

Initial Behavioral Assessment/Residential Programs

Date of Assessment:

Child Name:

Date of Birth:

Admission Date:

Placement Type: ☐ RCC ☐ Group Home ☐ Stabilization

Name/Title of Person Completing Form:

Child's Perception of the Reason for Placement:

Child's Perception of Family, Role in Family and Relationship with Family Members: (include information about placement of siblings and/or children, if applicable)

History of Abuse/Neglect within Child's Family

Contact with Family, including visitation:

FUNCTIONING

Emotional Adjustment of the Child Following Placement:

- ☐ Demands extra attention
- ☐ Impulsive
- ☐ Hyperactive
- ☐ Short Attention Span
- ☐ Withdrawn and unresponsive
- ☐ Whines, argues, swears, manipulates, etc.
- ☐ Frequently requires close supervision
- ☐ Habitually resistive
- ☐ Difficulty establishing/maintaining relationship
- ☐ Requires constant supervision
- ☐ Other

Explanation of all above checked boxes:

Behavioral Adjustment of the Child Following Placement

- ☐ Disappears or runs away
- ☐ Uses, experiments with drugs or alcohol or both
- ☐ Problems with stealing, petty theft, vandalism
- ☐ Inappropriate behavior with peers; conflict
- ☐ Aggressive behavior toward other people
- ☐ Delinquency History
- ☐ Other

Explanation of all above checked boxes:

Social Functioning of the Child Following Placement:

- ☐ Child gets along with adults
- ☐ Child gets along with peers
- ☐ Argumentative
- ☐ Fighting with others
- ☐ Personal hygiene concerns
- ☐ Other

Explanation of all above checked boxes:

Communication Skills of the Child:

Independent Living Skills of the Child:

PHYSICAL AND MENTAL HEALTH

Last Physical Exam/CPC Exam:

Follow Up (treatment, medications)

Medications and Diagnosis (current and past):

Any Issues/Concerns regarding the medications:

Describe any physical limitations and/or concerns and special accommodations that the child requires:

Describe any mental health concerns:

Describe AODA concerns and treatment history:

SEXUAL HEALTH, ACTIVITY AND ORIENTATION

*The following questions are sensitive in nature and the child should be specifically advised that he or she is not required to answer them if he or she so chooses.

- ☐ Child engages in sexual activity
- ☐ Child has not identified a sexual orientation
- ☐ Child engages in protected sexual activity
- ☐ Child engages in frequent, explicit, unsafe or unhealthy sexual activity
- ☐ Child demonstrates inappropriate sexual language, conversation or gestures
- ☐ Child has been pregnant
- ☐ Child has disclosed initial menstrual period age
- ☐ Child has fathered a baby
- ☐ Child engages in sexual behaviors with adults
- ☐ Child has disclosed history of sexually transmitted diseases
- ☐ Child demonstrates knowledge and functionality of reproductive systems & anatomy
- ☐ Child does not disclose sexual behaviors

Child identifies sexual orientation: Heterosexual ☐ Homosexual ☐ Bisexual ☐ Transgender ☐

Explanation of all above checked boxes:

SCHOOL

Current School:

Grade:

Is child currently enrolled in school? YES ☐ NO ☐

Is child currently enrolled in day treatment? YES ☐ NO ☐

If not enrolled, explain reason:

School History (include day treatment):

Educational Adjustment of the Child:

- ☐ Skips school
- ☐ Fights at school
- ☐ Attends school willingly
- ☐ Relates to teachers
- ☐ Relates to peers appropriately
- ☐ Suspended or expelled
- ☐ IEP
- ☐ Special Education
- ☐ Other

Explanation of all above checked boxes:

OTHER

Hobbies and/or Special Interests:

Child's level of participation in center programming:

Strengths of the Child:

Weaknesses of the Child: