

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

Nevada-CANS 2.0 (0-21)

| | | | | | | | |
|---------------|--|---------------------|---------|------------|--------|-----------------|-----|
| Child's Name: | | DOB: | | Gender: | | Race/Ethnicity: | |
| Caregiver(s): | | Form Status: | Initial | Subsequent | Annual | Discharge | |
| | | Case Name: | | | | | |
| | | Case Number: | | | | | |
| Assessor: | | Date of Assessment: | m | m | d | d | y y |

| POTENTIALLY TRAUMATIC/ ADVERSE CHILDHOOD EXPERIENCES | | |
|--|-------------------------------------|--------------------------|
| YES = Client is suspected of having at least one incident, multiple incidents or chronic, ongoing experience of this type of trauma NO = no evidence of any trauma of this type | | |
| | YES | NO |
| 1. Sexual Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Physical Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Emotional Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Neglect | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Medical Trauma | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Witness to Family Violence | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Exposure to Violence (Non-Family) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Trafficked ¹ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. War/Terrorism Affected | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Victim/Witness to Criminal Activity | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Parental Criminal Behavior | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Disruptions in Caregiving/Attachment Losses | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. System-Induced Trauma | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Natural and/or Manmade Disaster | <input type="checkbox"/> | <input type="checkbox"/> |

| CHILD BEHAVIORAL/EMOTIONAL NEEDS | | | | |
|--|--------------------------|--|--------------------------|--------------------------|
| 0 = no evidence | | 1 = history or suspicion; monitor | | |
| 2 = interferes with functioning; action needed | | 3 = disabling, dangerous; intensive or immediate action needed | | |
| | 0 | 1 | 2 | 3 |
| 15. Psychosis (Thought Disorder) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Oppositional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Attention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Impulsivity/Hyperactivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Anger Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Substance Use ² | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Eating Disturbance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Behavioral Regression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Somatization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Attachment Difficulties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Adjustment to Trauma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Emotional and/or Physical Regul. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| LIFE FUNCTIONING DOMAIN | | | | |
|--|--------------------------|--|--------------------------|--------------------------|
| 0 = no evidence | | 1 = history or suspicion; monitor | | |
| 2 = interferes with functioning; action needed | | 3 = disabling, dangerous; intensive or immediate action needed | | |
| | 0 | 1 | 2 | 3 |
| 30. Family Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Living Situation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Social Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Developmental/Intellectual ³ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Recreational | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Sleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Sexual Development ⁴ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Activities of Daily Living | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. School ⁵ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Decision-Making | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| YOUTH STRENGTHS | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0=Centerpiece strength | | 1=Useful strength | | |
| 2=Identified strength | | 3=No evidence | | |
| | 0 | 1 | 2 | 3 |
| 41. Family Strengths | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Interpersonal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Educational Setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Optimism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Talents and Interests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Spiritual/Religious | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Youth Involvement with Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Natural Supports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Peer Influences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Vocational | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Resilience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Community Life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Cultural Identity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CULTURAL FACTORS | | | | |
|--|--------------------------|--|--------------------------|--------------------------|
| 0 = no evidence | | 1 = history or suspicion; monitor | | |
| 2 = interferes with functioning; action needed | | 3 = disabling, dangerous; intensive or immediate action needed | | |
| | 0 | 1 | 2 | 3 |
| 54. Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Traditions and Rituals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Family Cultural Stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Cultural Stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| RISK FACTORS & BEHAVIORS | | | | |
|--|--|--------------------------|--------------------------|--------------------------|
| 0 = no evidence | 1 = history or suspicion; monitor | | | |
| 2 = interferes with functioning; action needed | 3 = disabling, dangerous; intensive or immediate action needed | | | |
| | 0 | 1 | 2 | 3 |
| 58. Suicide Risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. Non-Suicidal Self-Injurious Behav. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. Other Self-Harm (Recklessness) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. Danger to Others ⁶ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. Sexual Aggression ⁷ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. Problematic Sexual Behavior ⁸ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. Runaway ⁹ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. Delinquent Behavior ¹⁰ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. Intentional Misbehavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. Bullying Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. Victimization/Exploitation ¹ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CAREGIVER RESOURCES & NEEDS | | | | |
|--|---|--------------------------|--------------------------|--------------------------|
| 0 = no evidence; this could be a strength | 1 = history or suspicion; monitor; may be an opportunity to build | | | |
| 2 = interferes with functioning; action needed | 3 = disabling, dangerous; immediate or intensive action needed | | | |
| | 0 | 1 | 2 | 3 |
| 69. Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. Mental Health/Post-traumatic Reactions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 71. Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 72. Developmental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. Supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. Involvement with Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 76. Knowledge (Understanding of Youth's Needs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. Social Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. Residential Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 79. Family Stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 80. Access to Public Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 81. Transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. Community Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 83. Martial/Partner Violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 84. Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| TRANSITION TO ADULTHOOD MODULE | | | | |
|--|--|--------------------------|--------------------------|--------------------------|
| In addition to the domains above, this section must be completed for youth ages 14 and older. Triggered modules may be completed for this age group as well. | | | | |
| 0 = no evidence | 1 = history or suspicion; monitor | | | |
| 2 = interferes with functioning; action needed | 3 = disabling, dangerous; intensive or immediate action needed | | | |
| | 0 | 1 | 2 | 3 |
| TA1. Independent Living Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TA2. Youth Transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TA3. Parental/Caregiving Role | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TA4. Intimate Relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TA5. Medication Compliance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| TRANSITION TO ADULTHOOD MODULE continued | | | | |
|---|--|--------------------------|--------------------------|--------------------------|
| 0 = no evidence | 1 = history or suspicion; monitor | | | |
| 2 = interferes with functioning; action needed | 3 = disabling, dangerous; intensive or immediate action needed | | | |
| | 0 | 1 | 2 | 3 |
| TA6. Youth Educational Attainment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TA7. Job Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TA8. Trans. to Adult Services System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TA9. Accessibility to Child Care Resources and/or Respite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TA10. Financial Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TA11. Youth Residential Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EARLY CHILDHOOD DOMAIN

This section is to be completed when the child is birth thru 5 years old. The Potentially Traumatic/Adverse Childhood Experiences (below) must also be completed for this age group. This section can also be completed for youth of any age who are experiencing developmental challenges.

| POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS. | | |
|---|--------------------------|--------------------------|
| YES = Client is suspected of having at least one incident, multiple incidents or chronic, ongoing experience of this type of trauma | | |
| NO = no evidence of any trauma of this type | | |
| | YES | NO |
| 1. Sexual Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Physical Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Emotional Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Neglect | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Medical Trauma | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Witness to Family Violence | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Exposure to Violence (Non-Family) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Trafficked | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. War/Terrorism Affected | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Victim/Witness to Criminal Activity | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Parental Criminal Behavior | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Disruption in Caregiving/Attachment Losses | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. System Induced Trauma | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Natural or Manmade Disaster | <input type="checkbox"/> | <input type="checkbox"/> |

| CHALLENGES | | | | |
|--|--------------------------|--|--------------------------|--------------------------|
| 0 = no evidence | | 1 = history or suspicion; monitor | | |
| 2 = interferes with functioning; action needed | | 3 = disabling, dangerous; intensive or immediate action needed | | |
| | 0 | 1 | 2 | 3 |
| EC1. Impulsivity/Hyperactivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC2. Depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC3. Anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC4. Oppositional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC5. Attachment Difficulties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC6. Adjustment to Trauma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC7. Regulatory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC8. Atypical Behaviors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC9. Sleep (12 months to 5 years old) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FUNCTIONING | | | | |
|--|--------------------------|--|--------------------------|--------------------------|
| 0 = no evidence | | 1 = history or suspicion; monitor | | |
| 2 = interferes with functioning; action needed | | 3 = disabling, dangerous; intensive or immediate action needed | | |
| | 0 | 1 | 2 | 3 |
| EC10. Family Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC11. Early Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC12. Social and Emotional Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC13. Developmental/Intellectual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC14. Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| RISK BEHAVIORS & FACTORS | | | | |
|--|--------------------------|--|--------------------------|--------------------------|
| 0 = no evidence | | 1 = history or suspicion; monitor | | |
| 2 = interferes with functioning; action needed | | 3 = disabling, dangerous; intensive or immediate action needed | | |
| | 0 | 1 | 2 | 3 |
| EC15. Self-Harm (12 months to 5 years old) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC16. Exploited | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| RISK BEHAVIORS & FACTORS continued | 0 | 1 | 2 | 3 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| EC17. Prenatal Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC18. Exposure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC19. Labor and Delivery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC20. Birth Weight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC21. Failure to Thrive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CULTURAL FACTORS | | | | |
|--|--------------------------|--|--------------------------|--------------------------|
| 0 = no evidence | | 1 = history or suspicion; monitor | | |
| 2 = interferes with functioning; action needed | | 3 = disabling, dangerous; intensive or immediate action needed | | |
| | 0 | 1 | 2 | 3 |
| EC22. Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC23. Traditions and Rituals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC24. Cultural Stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| STRENGTHS | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 = Centerpiece strength | | 1 = Useful strength | | |
| 2 = Identified strength | | 3 = No evidence | | |
| | 0 | 1 | 2 | 3 |
| EC25. Family Strengths | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC26. Interpersonal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC27. Natural Supports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC28. Resiliency (Persist. & Adaptability) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC29. Relationships Permanence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC30. Playfulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC31. Family Spiritual/Religious | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| DYADIC CONSIDERATIONS | | | | |
|--|--------------------------|--|--------------------------|--------------------------|
| 0 = no evidence | | 1 = history or suspicion; monitor | | |
| 2 = interferes with functioning; action needed | | 3 = disabling, dangerous; intensive or immediate action needed | | |
| | 0 | 1 | 2 | 3 |
| EC32. Caregiver Emot. Responsiveness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC33. Caregiver Adj. to Traumatic Exper. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CAREGIVER RESOURCES AND NEEDS | | | | |
|--|--------------------------|--|--------------------------|--------------------------|
| 0 = no evidence | | 1 = history or suspicion; monitor | | |
| 2 = interferes with functioning; action needed | | 3 = disabling, dangerous; intensive or immediate action needed | | |
| | 0 | 1 | 2 | 3 |
| EC34. Supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC35. Involvement with Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC36. Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC37. Social Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC38. Residential Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC39. Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC40. Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC41. Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC42. Developmental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC43. Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC44. Family Relationship to the System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC45. Legal Involvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC46. Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**INDIVIDUAL ASSESSMENT MODULES
(rate if indicated on page 1)**

¹Commercially Sexually Exploited

²Substance Use Module

³Developmental Needs Module

⁴Sexual Identity Module

⁵School Module

⁶Dangerousness Module

⁷Sexually Aggressive Behaviors Module

⁸Problematic Sexual Behavior Module

⁹Runaway Module

¹⁰Juvenile Justice Module

1 - COMMERCIALLY SEXUALLY EXPLOITED MODULE

0 = no evidence
2 = interferes with functioning;
action needed

1 = history or suspicion; monitor
3 = disabling, dangerous; intensive
or immediate action needed

| | 0 | 1 | 2 | 3 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| CSE1. Duration of Exploitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CSE2. Perception of Dangerousness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CSE3. Knowledge of Exploitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CSE4. Trauma Bonding/Stockholm Syn. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CSE5. Exploitation of Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CSE6. Unprotected Intercourse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CSE7. Arrests of Loitering/Solicitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CSE8. Other Arrests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CSE9. Sexually Transmitted Diseases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CSE10. Pregnancies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CSE11. Abortions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CSE12. Attitude Toward Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CSE13. Prior School Success | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2 - SUBSTANCE USE DISORDER MODULE

0 = no evidence
2 = interferes with functioning;
action needed

1 = history or suspicion; monitor
3 = disabling, dangerous; intensive
or immediate action needed

| | 0 | 1 | 2 | 3 |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| SUD1. Severity of Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUD2. Duration of Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUD3. Stage of Recovery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUD4. Peer Influences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUD5. Parental Influences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUD6. Environmental Influences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3 - DEVELOPMENTAL NEEDS MODULE

0 = no evidence
2 = interferes with functioning;
action needed

1 = history or suspicion; monitor
3 = disabling, dangerous; intensive
or immediate action needed

| | 0 | 1 | 2 | 3 |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| DN1. Cognitive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DN2. Developmental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DN3. Sensory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DN4. Motor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DN5. Self-Care/Daily Living Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DN6. Autism Spectrum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DN7. Regulatory Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4 - SEXUAL IDENTITY MODULE

0 = no evidence
2 = interferes with functioning;
action needed

1 = history or suspicion; monitor
3 = disabling, dangerous; intensive
or immediate action needed

| | 0 | 1 | 2 | 3 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| SI1. Sexual Orientation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SI2. Gender Identity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SI3. Caregiver Acceptance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SI4. Other Adult Supports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SI5. Peer Connections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SI6. Opportunities for Openness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SI7. Targeted for Sexual Orientation/Gender Identity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5 - SCHOOL MODULE

0 = no evidence
2 = interferes with functioning;
action needed

1 = history or suspicion; monitor
3 = disabling, dangerous;
intensive
or immediate action needed

| Educational Attributes | NA | 0 | 1 | 2 | 3 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| SCH1. Classroom Behavior | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCH2. Non-Classroom Behavior | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCH3. Academic Achievement | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCH4. School Attendance | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCH5. Tardiness | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCH6. Class Avoidance | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCH7. School Discipline | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCH8. Learning Disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCH9. Bullying Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCH10. Victimization/Exploitation/ Bullied by Others | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCH11. Passiveness | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Student Strengths

0 = Centerpiece strength
2 = Identified strength

1 = Useful strength
3 = No evidence

| | 0 | 1 | 2 | 3 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| SCH12. Clubs/Athletics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCH13. Leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCH14. Peer Relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCH15. Relationships w/ Teachers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCH16. Caregiver Involvement in School | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 6 - DANGEROUSNESS MODULE | | | | |
|--|--|--------------------------|--------------------------|--------------------------|
| 0 = no evidence | 1 = history or suspicion; monitor | | | |
| 2 = interferes with functioning; action needed | 3 = disabling, dangerous; intensive or immediate action needed | | | |
| Emotional/Behavioral Risks | 0 | 1 | 2 | 3 |
| DNG1. Hostility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DNG2. Paranoid Thinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DNG3. Secondary Gains from Anger | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DNG4. Violent Thinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resiliency Factors | | | | |
| DNG5. Aware of Violence Potential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DNG6. Response to Consequences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DNG7. Commitment to Self-Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 9 - RUNAWAY MODULE | | | | |
|--|--|--------------------------|--------------------------|--------------------------|
| 0 = no evidence | 1 = history or suspicion; monitor | | | |
| 2 = interferes with functioning; action needed | 3 = disabling, dangerous; intensive or immediate action needed | | | |
| | 0 | 1 | 2 | 3 |
| RUN1. Frequency of Running | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RUN2. Consistency of Destination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RUN3. Safety of Destination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RUN4. Involvement in Illegal Acts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RUN5. Likelihood of Return on Own | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RUN6. Involvement of Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RUN7. Realistic Expectations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RUN8. Planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 7 - SEXUALLY AGGRESSIVE BEHAVIORS MODULE | | | | |
|--|--|--------------------------|--------------------------|--------------------------|
| 0 = no evidence | 1 = history or suspicion; monitor | | | |
| 2 = interferes with functioning; action needed | 3 = disabling, dangerous; intensive or immediate action needed | | | |
| Emotional/Behavioral Risks | 0 | 1 | 2 | 3 |
| SAB1. Relationship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SAB2. Physical Force/Threat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SAB3. Planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SAB4. Age Differential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SAB5. Type of Sex Act | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SAB6. Power Differential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SAB7. Response to Accusation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SAB8. Temporal Consistency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SAB9. History of Sexual Abusive Beh. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SAB10. Severity of Sexual Abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SAB11. Prior Treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 10 – JUVENILE JUSTICE MODULE | | | | |
|--|--|--------------------------|--------------------------|--------------------------|
| 0 = no evidence | 1 = history or suspicion; monitor | | | |
| 2 = interferes with functioning; action needed | 3 = disabling, dangerous; intensive or immediate action needed | | | |
| | 0 | 1 | 2 | 3 |
| JJ1. Seriousness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JJ2. History | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JJ3. Arrests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JJ4. Planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JJ5. Community Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JJ6. Legal Compliance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JJ7. Peer Influences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JJ8. Environmental Influences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 8 - PROBLEMATIC SEXUAL BEHAVIOR MODULE | | | | |
|--|--|--------------------------|--------------------------|--------------------------|
| 0 = no evidence | 1 = history or suspicion; monitor | | | |
| 2 = interferes with functioning; action needed | 3 = disabling, dangerous; intensive or immediate action needed | | | |
| Emotional/Behavioral Risks | 0 | 1 | 2 | 3 |
| PSB1. Hypersexuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PSB2. High Risk Sexual Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PSB3. Masturbation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PSB4. Sexually Reactive Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |