CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

COMPREHENSIVE MULTISYSTEM ASSESSMENT

For Children and Youth Ages 6 to 21

New York State

Reference Guide

November 2, 2016

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 from the New York State the Office of Children and Family Services, the Office of Mental Health, the Office of Substance Abuse Services, the Department of Health, and dozens of community agencies have collaborated in the development of the **CANS-New York 6-21**. This information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The **CANS-New York 6-21** is an open domain tool for use in service delivery systems that address the health and well-being of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the **CANS-New York 6-21** assessment tool contact:

John S. Lyons, Ph.D.
Senior Policy Fellow
Chapin Hall at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
jlyons@chapinhall.org

Praed Foundation
praedfoundation@yahoo.com
www.praedfoundation.org

For questions about the New York implementation of the CANS-NY, please contact:

CANSNY.MRTImplementation@health.ny.gov.

INTRODUCTION

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

SIX KEY PRINCIPLES OF THE CANS

1. 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 but would be for an older child 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 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** – This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, "does Johnny smoke weed?" He says he doesn't, his mother says he doesn't, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

1 – **Watchful Waiting/Prevention** – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse **(**e.g. a child/youth who has been suicidal in the past). We know that the best predictor of future behavior is past behavior, and that such behavior may recur under stress, so we would want to keep an eye on it from a preventive point of view.

2 – **Action Needed** – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/youth's or family's life in a notable way.

3 – **Immediate/Intensive Action Needed** – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/youth who is not attending school at all or an acutely suicidal youth would be rated with a "3" on the relevant need.

ACTION LEVELS FOR "STRENGTHS" ITEMS

0 – **Centerpiece Strength** – This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.

1 – **Useful Strength** – This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of the plan.

2 – **Identified Strength** – This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.

3 – **No Strength Identified** – This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

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

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

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

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

Other children 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 will NOT be completed.

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

IF CHILD IS IN FOSTER CARE				
CHILD'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'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 STRENGTHS & NEEDS The CANS 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, such as parent or foster parent.

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

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

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

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

1	**PHYSICAL HEALTH:** *This item describes the presence of any medical or physical challenges to caregiving.*
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
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 challenges to caregiving.*
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with the capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible to parent at this time.

3	**MENTAL HEALTH:** *This item describes the presence of any mental health challenges to caregiving.*
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with the capacity to parent.
3	Caregiver has mental health difficulties that make it impossible to parent at this time.

4	**SUBSTANCE USE:** *This item describes the presence of any substance use that presents challenges to caregiving.*
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with capacity to parent.
3	Caregiver has substance use difficulties that make it impossible to parent at this time.

5	**PARTNER RELATIONSHIP:** *This item refers to the primary caregiver's intimate relationship with another adult. If married, this refers to the primary caregiver's husband or wife.*
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 mild 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 wellbeing 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 an extensive 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	Care giver(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 identify and current living situation.
1	Some mild or occasional stress resulting from friction between the caregiver's cultural identify 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 a high level of 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 everyday responsibilities, including the household duties, as well as caregiver's and children's appointments and activities.*
0	Caregiver is well organized and efficient and the household runs smoothly.
1	Caregiver has minimal difficulties with organizing and maintaining a household that supports children's needs or services.
2	Caregiver has moderate difficulty organizing and maintaining a household that supports children's needs or services.
3	Caregiver is unable to organize a household that supports children's needs or services.

12	**SUPERVISION:** *This item describes the caregivers' ability to monitor and discipline the child in all the ways that are required.*
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision; may need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring or disciplining child. 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 and use external resources necessary to manage challenges faced by self or child.*
0	Caregiver is quite skilled at finding resources that are useful in achieving and maintaining safety and well-being for self and child.
1	Caregiver has some 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 has limited 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 has no skills in finding 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 mild or occasional problems thinking through problems or situations but decision-making abilities do not interfere with caregiver's functioning as a parent.
2	The caregiver has moderate or frequent problems thinking through problems or situations and this interferes with their ability to function as a parent.
3	The caregiver has severe problems with decision-making and judgment placing 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.*
0	Caregiver is able to manage the stress of the child/children's needs.
1	Caregiver has some problems managing the stress of the child/children's needs.
2	Caregiver has notable 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:** *This item describes whether the caregiver's current housing circumstances are safe and accessible. Consider the child's specific medical or physical challenges when rating this item.*
0	Current housing has no challenges with regard to fully supporting the child's health, safety, and accessibility.
1	Current housing has minor challenges with regard to fully supporting 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 with regard to supporting 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.*
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.

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 mild difficulties. Caregiver has financial resources necessary to meet most needs; however, some limitations exist.
2	Moderate difficulties. Caregiver has financial difficulties that limit ability to meet significant family needs.
3	Significant difficulties. Caregiver is experiencing financial hardship, poverty.

19	**SAFETY FROM OTHERS:** *This item describes the caregiver's ability to ensure the child's safety within the home and community.*
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's functioning. This might occur in a family where a child is adopted from a different race, culture, ethnicity, or socioeconomic status. The parent may struggle to understand or lack awareness of the child's experience of discrimination. Additionally this may occur in families where the parents are first generation immigrants to the United States. The child 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 mild 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:** *This item reflects the caregiver's ability to provide appropriate transportation for the child.*
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 occasional transportation needs for appointments. Caregiver has difficulty getting child to appointments, school, activities, etc. less than once a month.
2	Child and caregiver have frequent transportation needs. Caregiver has difficulty getting child to appointments, school, activities, etc. regularly (e.g. once a week). 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's developmental, behavioral, or medical condition(s) in order to be the best advocate for the child.*
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 describes the degree to which the caregiver is involved in seeking and supporting care/treatment to address the needs of the child.*
0	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 generally involved in treatment but may struggle to stay consistent and lapses are not significant.
2	Caregiver is generally uninvolved in treatment although they are sometimes compliant to treatment recommendations or lack of treatment consistency is having an effect on the child's health.
3	Caregiver does not wish to participate in services or interventions intended to assist the child. Caregiver's lapse in treatment involvement/consistency places child at imminent risk.

25	**KNOWLEDGE CONGRUENCE:** *This item refers to a family's explanation about their children'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	Small or mild 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 children, 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 expresses no concerns about engaging with the formal helping system.
1	The caregiver expresses little or mild 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 caregiver expresses moderate 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 at this time. When this occurs, the development of an alternate treatment plan may be required.

B. CHILD STRENGTHS

27	**FAMILY OF ORIGIN:** *This item describes the degree to which positive and supportive relationships exist within the family of origin (however the family defines it. May include extended family members as well as child's inclusion in family activities. (Do not rate foster families here.)*
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	Moderate level of strengths and 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	Mild level of family strengths and 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.

28	**FOSTER FAMILY:** *This item describes whether positive and supportive relationships exist within the foster family and the child's inclusion in foster family's activities. Check NA if a child is not in a foster family.*
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	Moderate level of strengths and 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	Mild level of family strengths and 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 in a family-type foster home (i.e., not in foster care, or lives in congregate care).

29	**SOCIAL RELATIONSHIPS WITH PEERS:** *This item describes the child's social relationships with peers.*
0	Child has positive social relationships with same age peers.
1	Child is having some minor problems in social relationships with same age peers.
2	Child is having some moderate problems in social relationships with same age peers.
3	Child is experiencing severe disruptions in social relationships with same age peers.

30	**SOCIAL RELATIONSHIPS WITH ADULTS:** *This item describes child's social relationships with adults outside the family.*
0	Child has positive social relationships with adults.
1	Child is having some minor problems in social relationships with adults.
2	Child is having some moderate problems in social relationships with adults.
3	Child is experiencing severe disruptions in social relationships with adults.

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

32	**OPTIMISM:** *This item refers to the child's positive orientation toward self and the future.*
0	Child has a strong and stable optimistic outlook on life.
1	Child is generally optimistic.
2	Child has difficulties maintaining a positive view of self and life; child may vary from overly optimistic to overly pessimistic.
3	Child has difficulties seeing *any* positives about self or future life.

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

34	**ADAPTABILITY:** *This item describes the child'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	Much of the time, child has difficulties adjusting to changes and transitions even with caregiver support.
3	Most of the time, 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 infant/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/INTERNAL STRENGTHS:** *This item refers to the child'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 is able to both identify and use internal strengths to better self and successfully manage difficult challenges.
1	Child is able to identify some internal strengths and is able to partially utilize them constructively.
2	Child is able to identify some internal strengths but is not able to utilize them constructively.
3	Child is not yet able to identify any internal strengths.

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

38	**CULTURAL IDENTITY:** *Cultural identity refers to the child's view of self as belonging to a specific cultural group. Culture may be defined by factors including race, religion, ethnicity, geography or lifestyle.*
0	Child has clear and consistent cultural identity and is connected to others who share the same cultural identity.
1	Child is experiencing some confusion or concern regarding cultural identity.
2	Child has significant struggles with own cultural identity; child may have cultural identity but is not connected with others who share this culture.
3	Child has no cultural identity or is experiencing significant problems due to conflict regarding own cultural identity.

39	**SPIRITUAL/RELIGIOUS:** *This item describes the child's involvement in spiritual and religious practices and communities. For younger children, family involvement with the child in these activities can be rated as strength.*
0	Child receives comfort and support from religious or spiritual beliefs and practices.
1	Child is involved in a religious community whose members provide support.
2	Child has expressed some interest in religious or spiritual belief and practices.
3	Child has neither identified religious or spiritual beliefs nor interest in these pursuits.

C. CHILD NEEDS & FUNCTIONING

40	**LIVING SITUATION:** *This item describes the child's functioning in their current living environment.*
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation; caregivers are concerned about child's behavior in living situation.
2	Moderate problems with functioning in current living situation; child has difficulties maintaining acceptable behavior in this setting, creating significant problems for others in the residence.
3	Severe problems with functioning in current living situation; child is at immediate risk of being removed from living situation due unacceptable behavior.

41	**ACCULTURATION/LANGUAGE:** *This item described the need for translation services when there is a mismatch between the child's dominant language (including sign) and the service provider's language.*
0	Child speaks and understands English well.
1	Child speaks and understands some English but potential communication problems exist due to limits on vocabulary or understanding nuances in the language.
2	Child does not speak or understand English well enough so that a translator or native language speaker is needed for successful intervention and a qualified individual can be identified within natural supports.
3	Child does not speak or understand English well enough so that a translator or native language speaker is needed for successful intervention and no such individual is available among natural supports.

42	**PEER INTERACTIONS:** *This item refers to any problems with the child's ability to relate to same age individuals. These may involve either a problem with making or maintaining friends and social contacts or with having social contact with peers who engage in and support destructive personal behavior.*
0	No evidence of any problems with peers. Child has friends and has developmentally appropriate peer interactions.
1	Mild to moderate levels of problems making friends or getting along with peers. Child may get into arguments or have difficulty maintaining multiple friendships.
2	Significant level of problems making friends or getting along with peers. Child may engage in developmentally inappropriate peer behavior. Child may affiliate with a peer group that has problems.
3	Severe problems making friends or getting along with peers. Child may constantly fight with peers or have no significant social contacts. Alternatively this rating would be used to describe a child whose only peer interactions are with a highly problematic peer group.

43	**DECISION-MAKING/JUDGMENT:** *This item describes the child'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	The child has no evidence of problems with decision-making.
1	The child has mild or occasional problems thinking through problems or situations but decision-making abilities do not interfere with functioning.
2	The child has problems thinking through problems or situations and decision-making abilities interfere with functioning.
3	The child has severe problems with decision-making and judgment. Poor decision-making places the child at risk.

44	**SLEEP:** *This item describes any challenges for the child or environment with regards to pattern of sleeping.*
0	Child gets a full night's sleep each night.
1	Child has some problems sleeping. Child gets a full night's sleep but occasionally problems arise such as waking up due to bed wetting, nightmares, or night terrors.
2	Child is having problems with sleep. Sleep is often disrupted and child seldom obtains a full night of sleep. Sleeping too much could also be rated here.
3	Child 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'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'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 mild 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 moderately 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 severely impact activities.

46	**DENTAL NEEDS:** *This item refers to the child'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 describes any needs in the child's use of leisure time.*
0	No evidence of any problems with recreational functioning. Child has access to sufficient enjoyable activities.
1	Child participates in some recreational activities although problems may exist, such as lack of frequency of variety.
2	Child is having moderate problems with recreational activities. Child may experience some problems with constructive use of leisure time. Child may also be unable to identify activities of interest or has limited access to any activities.
3	Child has no access to or interest in recreational activities. Child has significant difficulties making constructive use of leisure time.

48	**JUVENILE JUSTICE/LEGAL:** *This item describes the child's involvement in the court system due to own behavior (i.e. juvenile justice involvement, PINS petitions, and criminal court).*
0	Child has no known legal difficulties.
1	Child has a history of legal problems but currently is not involved with the legal system.
2	Child has some legal problems and is currently involved in the legal system.
3	Child has serious current/pending legal difficulties that create risk of court ordered out of home placement.

D. SCHOOL/ACADEMIC FUNCTION
If child 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's educational needs, including but not limited to any medical accommodations needed.*
0	School works closely with child and family to identify and successfully address child's educational needs, or child excels in school.
1	School works with child and family to identify and address educational needs.
2	School is currently unable to adequately identify or address child's needs.
3	School is unable or unwilling to work to identify and address child's needs.
NA	Youth has graduated HS or has GED.

50	**SCHOOL BEHAVIOR:** *This item describes behavior when attending school.*
0	Child is behaving well in school.
1	Child is behaving adequately in school although some behavior problems exist.
2	Child is having moderate behavioral problems at school. Child is disruptive and may have received sanctions including suspensions.
3	Child is having severe problems with behavior in school. Child is frequently or severely 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 is rated based on developmental age rather than chronological age.*
0	Child is doing well in school.
1	Child is doing adequately in school although some problems with achievement exist.
2	Child is having moderate problems with school achievement. Child may be failing some subjects.
3	Child is having severe achievement problems. Child may be failing most subjects or is more than one year behind same age peers in school achievement.
NA	Youth has graduated HS or has GED.

52	**SCHOOL ATTENDANCE:** *This item describes any challenge, including medically excused absences, with regard to being physically present at school.*
0	Child attends school regularly.
1	Child has some problems attending school but generally goes to school; may miss up to one day per week on average, OR if moderate to severe problem in the past six months, but has been attending school regularly in the past month.
2	Child is having problems with school attendance and is missing at least two days each week on average.
3	Child is generally truant, refuses to go to school, or medical needs significantly interfere with attendance.
NA	Youth has graduated HS, has GED or is home schooled.

53	**LEARNING ABILITY:** This item refers to the child's ability to learn. Learning disabilities are rated as a '2' or '3' depending on severity. Special educational strategies may be needed to create an environment where child can learn.
0	The child appears fully able to effectively learn.
1	There is a history, suspicion of, or evidence of a mild learning disability.
2	There is evidence of a moderate learning disability. The child is struggling to learn and unless challenges are addressed, learning will remain impaired.
3	There is evidence of a severe learning disability. The child 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 risk factors and behaviors.

54	**SUICIDE RISK:** *This item describes any circumstances involving suicidal thoughts or efforts by the child.*
0	No evidence of suicide risk.
1	History but no recent ideation or gesture.
2	Within the past 30 days, has evidenced ideation or gesture but not in the past 24 hours.
3	Current ideation and intent or command hallucinations that involves self-harm.

55	**SELF-INJURIOUS BEHAVIOR:** *This item describes repetitive self-harm, non-suicidal self-injury that is generally serving a self-soothing purpose. This could include behaviors such as cutting, burning, head banging, hair pulling, etc.*
0	No evidence of self-injurious behavior.
1	History of self-injurious behavior.
2	Within the past 30 days has engaged in self-injurious behavior that does not require medical attention.
3	Within the past 30 days has 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 at risk of physical harm.*
0	No evidence of behaviors other than suicide or self-mutilation that place the child at risk of physical harm.
1	There is a history of behavior other than suicide or self-mutilation that places child at risk of physical harm; this includes possibly endangering reckless and risk-taking behavior.
2	Within the past 30 days, the child has engaged in behavior other than suicide or self-mutilation that places child at risk of physical harm; this includes reckless behavior or intentional risk-taking behavior.
3	Within the past 30 days the child engaged in behavior other than suicide or self-mutilation that places child at immediate risk of death; this includes reckless behavior or intentional risk-taking behavior.

57	**DANGER TO OTHERS:** *This item describes the level of physical risk to others from the child's behavior. (Do not rate fire-setting here. There is a dimension solely for fire-setting.)*
0	No evidence of danger to others.
1	There is a history of homicidal ideation or physically harmful aggression that endangered the child or others.
2	Recent homicidal ideation or physically harmful aggression, but not in the past 24 hours.
3	Acute homicidal ideation with a plan, physically harmful aggression or command hallucinations that involve harming others.

58	**FIRE SETTING:** *This item describes behavior related to setting fires whether intentional or accidental.*
0	No evidence of fire setting.
1	History of unintentional fire setting but *not in the past six months.*
2	The child set a fire that did not endanger the lives of others within the past six months or the child has **repeatedly** displayed non-endangering fire-setting behavior over a period of the past two years, including at least once in the past six months.
3	Current acute threat of fire setting or a history of intentionally setting a fire that endangered others (i.e., tried to burn down a house).

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	Some evidence of sexually reactive behavior. Child may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with single partner. This behavior does not place child at great risk. A history of sexually provocative behavior would be rated here.
2	Moderate problems with sexually reactive behavior that places child at some risk. Child may frequently exhibit sexually provocative behaviors, engage in promiscuous sexual behaviors or have unprotected sex with multiple partners.
3	Significant problems with sexually reactive behaviors. Child exhibits sexual behaviors that place child or others at immediate risk.

60	**SEXUAL AGGRESSION:** *This item describes the child's perpetration of sexually aggressive behavior.*
0	No evidence of any history of sexually aggressive behavior; no sexual activity with younger children, non-consenting others, or children not able to understand consent.
1	History of overtly sexually aggressive behavior prior to one year ago.
2	Child has engaged in sexually aggressive behavior in the past year but not in the past 30 days.
3	Child has engaged in sexually aggressive behavior in the past 30 days.

61	**DELINQUENT BEHAVIOR:** *This item describes behavior that could get the child arrested.*
0	No evidence of illegal or delinquent behavior.
1	History of delinquency.
2	Minor acts of delinquency within the past 30 days.
3	Severe acts of delinquency that place others at risk of significant loss or injury or place child at risk of legal sanctions within the past 30 days.

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

63	**RUNAWAY:** *This item describes behavior related to attempts to escape an environment by leaving without permission.*
0	No evidence of runaway behavior.
1	History of running away from home or other settings but no known current ideation.
2	Recent runaway behavior with concerns for possible near future recurrence.
3	Child is currently a runaway.

64	**PROBLEMATIC SOCIAL BEHAVIOR:** *This item refers to problematic social behavior that often leads to sanctions from adults. These behaviors occur in such a way that the child or youth is seeking sanctions and negative attention, or acting out, or the behavior could also be seen as a cry for help.*
0	No evidence of problematic social behavior; child does not typically engage in behavior that results in sanctions from adults.
1	Mild level of problematic social behavior that might include occasional inappropriate social behavior that provokes adults to sanction the child; infrequent inappropriate comments to strangers or infrequent unusual behavior in social settings.
2	Moderate level of problematic social behavior that is causing problems in the child's life at home or in the community or school. This may include frequent moderately disruptive behavior in a variety of settings, including home and school and provokes adults to sanction child.
3	Severe level of problematic social behavior that includes frequent serious inappropriate social behavior that provokes adults to seriously or repeatedly sanction the child; or inappropriate social behaviors that are sufficiently severe that 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 in physical jeopardy.*
0	There is no evidence of eating disturbance.
1	There is a mild 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's exposure to adverse childhood experiences during the child's entire **LIFETIME** so far.

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

68	**EMOTIONAL ABUSE/NEGLECT:** *This item describes if the child has experienced emotional abuse at any point in the child'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 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 or neglect.

69	**NEGLECT:** *This item describes if the child has experienced neglect at any point in the child'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:** *This item describes if the child has witnessed the abuse or maltreatment of another child in the home at any point in the child's lifetime.*
0	There is **NO** evidence that the child has witnesses the abuse of another child in the home.
1	Child has witnessed or there is a suspicion that child has witnesses the abuse of another child in the home.

71	**MEDICAL TRAUMA:** *This item describes if the child has experienced medical trauma at any point in the child'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 experienced a medical trauma.

72	**DOMESTIC VIOLENCE:** *This item describes if the child has been exposed to domestic violence between adults at any point in the child'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 has been exposed to community violence at any point in the child'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 has been forced into unlawful activities such as prostitution, drug dealing or forced labor at any point in the child'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 has been exposed to school violence at any point in the child'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 MANMADE DISASTERS:** *This item describes if the child has experienced a natural or man-made disaster at any point in the child'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 manmade disaster.

77	**CRIMINAL ACTIVITY:** *This item describes if the child has been exposed to criminal activity at any point in the child'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 INCARCERATION:** *This item describes whether child's parents have ever been incarcerated during child's lifetime (include both biological and stepparents, and other legal guardians, not foster parents).*
0	There is **NO** evidence that the child's parents have ever been incarcerated.
1	Child's parents have a history of incarceration or are currently incarcerated.

79	**DISRUPTIONS IN CAREGIVING/ATTACHMENT:** *This item describes if the child has experienced disruptions in caregiving involving separation from primary attachment figure(s) or attachment losses. Children, who have 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'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 has experienced the death of a loved one. This includes anyone who the child 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's exposure to substance use and abuse before birth.*
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 may have been bullied, physically or emotionally abused by peers or adults, including the child's parents, because of the child's sexual orientation, gender identity or expression.*
0	Child has **NOT** been targeted for physical or emotional abuse due to sexual orientation, gender identity or expression.
1	Child has been targeted for physical or emotional abuse due to sexual orientation, gender identity or expression.

83	**BULLIED:** *This item refers to times when child 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.

G. SCREENING QUESTIONS FOR MODULES

84	**TRAUMA SYMPTOMS:** *This item is used to describe an individual who is having difficulties adjusting to a traumatic experience. 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	There is no history or suspicion of exposure to potentially traumatic or adverse childhood experiences or the exposure to traumatic/adverse events has not affected the child's functioning. In order to fully conclude that there is no impact on functioning, the event must have occurred at least 12 months before this CANS is completed.
1	There is a history of exposure or suspicion of potentially traumatic or adverse childhood experiences. Child may display mild trauma symptoms or functional limitations or the child is too young, or the adverse childhood experiences occurred too recently to determine traumatic effects.
2	There is a known history of exposure to traumatic or adverse childhood events and child displays moderate trauma symptoms or functional limitations.
3	There is a known history of exposure to traumatic or adverse childhood events and child displays severe trauma symptoms or functional limitations.

85	**BEHAVIORAL HEALTH:** *This item relates information regarding a child's behavioral and emotional issues. 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'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 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 dangerous or disabling emotional or behavioral difficulties.

86	**SUBSTANCE USE:** *This item rates the severity of the child's substance use which includes alcohol, illegal drugs and inappropriate use of prescription medications*. ***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	Clear evidence of substance use that interferes with functioning in any life domain.
3	Child requires detoxification OR is addicted to alcohol or drugs (include here a child who is intoxicated at time of the assessment, e.g., currently under influence).

87	**DEVELOPMENTAL:** *This item compares the child's progress to standard developmental milestones such as communication, including receptive and expressive language; ambulating, including walking and moving with assistive devices; toileting, and social interactions with peers and adults.* ***Note: A score of 1, 2, or 3 on this item means that the Developmental Module must be completed.***
0	Child has no known delay in development
1	Child is suspected of having, or is known to have a mild delay in development.
2	Child has a moderate delay in development.
3	Child has a severe delay in development.

88	**MEDICAL HEALTH:** *This item rates the child's current health status. This item does not rate depression or other mental health issues. Most transient, treatable conditions would receive a rating of '1.' Most chronic conditions (e.g. diabetes, severe asthma, HIV) would receive a rating of '2.' The rating of '3' is reserved for life threatening medical conditions or a disabling physical condition.* ***Note: A score of 1, 2, or 3 on this item means that the Medical Module must be completed.***
0	Child is healthy.
1	Child has some medical problems that require medical treatment. These problems are acute and not expected to have a duration of a year or more.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening or disabling medical condition.

89	**SELF-CARE ACTIVITIES OF DAILY LIVING:** *This item rates the ability of the child to perform the self-care activities of daily living, such as personal hygiene, obtaining and eating food, dressing, avoiding injury.* ***Note: A score of 1, 2, or 3 on this item means that Activities of Daily Living Module must be completed.***
0	No evidence of problems with self-care activities of daily living. Child is fully independent across these areas, as developmentally appropriate.
1	Mild problems with self-care activities of daily living. Child is generally good with self-care activities but may require some adult support to complete some specific developmentally appropriate activities.
2	Moderate problems with self-care activities of daily living. Child has difficulties with developmentally appropriate self-care activities.
3	Severe problems with self-care activities of daily living. Child requires significant and consistent adult support to complete developmentally appropriate self-care activities.

90/ 91	**TRANSITION TO ADULTHOOD and INDEPENDENT ACTIVITIES OF DAILY LIVING:** *If the child is 14 or older then* ***complete the Transition to Adulthood Module and the Independent Activities of Daily Living Module***
0	Child is under 14 years of age.
1	Child 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 may experience as a result of the death or separation from significant caregivers, siblings or other important figures in child's life. This child 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 may actively avoid thinking or talking about the person they lost. This child 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 a mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected or appropriate given the recent nature of loss or separation.
2	Child is experiencing a moderate level of 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 significant traumatic grief reactions. Child 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 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	Child exhibits mild re-experiencing symptoms that do not interfere with day-to-day functioning.
2	Child exhibits moderate 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 multiple or severe re-experiencing symptoms associated with the traumatic event(s). 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 who experiences prolonged states of physiological arousal following trauma exposure. This may manifest behaviorally, emotionally, and cognitively. These children 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, these children 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	Child exhibits mild hyperarousal symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits moderate 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 multiple or severe hyperarousal symptoms associated with traumatic event(s). 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 or anger, difficulty concentrating hypervigilance or exaggerated startle response.

D	**AVOIDANCE:** *This item refers to a child 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 of the event. Given a child's lack of control over their circumstances avoidance behaviors may manifest as clinginess to caregivers.*
0	No evidence of avoidance symptoms.
1	Child exhibits mild avoidance symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits moderate 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 multiple or severe avoidance symptoms associated with the traumatic event(s). The intensity and 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 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 may also withdraw from people and activities the child used to enjoy (i.e., play). The child 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 may also have difficulty remembering important aspects of the event.*
0	No evidence of numbing responses.
1	Child exhibits mild numbing symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits moderate numbing 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 multiple or severe numbing symptoms associated with the traumatic event(s). 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 emptions or feel detached from others and experience a sense of a foreshortened future.

F	**DISSOCIATION:** *This item refers to a child who may be experiencing severe numbing symptoms that are extreme enough to include feelings of depersonalization and derealization. This child can exhibit withdrawn behavior and appear detached or disconnected from self and others. Child may exhibit rapid changes in personality associated with triggers of traumatic experiences. This child 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 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 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	Child exhibits mild dissociation that does not significantly interfere with day-to-day functioning.
2	Child exhibits moderate 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 multiple or severe dissociation symptoms associated with the traumatic event(s). 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 the 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 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, difficult or inability in controlling or modulating emotions, and difficulty communicating needs. The child 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 has difficulty modulating feelings and returning to a state of equilibrium. This child 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 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's age/developmental stage and the child'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	No evidence of dysregulation responses.
1	Child exhibits mild dysregulation symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits moderate dysregulation 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 multiple or severe dysregulation symptoms associated with the traumatic event(s). The intensity or frequency of these symptoms are overwhelming for the child or caregiver(s) and impede day-to-day functioning in many areas. Child presents with severe and chronic problems with highly dysregulated affective or physiological responses. The child may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of emotions or lacking control over their movement as it relates to emotional states). The child may 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 (emotionally "shut down"). The child may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns or 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	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder within the past 30 days.
3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that may be associated with a psychotic disorder which places the child or others at risk of physical harm within the past 30 days.

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 stays on task in an age-appropriate manner.
1	Minor problems with attention and concentration. Child 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 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 who meets diagnostic criteria for ADHD would be rated here.
3	Child has severe impairment of attention or concentration. A child with profound symptoms of ADHD or significant attention difficulties related to another diagnosis would be rated here.

C	**IMPULSIVITY:** *Problems with impulse control, impulsive behaviors, including motoric disruptions would be rated here.*
0	No evidence of age-inappropriate impulsivity in action or thought.
1	Child may be impulsive in action or thought, such as occasional difficulty waiting turn or yelling out answers in class that are inappropriate for child's age.
2	Child is frequently impulsive and may represent a significant management problem. Child intrudes on others, demonstrates motoric difficulties (such as pushing or shoving others), or is impulsively aggressive.
3	Frequent impulsive behavior carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child may be impulsive on a nearly continuous basis. He or she endangers self or others without thinking.

D	**DEPRESSION:** *With children the mood state might be irritable rather than sad. This item rates displayed symptoms of a change in emotional state and can include sadness, irritability and diminished interest in previously enjoyed activities.*
0	No evidence of depression.
1	History or suspicion of depression; or within the past 30 days, mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning at this time.
2	Within the last 30 days, 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	Within the last 30 days, clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain.

E	**ANXIETY:** *This item describes worries or fearfulness that interferes with functioning.*
0	No evidence of anxiety.
1	History or suspicion of anxiety problems, or mild to moderate anxiety associated with a recent negative life event with minimal impact on life domain functioning at this time.
2	Anxious mood or significant fearfulness that interferes significantly in child's ability to function in at least one life domain.
3	A debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

F	**OPPOSITIONAL:** *This item describes deviance or non-compliance with authority figures.*
0	No evidence of oppositional behavior.
1	History or recent onset (past 6 weeks) 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 describes antisocial behavior.*
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.
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 a severe level of conduct problems as described above that places the child or community at significant risk of physical harm due to these behaviors.

H	**EMOTIONAL CONTROL:** *This item describes the child's ability to manage emotions (positive or negative). It describes symptoms of affect dysregulation.*
0	Child has no problems with emotional control.
1	Child has mild problems with emotional control that can be overcome with caregiver support.
2	Child has a moderate level of problems with emotional control that interferes most of the time with functioning. Children may quickly become excitable or frustrated and react aggressively or impulsively.
3	Child has a significant level of emotional control problems that are interfering with development and put child at imminent risk of harming self or others. Caregivers are not able to mediate the effects.

I	**ANGER CONTROL:** *This item describes problems associated with anger; it may or may not be associated with loss of control of behavior.*
0	No evidence of any significant anger control problems.
1	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	Moderate anger control problems; 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	Severe anger control problems; child's temper is likely associated with frequent fighting that is often physical; others likely fear child.

J	**ATTACHMENT:** *This item describes the child's ability to form relationships with significant caregivers in an age appropriate way.*
0	No evidence of attachment problems; parent-child relationship is characterized by satisfaction of needs and child's development of a sense of safety, security and trust.
1	Mild problems with attachment; this could involve either mild problems with separation or detachment.
2	Moderate problems with attachment; child is having problems with attachment that require intervention; child who displays behaviors of disorganized attachment would be rated here (e.g., fear around caregiver, role-reversal such as parentified or punitive behavior towards the caregiver).
3	Severe problems with attachment; child who is unable to separate or appears to have severe problems with forming or maintaining relationships with caregivers would be rated here. Child who meets the criteria for an Attachment Disorder diagnosis (e.g., Reactive Attachment Disorder) would be rated here.

86. SUBSTANCE USE MODULE

A	**SEVERITY OF USE:** *This item describes the frequency and intensity of child's use of alcohol and/or substances.*
0	Child is currently abstinent and has maintained abstinence for at least six months.
1	Child is currently abstinent but only in the past 30 days or child has been abstinent for more than 30 days but less than 6 months.
2	Child actively uses alcohol and/or substances but not daily within the past 30 days.
3	Child has used alcohol and/or substances on a daily basis within the past 30 days.

B	**DURATION OF USE:** *This item describes the duration of time a child has been using alcohol or substances.*
0	Child has begun use in the past year.
1	Child has been using alcohol and/or substances for at least one year but has had periods of at least 30 days where child did not have any use.
2	Child has been using alcohol and/or substances for at least one year (but less than 5 years), but not daily.
3	Child 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's network of peer influences and their alcohol and/or substance use.*
0	Child's primary peer social network does not engage in alcohol and/or substance use.
1	Child 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 predominately socializes with peers who frequently engage in alcohol and/or substance use.
3	Child 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's willingness to address alcohol and/or substance use.*
0	Child is in the maintenance stage of recovery. Child is abstinent and able to recognize and avoid risk factors for future alcohol and/or substance use.
1	Child is actively trying to use treatment to remain abstinent.
2	Child is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
3	Child 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. Cognitive functions include the child'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 does not have an identified IQ test score, please use available information in order to score the item, including input from child and family team members.*
0	Child's intellectual functioning appears to be in normal range.
1	Child has mild intellectual disabilities.
2	Child has moderate intellectual disabilities.
3	Child has severe intellectual disabilities.

B	**AGITATION:** *This item describes the degree to which a child's behaviors indicate irritation or restlessness. Examples include biting or hitting, hand-wringing, dressing and undressing, general restlessness, scratching, grabbing, and spitting.*
0	Child does not exhibit agitated behavior.
1	Child becomes agitated on occasion but can be calmed relatively easily.
2	Child becomes agitated often or can be difficult to calm.
3	Child exhibits a dangerous level of agitation. Child 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. Children are 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	Mild level of self-stimulation including such behaviors as periodic pacing or rocking; sensitivity to touch or texture or to loud or bright environments; or the child seeks out stimulation. The child's self-stimulating behaviors do not impact on their ability to function in their daily activities or the child easily responds to intervention from a care giver.
2	Moderate level of self-stimulation. Examples may include frequent rocking, odd behaviors, pacing, etc. 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	Severe level of 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 describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. walking, running) motor functioning.*
0	No evidence of problems with motor functioning.
1	Mild fine or gross motor skill deficits.
2	Moderate motor deficits. A non-ambulatory child with fine motor skills or an ambulatory child with significant fine motor deficits or a child who meets criteria for a motor disorder would be rated here.
3	Severe motor deficits. A non-ambulatory child with fine motor skill deficits is rated here.

E	**COMMUNICATION:** *This item refers to the child's ability to communicate at an age and developmentally appropriate level. Communication is made up of two parts: receptive and expressive communication. Receptive communication refers to the way a listener receives and understands a message. Expressive communication refers to how one conveys a message by gesturing, speaking, writing, or signing and includes how much meaning is relayed by using specific body language or vocal inflection. If the child does not have an identified assessment regarding their communication ability, use information to score the item, including input from child and family team members regarding the child's ability to communicate.*
0	Child's receptive and expressive communication appears developmentally appropriate; there is no reason to believe that the child has any problems communicating.
1	Child has a history of communication problems but currently is not experiencing problems. Child is able to communicate wants/needs.
2	Child has either receptive or expressive language problems that moderately interfere with functioning. Children may be unable to understand more complex conversations or have difficulty carrying out multi-step commands. Child may rely on alternative communication systems (including, but not limited to signing or electronic communication device) for most of communication needs.
3	Child has serious communication difficulties and is unable to summon assistance or cannot communicate in any way, including pointing or grunting.

F	**DEVELOPMENTAL DELAY:** *This item rates whether the child 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 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 and family team members regarding the developmental level of the child.*
0	Child's development appears within normal range; there is no reason to believe that the child has any developmental problems.
1	Evidence of a mild developmental delay.
2	Evidence of a moderate developmental delay or has been diagnosed with a pervasive developmental disorder that causes moderate developmental delays.
3	Evidence of a severe developmental disorder or has been diagnosed with a pervasive developmental disorder that causes severe developmental delays.

G	**SENSORY:** *This item describes the child's ability to use all senses including vision, hearing, smell, or touch.*
0	The child's sensory functioning appears normal. There is no reason to believe that the child has any problems with sensory functioning.
1	The child has mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).
2	The child has moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).
3	The child 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. An infant with frequent apneic episodes requiring tactile stimulation or respiratory treatment or a child has who experienced frequent, uncontrolled seizures requiring respiratory treatment within the past month would be rated a 3.*
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 who has been obese for many years). Chronic conditions are in contrast to acute conditions which have a sudden onset; a child 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) is severe and 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 items 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's medical conditions are placing on the individual child. This 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 is having a severe emotional response to medical condition that 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.*
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 work together. The more organizations and professionals, the increased likelihood of complexity and need for ongoing communication and collaboration. A child 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 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's medical condition or care is not adding stress to the family.
1	Child's medical condition or care is a stressor on the family and family is functioning well.
2	Child's medical condition or care is a stressor on the family and is somewhat interfering with family functioning.
3	Child's medical condition or care is a severe stressor on 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	Mild problems with eating that have been present in the past or are currently present some of the time. Child some difficulty eating but manages by self.
2	Moderate problems with eating are present. Child may overeat, have few food preferences or not have a clear pattern of when they eat. Child may need help from another person or the use of adaptive equipment (e.g., adapted utensils) to feed self but manages by self.
3	Severe problems with eating are present putting the child at risk developmentally. Child needs to be totally fed (including parental nutrition) or the child 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 is able to complete the task of toileting independently as needed.
1	Child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion. Child is able to complete toileting tasks with occasional cues/supervision from another person.
2	Child 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's functioning. Children may completely lack a routine in elimination and as a result develop constipation along with encopresis and enuresis. Child may need moderate assistance (cueing or physical assistance) from another person to initiate or complete toileting tasks or child may require the use of adaptive equipment (e.g., toilet tissue holder, reachers) in order to complete toileting tasks.
3	Child demonstrates significant difficulty with elimination to the extent that child/parent is in significant distress or interventions have failed. Child 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 has age appropriate skills and bathing is consistent with same age peers.
1	Child has some mild challenges with bathing. Child 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 has notable challenges with bathing. These challenges interfere with functioning (child or caregiver) either at home, in school or in the community. Child needs regular assistance (cueing or physical assistance) from another person to initiate or complete bathing thoroughly or child may require use of adaptive equipment (e.g. bath seats, long handled brushes) in order to bathe self.
3	Child has severe challenges with bathing. These challenges prevent functioning in at least one life domain. Child 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'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 is fully independent in ability to take care of personal hygiene.
1	Child is generally independent in addressing personal hygiene but may have some challenges with aspects of maintaining personal hygiene. Child may require occasional cueing/supervision from another person in order to complete hygiene tasks.
2	Child struggles with personal hygiene. Moderate problems with maintaining personal hygiene are present and impair the child's functioning. Child may need moderate assistance (cueing or physical assistance) from another person to initiate or complete hygiene tasks or child may require the use of adaptive equipment (e.g. long-handled brush, adapted or electric toothbrush) in order to complete hygiene tasks.
3	Child is not currently able to take care of own personal hygiene. Child 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 has some mild challenges with dressing or undressing. Child may need occasional assistance or reminders to initiate or complete dressing.
2	Child has notable challenges with dressing or undressing. These challenges interfere with functioning (child or caregiver) either at home, in school or the community. Child requires regular assistance (cueing or physical assistance) from another person to initiative or complete dressing (including the selection of appropriate clothing for the situation) or child may require the use of adaptive equipment (e.g., reachers, button hooks) in order to dress self.
3	Child has severe challenges with dressing or undressing. These challenges prevent functioning in at least one life domain. Child 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 to move.*
0	Child is fully independent in ability to ambulate.
1	Child 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 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 has severe 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's ability to move a limb or their entire body while stationary.*
0	Child is fully independent in ability to position body.
1	Child 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 has notable challenges with positioning that interfere with functioning. Physical assistance from others or adaptive technology provides some independence in positioning.
3	Child 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 is fully independent in ability to transfer (e.g., in and out of bed, sitting to standing).
1	Child is generally independent in mobility. Child 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 has notable challenges with transfers that interfere with functioning; child needs some assistance from another person to transfer. May or may not require the use assistive devices.
3	Child 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 mild 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 is 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 moderate 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 or mild 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 moderate 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. Severe 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 severe 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 severe 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 severe 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 moderately delayed in acquiring information about independent living skills or moderately delayed in demonstrating those skills. Notable problems exist in maintaining reasonable cleanliness, diet, finances, or time management.
3	Youth is severely 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 fopr 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 a moderate degree of 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 of romantic/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 child'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.