth has no career plans or aspirations.

G	**EMPLOYMENT:** *This item rates the youth's ability to obtain and maintain successful employment. Functional challenges may result in the youth's anxiety about or difficulty with obtaining future employment and impede the youth from obtaining employment currently, if age appropriate. The youth's functional challenges may result in the need for special accommodations at work such as additional training or supervision.*
0	No indication of employment related challenges.
1	There is some indication that future assistance will be needed for a youth with functional challenges in terms of obtaining and maintaining work. Or, a youth of working age is not currently seeking work.
2	Youth would like to work, however he or she needs assistance with obtaining and maintaining successful employment due to functional challenges. Future employers may need to provide the youth with extra accommodations, training or support on the job, which an employer may not be equipped to provide.
3	Youth has one or more unsuccessful work experiences due to his or her functional challenges. Youth is unable to obtain or maintain successful employment without supportive services.

H	**LIVING SKILLS:** *This item is used to describe the youth's ability to take responsibility for and also manage self in an age appropriate way.*
0	Youth is maturing at an average or advanced pace to eventually live independently. There is no evidence of deficits in learning independent living skills at this time.
1	Youth is somewhat delayed in acquiring information about independent living or delayed in demonstrating age appropriate independent living skills. Some problems exist in maintaining reasonable cleanliness, diet, finances, or time management, but youth is expected to develop these skills over time.
2	Youth is delayed in acquiring information about independent living skills or delayed in demonstrating those skills. Notable problems exist in maintaining reasonable cleanliness, diet, finances, or time management.
3	Youth is delayed in acquiring information about independent living skills or is clearly not demonstrating those skills. Given current age and impairments, the youth will almost certainly need a structured and supervised living environment in young adulthood.

I	**EDUCATIONAL ATTAINMENT:** *This item rates the progress of the youth toward completing planned education.*
0	Youth has achieved all educational goals. Or, if no educational goals were present, educational attainment has no impact on goals for lifetime vocational functioning.
1	Youth has set educational goals and is currently making progress towards achieving all of them.
2	Youth has set educational goals but is currently not making progress towards achieving goals.
3	Youth has no educational goals and lack of educational attainment is interfering with lifetime vocational functioning.

J	**PREVOCATIONAL:** *This item describes the degree of preparedness a youth possesses for facilitating a successful work experience. This may include the youth's ability to prepare a resume and interview for a job, navigate job sites to find potential work, connect interests and experiences to potential job or career opportunities or understand acceptable job behavior. This item does not assess a youth's skill set in terms of a specific trait or job, rather general work preparedness. The rating should consider what level of prevocational skills is appropriate given the youth's age and development.*
0	Youth has prevocational skills.
1	Youth has some prevocational skills but may need assistance developing additional skills.
2	Youth needs assistance developing prevocational skills.
3	Youth needs significant assistance developing prevocational skills.

K	**INTIMATE RELATIONSHIPS:** *This item is used to rate the youth's current status in terms ofromantic/intimate relationships.*
0	Youth has a strong, positive relationship with another youth.
1	Youth has a generally positive relationship with another youth, or would like a romantic relationship and the lack of a relationship does not cause significant distress.
2	Youth is not involved in a relationship with another youth and is significantly distressed about not having a relationship.
3	Youth is involved in a negative, unhealthy relationship with another youth.
NA	Youth is satisfied with not being in a relationship at this time.

L	**TRANSPORTATION:** *This item rates the unmet transportation needs preventing the youth from participating in treatment and in other life activities. Only unmet transportation needs should be rated here.*
0	Youth has no unmet transportation needs.
1	Youth has occasional unmet transportation needs (e.g., appointments). These unmet needs occur no more than monthly and do not require a special device (e.g., wheelchair) or vehicle.
2	Youth has frequent unmet transportation needs. Youth has difficulty getting to appointments, work, or activities regularly (e.g., once a week) or may require a special device (wheelchair) or vehicle to participate in treatment or activities.
3	Youth has no access to appropriate transportation and is unable to get to appointments, activities etc. Transportation device (e.g., wheelchair) or vehicle may be broken or unavailable. Youth needs immediate intervention and development of resources.

91. INDEPENDENT ACTIVITIES OF DAILY LIVING MODULE

A	**MEAL PREPARATION:** *This item describes youth's ability to prepare healthy meals for self.*
0	Youth is fully independent preparing meals. Youth is able to select and safely prepare food that is reasonable health.
1	Youth is generally independent preparing meals, 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.

B	**SHOPPING:** *This item describes youth's ability to budget, select items, or plan for multiple shopping needs at one time (i.e., food, clothing, toiletries, etc.).*
0	Youth can shop independently to meet all of 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.

C	**HOUSEWORK:** *This item describes youth's ability to keep a functioning and clean living space independently or seek out the necessary resources to do so.*
0	Youth does house work 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 house work or living environment potentially poses a health risk.

D	**MONEY MANAGEMENT:** *This item describes youth's ability to manage finances by keeping a budget or adjusting expenses to meet all or as many needs as possible.*
0	Youth manages money independently. Youth appears to understand the relationship between income and expenditures and is able to 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.

E	**COMMUNICATION DEVICE USE:** *This item refers to youth's ability to appropriately use a phone and other electronic devices such as smartphones or tablets as a means 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.*
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.

F	**HOUSING SAFETY:** *This item describes whether the youth's current housing circumstances are safe and accessible. Consider the youth's specific medical or physical challenges when rating this item.*
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.