

**Texas Department of Family and Protective Services**  
**Child and Adolescent Needs and Strengths 3.0**

Date: \_\_\_\_\_ Assessment Type: Initial  Reassessment  Major Life Event  Exit/Discharge

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ PID: \_\_\_\_\_

Child's Gender: \_\_\_\_\_ Child's Race/Ethnicity: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

Assessor Name: \_\_\_\_\_

**Psychiatric Crisis and Hospitalization**

Number of psychiatric hospitalizations in the past 180 days. 0  1  2  3+

Number of psychiatric hospitalizations < 30 days in the past 2 years. 0  1  2  3+

Number of psychiatric hospitalizations > 30 days in the past 2 years. 0  1  2  3+

Time since most recent psychiatric hospitalization discharge. 12+ mos.  6-12 mos.  3-5 mos.  <3mos.  NA

Number of psychiatric crisis episodes in the past 90 days. This includes psychiatric or substance abuse related ER visits, 23-hour observation in hospital, MCOT responses, crisis respite, etc. 0  1  2  3+

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

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

**STRENGTHS DOMAIN**

**(All Ages)**

Interpersonal Skills 0  1  2  3

Educational Setting 0  1  2  3

Talents and Interests 0  1  2  3

Spiritual/Religious 0  1  2  3

**Ages 3-5**

Persistence n/a  0  1  2  3

Curiosity n/a  0  1  2  3

Adaptability n/a  0  1  2  3

**Ages 6+**

Family Strengths n/a  0  1  2  3

Optimism n/a  0  1  2  3

Vocational n/a  0  1  2  3

Community Involvement n/a  0  1  2  3

Child/Youth Involvement with Care n/a  0  1  2  3

Coping and Survival Skills n/a  0  1  2  3

Natural Supports n/a  0  1  2  3

Relationship Permanence n/a  0  1  2  3

Resiliency n/a  0  1  2  3

Cultural Identity n/a  0  1  2  3

Please write a rationale for any useful strength ('0' or '1') or strength to build ('2' or '3').

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Instructions on Completing the **Suicide Risk C-SSRS Screener**:

- Complete Section 1, **C-SSRS Screener** as follows:  
For every child/youth ask question 1 (SR1) and question 2 (SR2).
    - If the answer is YES to question 2 (SR2), then ask questions 3 to 6 (SR3, SR4, SR5 and SR6).
    - If the answer is NO to question 2 (SR2), skip questions 3-5 and go directly to question 6 (SR6) and complete question 6 (SR6).
  - Once section 1 has been completed, complete section 2, the **Overall Suicide Risk** indicator.
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**SUICIDE RISK: C-SSRS SCREENER (AGES 4+)**

<b>SR1.</b> Wish to Be Dead	No <input type="checkbox"/>	Yes, Lifetime <input type="checkbox"/>	Yes, Past Month <input type="checkbox"/>	
<b>SR2.</b> Non-specific Active Suicidal Thoughts	No <input type="checkbox"/>	Yes, Lifetime <input type="checkbox"/>	Yes, Past Month <input type="checkbox"/>	
<b>SR3.</b> Suicidal Thoughts with Method	No <input type="checkbox"/>	Yes, Lifetime <input type="checkbox"/>	Yes, Past Month <input type="checkbox"/>	
<b>SR4.</b> Suicidal Intent without a Plan	No <input type="checkbox"/>	Yes, Lifetime <input type="checkbox"/>	Yes, Past Month <input type="checkbox"/>	
<b>SR5.</b> Suicidal Intent with Plan	No <input type="checkbox"/>	Yes, Lifetime <input type="checkbox"/>	Yes, Past Month <input type="checkbox"/>	
<b>SR6.</b> Suicidal Behaviors	No <input type="checkbox"/>	Yes, Lifetime <input type="checkbox"/>	Yes, Past 3 Months <input type="checkbox"/>	
<i>Overall Suicide Risk*</i>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

*\* A rating of '2' or '3' on this indicator requires the same-day development of a Safety Plan. A referral to immediate crisis services is recommended when the child/youth scores '2' or '3' on this indicator.*

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Please write a rationale for any indicator rated 'Yes', '2', or '3'.

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

- 0 Not a developmental risk factor; no need for attention or intervention.
- 1 Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.
- 2 Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action or intervention to ensure that the need is addressed.
- 3 Evidence of dangerous or disabling impact of developmental risk factor; requires immediate or intensive action.

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

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

**RISK FACTORS AND BEHAVIORS DOMAIN**

Child Risk Factors: Ages 3-5

Substance Exposure	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Parent or Sibling Problems	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Maternal Availability	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Child Risk Behaviors: Ages 3-5

Self-Harm	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Aggressive Behavior	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Sexually Reactive Behavior	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Child/Youth Risk Behaviors: All Ages

Intentional Misbehavior	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Bullying Others	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Medication Adherence	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Runaway/Bolting [A]	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Fire Setting [B]	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Child/Youth Risk Behaviors: Ages 6+

Non-Suicidal Self-Injurious Behavior	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Reckless Behavior (Other Self-Harm)	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Victimization	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Danger to Others [C]	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Sexual Aggression [D]	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Delinquent Behavior [E]	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Exploited [F]	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

**[A] Runaway Module (Ages 6+)**

Frequency of Running	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Consistency of Destination	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Safety of Destination	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Involvement in Illegal Activities	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Likelihood of Return on Own	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Involvement with Others	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Realistic Expectations	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Planning	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

**[B] Fire Setting Module (Ages 6+)**

History	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Seriousness	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Planning	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Use of Accelerants	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Intention to Harm	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Community Safety	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Response to Accusation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Remorse	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Likelihood of Future Fire Setting	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

**[C] Dangerousness/Violence Module (Ages 6+)**

Historical Risk Factors  
 History of Perpetuating Viol. 0  1  2  3   
 Emotional/Behavioral Risks  
 Frustration Management 0  1  2  3   
 Hostility 0  1  2  3   
 Paranoid Thinking 0  1  2  3   
 Secondary Gains from Anger 0  1  2  3   
 Violent Thinking 0  1  2  3   
 Resiliency Factors  
 Awareness of Violence Pot. 0  1  2  3   
 Response to Consequences 0  1  2  3   
 Commitment to Self- Cont. 0  1  2  3   
 Treatment Involvement 0  1  2  3

**[D] Sexually Aggressive Behavior Module (Ages 6+)**

Physical Force/Threat/Coercion 0  1  2  3   
 Planning 0  1  2  3   
 Age Differential 0  1  2  3   
 Relationship 0  1  2  3   
 Type of Sexual Behavior 0  1  2  3   
 Response to Accusation 0  1  2  3   
 Temporal Consistency 0  1  2  3   
 History of Sexually Aggressive  
 Behavior Towards Others 0  1  2  3   
 Severity of Sexual Abuse of  
 Child/Youth as a Victim 0  1  2  3

**[D] Sexually Aggressive Behavior Module (Ages 6+) Cont.**

Type of Prior Sexually Aggressive  
 Behavior Treatment 0  1  2  3   
 Success of Prior Sexually  
 Aggressive Behavior Treatment 0  1  2  3

**[E] Juvenile Justice Module (Ages 6+)**

History 0  1  2  3   
 Seriousness 0  1  2  3   
 Arrests/Detention 0  1  2  3   
 Planning 0  1  2  3   
 Community Safety 0  1  2  3   
 Legal Compliance 0  1  2  3   
 Peer Influences 0  1  2  3   
 Parental Influences 0  1  2  3   
 Environmental Influences 0  1  2  3

**[F] Exploitation Module (Ages 6+)**

Labor and Sexual Exploitation  
 Duration of Exploitation 0  1  2  3   
 Age of Onset-Exploitation 0  1  2  3   
 Perception of Dangerousness 0  1  2  3   
 Knowledge of Exploitation 0  1  2  3   
 Trauma Bond 0  1  2  3   
 Exploitation History 0  1  2  3   
 Exploitation of Others 0  1  2  3   
 Sexual Exploitation  
 Reproductive Health 0  1  2  3   
 Arrests for Loitering/Solicitation 0  1  2  3

Please write a rationale for any indicator rated actionable ('2' or '3').

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For the **Trauma Experiences**, use the following categories and action levels:

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

For the **Traumatic Stress Symptoms**, use the following categories and action levels:

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

Trauma Experiences

- |                                            |                             |                              |
|--------------------------------------------|-----------------------------|------------------------------|
| Sexual Abuse                               | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Physical Abuse                             | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Neglect                                    | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Emotional Abuse                            | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Medical Trauma                             | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Natural or Manmade Disaster                | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Family Violence                            | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Community/School Violence                  | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Criminal Activity                          | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| War/Terrorism Affected                     | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Parental Criminal Behavior                 | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Disruption in Caregiving/Attachment Losses | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Accident                                   | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

Traumatic Stress Symptoms

- |                                         |                            |                            |                            |                            |
|-----------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Adjustment to Trauma                    | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Traumatic Grief/Separation              | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Intrusions/Re-experiencing              | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Hyperarousal                            | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Avoidance                               | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Numbing                                 | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Dissociation                            | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Emotional and/or Physical Dysregulation | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

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Please write a rationale for any indicator rated 'Yes', '2', or '3'.

For the **Behavioral/Emotional Needs Domain**, use the following categories and action levels:

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

**BEHAVIORAL/EMOTIONAL NEEDS DOMAIN**

All Ages

Depression	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Anxiety	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Atypical Behavior/Autism Spectrum	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Attachment Difficulties	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Impulsivity/Hyperactivity	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Oppositional Behavior	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Eating Disturbance	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Ages 6+

Psychosis (Thought Disorder)	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Mania	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Attention/Concentration	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Conduct	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Anger Control	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Substance Use [G]	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Ages 3-5

Failure to Thrive	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Emotional Control (Temperament)	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

**[G] Substance Use Disorder Module (Ages 6+)**

Severity of Use	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Duration of Use	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Stage of Recovery	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Peer Influences	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Parental/Caregiver Influences	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Environmental Influences	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Awareness of Relapse Triggers	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Please write a rationale for any indicator rated actionable ('2' or '3').

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

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

**LIFE FUNCTIONING DOMAIN**

All Ages

Family Functioning	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>		
Living Situation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>		
Recreation/Play	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>		
Communication	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>		
Elimination	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>		
Personal Hygiene & Self-Care	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>		
Gender Identity	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>		
Sleep	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>		
Medical/Physical [H]	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>		
School/Childcare [I]	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Developmental Functioning [J]	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>		

**[H] Medical Health Module (All Ages)**

Organizational Complexity	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Intensity of Treatment Support	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Chronicity	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Life Threatening	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Diagnostic Complexity	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Impairment in Functioning	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Child/Youth's Emotional Response	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

**[I] School/Childcare Module (All Ages)**

School/Childcare Behavior	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
School/Childcare Achievement	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
School/Childcare Attendance	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Relations with Teachers and/or School/Childcare Caregivers	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

**[J] Developmental Disabilities Module (All Ages)**

Cognitive (Intellectual) Funct. Developmental	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Motor	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Sensory Reactivity	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

**[K] Sexual Development Module (Ages 6+)**

Problematic Sexual Behaviors	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Knowledge of Sex	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Choice of Relationships	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Pregnancy	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Ages 3-5

Motor	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Sensory Reactivity	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Ages 6+

Social Functioning	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Decision Making	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Sexual Orientation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Sexual Development [K]	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Ages 10+

Legal	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
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Ages 14+

Independent Living Skills	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>		
Job Functioning	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Please write a rationale for any indicator rated actionable ('2' or '3').

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

- 0 No evidence of any needs; no need for action. This may be a resource for the child/youth.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.
- 2 Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
- 3 Need prevents the provision of care; requires immediate and/or intensive action.

**CAREGIVER RESOURCES & NEEDS DOMAIN (All Ages)**

Supervision	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Involvement with Care	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Knowledge of Child/Youth's Needs	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Organizational Skills	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Social Resources	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Residential Stability	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Physical Health	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Mental Health	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Substance Use	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Marital/Partner Violence in the Home	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Post-traumatic Reactions	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Developmental	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Access to Childcare	n/a	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Military Transitions	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>		
Safety	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>		
Family Stress [L]	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>		

**[L] Family/Caregiver Module (All Ages)**

Self-Care/Daily Living Skills	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Cultural Stress	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Employment/Educational Funct.	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Legal Involvement	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Financial Resources	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Transportation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Please write a rationale for any indicator rated actionable ('2' or '3').

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

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

Language and/or Literacy	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Traditions and Cultural Rituals	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Cultural Stress	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

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Please write a rationale for any indicator rated actionable ('2' or '3').