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<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Date</b>
Reason <input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Termination		Does the individual have Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes (RID required)	

<b>Medicaid RID</b>	<b>DOB</b>

Decision Model Questions (Required)	
NA – Not Applicable; 0 - No ; 1 - Yes	
	0    1
Has a decision been made by DCS or the court to remove a child from the home?	○    ○

LIFE FUNCTIONING DOMAIN					
	NA	0	1	2	3
Family Functioning	○	○	○	○	○
Living Situation	○	○	○	○	○
Preschool/Daycare <sup>1</sup>	○	○	○	○	○
Social Functioning	○	○	○	○	○
Recreation/Play Developmental <sup>2</sup>	○	○	○	○	○
Motor	○	○	○	○	○
Communication	○	○	○	○	○
Medical	○	○	○	○	○
Physical	○	○	○	○	○
Sleep	○	○	○	○	○
Relation Permanence	○	○	○	○	○

CHILD STRENGTHS DOMAIN				
	0	1	2	3
Family Strengths	○	○	○	○
Extended Family Rel	○	○	○	○
Interpersonal	○	○	○	○
Adaptability	○	○	○	○
Persistence	○	○	○	○
Curiosity	○	○	○	○

ACCULTURATION DOMAIN				
	0	1	2	3
Language	○	○	○	○
Identity	○	○	○	○
Ritual	○	○	○	○
Culture Stress	○	○	○	○
Cultural Differences	○	○	○	○

CAREGIVER STRENGTHS & NEEDS DOMAIN				
	0	1	2	3
Supervision	○	○	○	○
Involvement with care	○	○	○	○
Knowledge	○	○	○	○
Empathy for Child	○	○	○	○
Organization	○	○	○	○
Social Resources	○	○	○	○
Residential Stability	○	○	○	○
Physical	○	○	○	○
Mental Health	○	○	○	○
Substance Use	○	○	○	○
Developmental	○	○	○	○
Access to Child Care	○	○	○	○
Military Transitions	○	○	○	○
Family Stress	○	○	○	○
Safety <sup>3</sup>	○	○	○	○
Marital/Partner Violence	○	○	○	○
Abuse/Neglect	○	○	○	○

CHILD BEHAVIORAL / EMOTIONAL NEEDS					
	NA	0	1	2	3
Attachment	○	○	○	○	○
Regulatory <sup>4</sup>	○	○	○	○	○
Failure to Thrive	○	○	○	○	○
Depression	○	○	○	○	○
Anxiety	○	○	○	○	○
Atypical Behaviors	○	○	○	○	○
Impulsivity/Hyperactivity	○	○	○	○	○
Oppositional	○	○	○	○	○
Adjustment to Trauma <sup>5</sup>	○	○	○	○	○

CHILD RISK FACTORS DOMAIN				
	0	1	2	3
Birth Weight	○	○	○	○
Pica	○	○	○	○
Prenatal Care	○	○	○	○
Labor & Delivery	○	○	○	○
Substance Exposure	○	○	○	○
Parent/Sibling Problem	○	○	○	○
Parental Availability	○	○	○	○

CHILD RISK BEHAVIORS DOMAIN					
	NA	0	1	2	3
Self Harm	○	○	○	○	○
Aggressive Behavior	○	○	○	○	○
Intentional Misbehavior	○	○	○	○	○

<b>MODULES</b>	<ol style="list-style-type: none"> <li><sup>1</sup> go to School Module</li> <li><sup>2</sup> go to DD Module</li> <li><sup>3</sup> go to Family Module</li> <li><sup>4</sup> go to Regulatory Module</li> <li><sup>5</sup> go to Trauma Module</li> </ol>	<b>See Back for Module Scoring</b>
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## MODULES (BIRTH TO 5)

<b>SCHOOL</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Preschool/Daycare Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool/Daycare Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool/Daycare Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool/Daycare Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>DEVELOPMENTAL NEEDS (DD)</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Care / Daily Living Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>FAMILY/CAREGIVER</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Self Care/Daily Living Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culture Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment/Education Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation for Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>REGULATORY FUNCTIONING</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensory Reactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>TRAUMA</b> ( <i>Characteristics of the trauma experience</i> )	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Sexual Abuse*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural / Manmade Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness/Victim - Criminal Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
War Affected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Terrorism Affected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Adjustment</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Affect Regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-experiencing Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased Arousal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbing of Responsiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Before Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traumatic Grief	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Trauma due to Sexual Abuse</b>				
<b>* If Sexual Abuse &gt;0, complete the following:</b>				
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>