

| | | | | |
|---------------|--|---------------------------------|--------------|-----------------|
| Child's Name: | | DOB: | Gender: | Race/Ethnicity: |
| Caregiver(s): | Form Status: <input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Discharge | | Case Name: | |
| | | | Case Number: | |
| | | | | |
| Assessor: | | Date of Assessment (dd/mm/yyyy) | | |

| BEHAVIORAL/EMOTIONAL NEEDS DOMAIN | | | | |
|--|--|--------------------------|--------------------------|--------------------------|
| 0 = No evidence | 1 = History or suspicion; monitor | | | |
| 2 = Interferes with functioning; action needed | 3 = Disabling, dangerous; immediate or intensive action needed | | | |
| | 0 | 1 | 2 | 3 |
| 1. Psychosis (Thought Disorder) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Impulsivity/Hyperactivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Oppositional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Anger Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Adjustment to Trauma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CULTURAL FACTORS DOMAIN | | | | |
|--|--|--------------------------|--------------------------|--------------------------|
| 0 = No evidence | 1 = History or suspicion; monitor | | | |
| 2 = Interferes with functioning; action needed | 3 = Disabling, dangerous; immediate or intensive action needed | | | |
| | 0 | 1 | 2 | 3 |
| 29. Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Traditions and Rituals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Cultural Stress | <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; immediate or intensive action needed | | | |
| | 0 | 1 | 2 | 3 |
| 10. Family Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Living Situation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Social Functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Developmental/Intellectual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Decision Making | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. School Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. School Achievement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. School Attendance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Sexual Development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Sleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| STRENGTHS DOMAIN | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 = Centerpiece strength | 1 = Useful strength | | | |
| 2 = Identified strength | 3 = No evidence | | | |
| | 0 | 1 | 2 | 3 |
| 32. Family Strengths | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Interpersonal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Educational Setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Talents and Interests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Spiritual/Religious | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Cultural Identity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Community Life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Natural Supports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Resiliency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Youth has no known caregiver. Skip Caregiver Resources and Needs Domain.

| RISK BEHAVIORS | | | | |
|--|--|--------------------------|--------------------------|--------------------------|
| 0 = No evidence | 1 = History or suspicion; monitor | | | |
| 2 = Interferes with functioning; action needed | 3 = Disabling, dangerous; immediate or intensive action needed | | | |
| | 0 | 1 | 2 | 3 |
| 21. Suicide Risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Non-Suicidal Self-Injurious Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Other Self-Harm (Recklessness) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Danger to Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Sexual Aggression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Delinquent Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Runaway | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Intentional Misbehavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CAREGIVER RESOURCES AND NEEDS | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Caregiver Name: | | | | |
| Relationship: | | | | |
| 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 |
| 41a. Supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42a. Involvement with Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43a. Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44a. Social Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45a. Residential Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46a. Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47a. Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48a. Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49a. Developmental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50a. Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CAREGIVER RESOURCES AND NEEDS | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| B. Caregiver Name: | | | | |
| Relationship: | | | | |
| 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 |
| 41b. Supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42b. Involvement with Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43b. Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44b. Social Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45b. Residential Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46b. Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47b. Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48b. Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49b. Developmental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50b. Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CAREGIVER RESOURCES AND NEEDS | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| D. Caregiver Name: | | | | |
| Relationship: | | | | |
| 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 |
| 41d. Supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42d. Involvement with Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43d. Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44d. Social Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45d. Residential Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46d. Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47d. Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48d. Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49d. Developmental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50d. Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CAREGIVER RESOURCES AND NEEDS | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| C. Caregiver Name: | | | | |
| Relationship: | | | | |
| 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 |
| 41c. Supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42c. Involvement with Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43c. Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44c. Social Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45c. Residential Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46c. Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47c. Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48c. Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49c. Developmental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50c. Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS. | | |
|---|--------------------------|--------------------------|
| NO = No evidence of any trauma of this type. | | |
| YES = Exposure/experienced a trauma of this type. | | |
| | NO | YES |
| T7. Witness to Community/School Violence | <input type="checkbox"/> | <input type="checkbox"/> |
| T8. Natural or Manmade Disaster | <input type="checkbox"/> | <input type="checkbox"/> |
| T9. War/Terrorism Affected | <input type="checkbox"/> | <input type="checkbox"/> |
| T10. Victim/Witness to Criminal Activity | <input type="checkbox"/> | <input type="checkbox"/> |
| T11. Disruption in Caregiving/Attachmnt Losses | <input type="checkbox"/> | <input type="checkbox"/> |
| T12. Parental Criminal Behaviors | <input type="checkbox"/> | <input type="checkbox"/> |

| POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS. | | |
|---|--------------------------|--------------------------|
| NO = No evidence of any trauma of this type. | | |
| YES = Exposure/experienced a trauma of this type. | | |
| | NO | YES |
| T1. Sexual Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| T2. Physical Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| T3. Emotional Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| T4. Neglect | <input type="checkbox"/> | <input type="checkbox"/> |
| T5. Medical Trauma | <input type="checkbox"/> | <input type="checkbox"/> |
| T6. Witness to Family Violence | <input type="checkbox"/> | <input type="checkbox"/> |

EARLY CHILDHOOD MODULE

This section is to be completed when the child is birth to 5 years old. The Potentially Traumatic/Adverse Childhood Experiences (#T1-T12 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. | | |
|--|--------------------------|--------------------------|
| NO =no evidence YES = Exposure/experienced a trauma of this type. | | |
| | NO | YES |
| T1. Sexual Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| T2. Physical Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| T3. Emotional Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| T4. Neglect | <input type="checkbox"/> | <input type="checkbox"/> |
| T5. Medical Trauma | <input type="checkbox"/> | <input type="checkbox"/> |
| T6. Witness to Family Violence | <input type="checkbox"/> | <input type="checkbox"/> |
| T7. Witness to Community/School Violence | <input type="checkbox"/> | <input type="checkbox"/> |
| T8. Natural or Manmade Disaster | <input type="checkbox"/> | <input type="checkbox"/> |
| T9. War/Terrorism Affected | <input type="checkbox"/> | <input type="checkbox"/> |
| T10. Victim/Witness to Criminal Activity | <input type="checkbox"/> | <input type="checkbox"/> |
| T11. Disruption in Caregiving/Attachmnt Losses | <input type="checkbox"/> | <input type="checkbox"/> |
| T12. Parental Criminal Behaviors | <input type="checkbox"/> | <input type="checkbox"/> |

| CHALLENGES | | | | | |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 = No evidence 2 = Interferes with functioning; action needed | 1 = History or suspicion; monitor 3 = Disabling, dangerous; immediate or intensive 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 2 = Interferes with functioning; action needed | 1 = History or suspicion; monitor 3 = Disabling, dangerous; immediate or intensive 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 2 = Interferes with functioning; action needed | 1 = History or suspicion; monitor 3 = Disabling, dangerous; immediate or intensive 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"/> |
| 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 2 = Interferes with functioning; action needed | 1 = History or suspicion; monitor 3 = Disabling, dangerous; immediate or intensive 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 2 = Identified strength | 1 = Useful 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 2 = Interferes with functioning; action needed | 1 = History or suspicion; monitor 3 = Disabling, dangerous; immediate or intensive 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"/> |

Child has no known caregiver. Skip Caregiver Resources and Needs Domain.

| CAREGIVER RESOURCES AND NEEDS | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Caregiver Name: | | | | |
| Relationship: | | | | |
| 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 |
| EC34a. Supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC35a. Involvement with Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC36a. Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC37a. Social Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC38a. Residential Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC39a. Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC40a. Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC41a. Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC42a. Developmental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC43a. Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC44a. Family Rel. to the System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC45a. Legal Involvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC46a. Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CAREGIVER RESOURCES AND NEEDS | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| C. Caregiver Name: | | | | |
| Relationship: | | | | |
| 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 |
| EC34c. Supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC35c. Involvement with Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC36c. Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC37c. Social Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC38c. Residential Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC39c. Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC40c. Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC41c. Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC42c. Developmental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC43c. Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC44c. Family Rel. to the System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC45c. Legal Involvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC46c. Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CAREGIVER RESOURCES AND NEEDS | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| B. Caregiver Name: | | | | |
| Relationship: | | | | |
| 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 |
| EC34b. Supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC35b. Involvement with Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC36b. Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC37b. Social Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC38b. Residential Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC39b. Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC40b. Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC41b. Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC42b. Developmental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC43b. Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC44b. Family Rel. to the System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC45b. Legal Involvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC46b. Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CAREGIVER RESOURCES AND NEEDS | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| D. Caregiver Name: | | | | |
| Relationship: | | | | |
| 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 |
| EC34d. Supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC35d. Involvement with Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC36d. Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC37d. Social Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC38d. Residential Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC39d. Medical/Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC40d. Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC41d. Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC42d. Developmental | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC43d. Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC44d. Family Rel. to the System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC45d. Legal Involvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EC46d. Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |