|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Youth:** Name | **CRN:** 123456 | **DOB:** m/d/yy | **Age:** #y #m | **Gender Identity:** select |
| **School:** XYZ Intermediate | | **Grade:** # | **Education Status:** select | |
| **Guardian(s):** Name | | **Collateral Contact(s):** Name | | |
| **Evaluator:** Name | **Role:** select | | **Date(s) of Evaluation:** m/d/yy | |
|  | | | | |

1. **Current Primary Service**

select, description of service

1. **Reason for Treatment / Chief Complaint**

describe…

1. **Current Level of Functioning**

*Interview Participants:* Names

* 1. Child and Adolescent Functional Assessment Scale (CAFAS)

*Describe current issues in each domain (those trained to administer CAFAS, please complete in the FAS Outcomes system [*<https://app.fasoutcomes.com/>*] and report score in the Additional Assessment Data section below).*

|  |
| --- |
| *School* |
| describe current issues… |
| *Home* |
| describe current issues… |
| *Community* |
| describe current issues… |
| *Behavior to Others* |
| describe current issues… |
| *Moods / Emotions* |
| describe current issues… |
| *Self-Harm* |
| describe current issues… |
| *Substance Abuse* |
| describe current issues… |
| *Thinking* |
| describe current issues… |
| *Other Noteworthy Problems / Concerns* |
| describe… |

* 1. Psychosocial History
     1. *Youth Lives with:* select

*Custody / Visitation Issues:* describe or select

* + 1. *Current Primary Caregiver(s):* Name

*Relationship to Youth:* select

* + 1. *Caregiver’s Involvement in Treatment:* select

*Current Interaction with Treatment Providers:* describe

* 1. ACES Scale & Other Factors That Have Contributed to Youth’s Difficulties

*Check all that apply and describe.*

* + 1. *Emotional Abuse:* describe or select
    2. *Physical Abuse:* describe or select
    3. *Sexual Abuse:* describe or select
    4. *Physical Neglect:* describe or select
    5. *Lack of Feeling Loved & Supported:* describe or select
    6. *Breakdown of Family (Parents Separated / Divorced):* describe or select
    7. *Violence Between Intimate Partners in the Home:* describe or select
    8. *Incarceration of Parent Figure:* describe or select
    9. *Current or Previous Substance Abuse by Parent Figure:* describe or select
    10. *Current or Previous Mental Health Problem in Parent Figure:* describe or select

***ACES Score (of items 1-10, number checked):*** #

* + 1. *Family Poverty / Financial Problems:* describe or select
    2. *Out-of-Home Placements:* describe or select
    3. *Multiple Moves, Multiple Schools:* describe or select
    4. *Other Difficult Events / Experiences:* describe or select
    5. *Current Instability of Parent Figures & Family Setting:* describe or select
    6. *Current or Previous Involvement with Child Welfare Services:* describe or select
    7. *Past Traumatic Experience Previously Unknown to Service Providers:* describe or select
  1. Significant Changes in the Past Year
     1. *Youth’s Physical Health / Development:* describe or select
     2. *Psychotropic Medications:* describe or select
     3. *Youth’s School Behavior / Education:* describe or select
     4. *Youth’s Family Situation:* describe or select
     5. *Youth’s Legal Situation:* describe or select
     6. *Youth’s / Family’s Strengths and Resources:* describe or select

1. **Current Risk Assessment**

*Based on interviews with youth and adult informants, rate level of concern for each domain.*

* + 1. *Suicide:* select

describe…

* + 1. *Self-Harm:* select

describe…

* + 1. *Assaultive Behavior:* select

describe…

* + 1. *Sexual Behavior Issues:* select

describe…

* + 1. *Child Abuse or Neglect:* select

describe…

* + 1. *Substance Use / Abuse* select*:*

describe…

* + 1. *Runaway / Elopement:* select

describe…

1. **Additional Assessment Data**  *No additional assessments completed*

|  |
| --- |
| 1. enter name of assessment tool, person completed by and date |
| *Results:*  describe… |

1. **Progress Made by Youth / Family Over the Past Year**

*Overall Progress Rating:* select

describe…

1. **Barriers to Treatment and Plans to Address Barriers**

describe…

1. **Diagnostic Impression including DSM-5 / ICD10 Codes**
   1. Current Diagnosis / Diagnoses on Record

Diagnosis

*Evaluator:* Name *Date of Evaluation:* select

* 1. Diagnostic Impression

*Current Diagnosis / Diagnoses Still Apply:* select

*Signs / Symptoms:* describe those which support current diagnosis or suggest need for change

1. **Additional Recommendations for Treatment**

describe…

1. **Evaluator Comments**

comments…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| *This assessment formulation is based on information provided at the time of this report. Any new or additional information may alter the diagnostic impression. Please contact the Evaluator with any questions or comments.* | | | | | | |
| Evaluator: Name | | Phone: (808) 555-1212 | | Email: email@agency.org | | |
| Supervisor: Name (if applicable) | | Phone: (808) 555-1212 | | Email: email@agency.org | | |
| Agency: | | | | | | |
| Respectfully submitted, | | | | | | |
|  |  | |  | |  |  |
|  | Signature of Evaluator | |  | | Date |  |
|  |  | |  | |  |  |
|  | Signature of Supervisor (if applicable) | |  | | Date |  |
|  |  | |  | |  |  |