

Permanency Innovations Initiative (PII)

**Pretesting of Evaluation Surveys
(OMB 0970-0355)**

**Appendix A:
Data Collection Instruments
Family Assessment Battery**

September 2011

The Family Assessment Battery consists of four components:

- 1) Caregiver Information Sheet – Demographic information collected from caregiver
- 2) Caregiver Wish List – Completed by trained assessor with caregiver
- 3) Social Skills Improvement System – Completed by trained assessor with caregiver
- 4) Family Interaction Task – Completed by trained assessor observing family

KIPP Caregiver Information Sheet

Complete information for each parent/caregiver.

PERSON A (Parent in Home)		PERSON B (Person A's Spouse/Partner)	
<input type="checkbox"/> Parent living in home (<i>preferred</i>) <i>If no parent living in home:</i> <input type="checkbox"/> Person with primary child care responsibility living in the home		<input type="checkbox"/> A's spouse/partner living in home (<i>preferred</i>) <i>If no spouse/partner of Person A living in home:</i> <input type="checkbox"/> Other person with child care responsibility living in home <i>If no other child care person in home, skip this column.</i>	
1a. Age	(approximate years)	1b. Age	(approximate years)
2a. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		2b. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
3a. Person A race (<i>select one or more</i>)		3b. Person B race (<i>select one or more</i>)	
<input type="checkbox"/> American Indian/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White		<input type="checkbox"/> American Indian/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White	
4a. Person A ethnicity (<i>select one or more</i>)		4b. Person B ethnicity (<i>select one or more</i>)	
<input type="checkbox"/> Hispanic, Latino origin <input type="checkbox"/> No Hispanic, Latino origin		<input type="checkbox"/> Hispanic, Latino origin <input type="checkbox"/> No Hispanic, Latino origin	
5a. Person A is child's (<i>select one or more</i>)		5b. Person B is child's (<i>select one or more</i>)	
<input type="checkbox"/> Biological parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Friend <input type="checkbox"/> Other relative (<i>specify</i>) _____ <input type="checkbox"/> Other nonrelative (<i>specify</i>) _____ <input type="checkbox"/> Unknown/Not Available		<input type="checkbox"/> Biological parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Friend <input type="checkbox"/> Other relative (<i>specify</i>) _____ <input type="checkbox"/> Other nonrelative (<i>specify</i>) _____ <input type="checkbox"/> Unknown/Not Available	
6a. Person A is (<i>select one</i>)		6b. Person B is Person A's (<i>select one</i>)	
<input type="checkbox"/> A single parent/person <input type="checkbox"/> Living with spouse <input type="checkbox"/> Living with unmarried partner <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Unknown/Not Available		<input type="checkbox"/> Spouse <input type="checkbox"/> Unmarried live-in partner <input type="checkbox"/> Roomer/boarder/housemate/roommate <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Son or daughter <input type="checkbox"/> In-law <input type="checkbox"/> Other relative (<i>specify</i>) _____ <input type="checkbox"/> Other non-relative (<i>specify</i>) _____ <input type="checkbox"/> Unknown/Not Available	

PERSON A (<u>Parent in Home</u>)	PERSON B (<u>Person A's Spouse/Partner</u>)
<p>7a. Person A current living situation (select one)</p> <p><input type="checkbox"/> House/apartment</p> <p><input type="checkbox"/> Staying with friends/family</p> <p><input type="checkbox"/> Homeless shelter/no housing</p> <p><input type="checkbox"/> Residential treatment</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>7b. Person B current living situation (select one)</p> <p><input type="checkbox"/> House/apartment</p> <p><input type="checkbox"/> Staying with friends/family</p> <p><input type="checkbox"/> Homeless shelter/no housing</p> <p><input type="checkbox"/> Residential treatment</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>8a. Person A education (select one)</p> <p><input type="checkbox"/> Less than high school graduate</p> <p><input type="checkbox"/> High school graduate/GED</p> <p><input type="checkbox"/> More than high school</p>	<p>8b. Person B education (select one)</p> <p><input type="checkbox"/> Less than high school graduate</p> <p><input type="checkbox"/> High school graduate/GED</p> <p><input type="checkbox"/> More than high school</p>
<p>9a. Person A current employment status (select one)</p> <p><input type="checkbox"/> Not employed</p> <p><input type="checkbox"/> Employed full-time</p> <p><input type="checkbox"/> Employed part-time or seasonally</p>	<p>9b. Person B current employment status (select one)</p> <p><input type="checkbox"/> Not employed</p> <p><input type="checkbox"/> Employed full-time</p> <p><input type="checkbox"/> Employed part-time or seasonally</p>
<p>10a. Person A financial hardship – past 12 months (select one or more)</p> <p><input type="checkbox"/> Lacked money for family clothing or shoes</p> <p><input type="checkbox"/> Lacked money to pay rent or mortgage</p> <p><input type="checkbox"/> Lacked money to buy enough food for family</p> <p><input type="checkbox"/> Used food pantry or community meal program</p> <p><input type="checkbox"/> Utilities shut off</p> <p><input type="checkbox"/> Evicted from home</p> <p><input type="checkbox"/> Moved in with family or friends</p> <p><input type="checkbox"/> Furniture, car, other belongings repossessed</p> <p><input type="checkbox"/> Homeless</p>	<p>10b. Person B financial hardship – past 12 months (select one or more)</p> <p><input type="checkbox"/> Lacked money for family clothing or shoes</p> <p><input type="checkbox"/> Lacked money to pay rent or mortgage</p> <p><input type="checkbox"/> Lacked money to buy enough food for family</p> <p><input type="checkbox"/> Used food pantry or community meal program</p> <p><input type="checkbox"/> Utilities shut off</p> <p><input type="checkbox"/> Evicted from home</p> <p><input type="checkbox"/> Moved in with family or friends</p> <p><input type="checkbox"/> Furniture, car, other belongings repossessed</p> <p><input type="checkbox"/> Homeless</p>
<p>11a. Person A history of foster care (select one)</p> <p><input type="checkbox"/> Caregiver spent time in foster care as a child</p> <p><input type="checkbox"/> Caregiver has no history of foster care</p>	<p>11b. Person B history of foster care (select one)</p> <p><input type="checkbox"/> Caregiver spent time in foster care as a child</p> <p><input type="checkbox"/> Caregiver has no history of foster care</p>
<p>12a. Person A history of trauma (Examples: community violence, domestic violence, sexual abuse/assault, severe neglect, serious emotional and psychological abuse, physical abuse, abandonment, combat-related, accidents, death of caregiver, sudden loss, witnessing violence, disasters, etc.) (select one)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>12b. Person B history of trauma (Examples: community violence, domestic violence, sexual abuse/assault, severe neglect, serious emotional and psychological abuse, physical abuse, abandonment, combat-related, accidents, death of caregiver, sudden loss, witnessing violence, disasters, etc.) (select one)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13a. Person A history of psychiatric hospitalization – past 5 years (select one)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13b. Person B history of psychiatric hospitalization – past 5 years (select one)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Caregiver Wish List

INTRODUCTION

Every child and every family is unique. What works for one family or one child may not work for another. When children have problems, their parents can help them change, but it's hard work. Parents are the ones who can best motivate their children to change their behaviors.

To help their children, parents need advanced skills in managing difficult child behavior. You can think of these specialized skills as "tools", just like you might need special tools to work on a car engine. Or, you could think of these skills as the type of "know how" you need to get a delicate plant to grow (e.g., the amount of shade).

This survey will help you and your counselor determine which skills will be most helpful in changing your child's behavior. On the following pages, there are two "Skill Wish Lists". The first asks about your child's skills and the second asks about yours.

INSTRUCTIONS

For each item, read the question and then decide which response option to the right of the question best fits your situation. When answering questions about school, if your child is too young for kindergarten, refer to your child's daycare or preschool experience. If you cannot answer a question, please say why it was hard for you to answer.

Your counselor will read the questions and response options to you as you read them on your own copy. Then you can mark the answer on your copy. Feel free to discuss your ideas with your counselor as you mark the items. In answering this survey, you should describe how you and your child have been doing in the last 3 months (unless your counselor tells you otherwise).

FAMILY DESCRIPTION

Youth's Name _____ Youth's ID # _____ Date of Birth _____ Sex: Boy Girl _____ Grade _____ Today's Date _____

Name of Parent (Completing Wish List) _____ Relationship to Child _____ Amount of Contact with Child _____

Is your child currently in out-of-home placement? No Yes _____ If yes, type of placement _____

Number of caregivers in the home _____ Number of children in the home _____ If yes, was the placement court-ordered? No Yes _____

Caregiver(s) in the home (check all that apply):

Mother Figure

- Biological Mother
- Adoptive Mother
- Stepmother
- "Live-in" partner
- Grandmother
- Other Relative
- Foster Mother
- None
- Other _____

Father Figure

- Biological Father
- Adoptive Father
- Stepfather
- "Live-in" partner
- Grandfather
- Other Relative
- Foster Father
- None
- Other _____

Marital status of Biological or Adoptive Parents (check all that apply):

- Married
- Separated
- Divorced
- Never Married
- Mother deceased
- Father deceased
- Unknown
- Other _____

If a biological parent is living outside the home, how often does the youth visit the absent parent?

- Weekly
- Monthly
- Infrequently
- Not seen in 2 years or more
- N/A

Interviewer's Name _____ ID No. _____

SKILL WISH LIST FOR YOUR CHILD

Questions	Q #	Response Options				
		Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
When you tell your child to stop doing something, how often does your child actually stop (for example, stops shouting or hitting)?	C1	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
When you tell your child to DO something, how often does your child do it?	C2	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
When asked to do chores, how often does your child do them like he/she is supposed to?	C3	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
When it is time to turn off the TV or the computer, or quit playing, how often does your child object?	C4	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
When it comes to routines, like going to bed on time, how often is your child difficult?	C5	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
(If school age) How often does your child do his homework like she/he is supposed to?	C6	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
How often does your child act like he/she wants to please you or make you proud of him/her?	C7	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Very Often <input type="radio"/>
When you praise or compliment your child, how often does your child act pleased that you did?	C8	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
How often does your child misbehave or act irresponsibly?	C9	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
When you correct your child, how often does your child react badly—like yelling back or refusing to do what you tell him/her to do?	C10	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
When your child goes out to play or goes with friends, how often does he/she come back on time?	C11	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
When your child is with other kids, how often is he/she with kids who are a bad influence (for example, hit, curse, steal, skip school, use drugs or alcohol)?	C12	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
When you try to spend positive time with your child, how often does your child seem interested (for example, reading together, watching a favorite TV show)?	C13	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
When you ask your child to sit down with you and calmly talk about a problem, how often will he/she do it?	C14	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>

SKILL WISH LIST FOR YOU

Questions	Q.#	Response Options				
		Hardly ever	Once in a while	Sometimes	Often	Most of the time
How often do you structure your child's time with set chores or routines (for example, when to go to bed, when TV can be watched or computer games played, when schoolwork is done)?	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Which do you do more—telling your child what NOT to do (STOP doing a bad behavior) versus telling your child what TO DO (start doing a good behavior)?	2	Mostly say what NOT to do <input type="radio"/>	Say what NOT to do more <input type="radio"/>	About ½ and ½ <input type="radio"/>	Say what TO DO more <input type="radio"/>	Mostly say what TO DO <input type="radio"/>
When you tell your child what to do, how often are you in an unhappy, mad or frustrated mood?	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you check to see if your child does what you tell him/her to do?	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When your child behaves well, how often do you praise or compliment your child?	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When your child behaves well, how often do you give a reward (for example, your child gets something or gets to do something)?	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often are you able to find rewards that motivate your child to behave well?	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your home, how often does your child see bad behavior that you do not want him/her to copy?	8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you give your child "friendly reminders" (for example, a reminder that soon it will be time to go to bed)?	9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When your child misbehaves, how often do you choose to give NO consequences because: you think that your child is too stressed? because you think your child may have a temper tantrum? because you think your child may get physical? because you think your child may feel less loved? because you don't want to lose your temper? because it would cause a problem for you (for example, you would have to stay home)? because it is hard for you to be strict?	10-16	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
What do you do most—praise your child for good behavior or correct your child for bad behavior?	17	Correct much more than praise <input type="radio"/>	Correct somewhat more <input type="radio"/>	About ½ and ½ <input type="radio"/>	Praise somewhat more <input type="radio"/>	Praise much more than correct <input type="radio"/>

QUESTIONS		Response Options				
Q#		Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
18	When your child misbehaves, how often do you: do nothing, because nothing seems to work?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
19	give your child a time out?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
20	say you will give consequences, but don't follow through?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
21	give your child extra chores to do?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
22	spank your child?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
23	take away privileges?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
24	take away allowance?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
25	get angry?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
26	yell?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
27	get emotional or cry?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
28	say things that you regret?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
When you correct your child/give a consequence – and your child reacts badly (yelling back, refusing) – how often do you:						
29	get angry and let it show?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
30	give your child what he/she wants?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
31	give up what you wanted (for example, a cleaned-up room)?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
32	give additional consequences, but NOT follow through?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
33	give additional consequences and enforce them?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
34	In the evening, how often do you ask your child about his/her day at school?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>
35	(If school age) In the evening, how often do you look at your child's schoolwork or homework?	Hardly ever <input type="radio"/>	Once in a while <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Most of the time <input type="radio"/>

Response Options

Q.#	Questions	Hardly ever	Once in a while	Sometimes	Often	Most of the time
26	When someone at the school contacts you, how often are you able to get back to them on the same day or the next day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	When you talk with someone from school about your child, how often do you feel that the school is really trying to help your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	How often do you get up-to-date information about how your child is doing in school—in terms of behavior, attendance, and schoolwork?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	After school, how often is your child at home by him/herself or with other kids?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40	When you or another responsible adult is not with your child, how often are you able to call to check on your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41	How much do you know about your child's playmates, friends, or kids he/she hangs out with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42	How much do you know about the families of these kids — like where they live, their phone number, and what their parents do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43	How often does your child play in an unsafe neighborhood, where bad kids may hang around?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44	When your child goes out, how much do you know about who he/she will be with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45	When your child goes out, how much do you know about what he/she is doing and where he/she is going?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46	When you (or someone else) suspects that your child is doing something bad (like lying, cheating, stealing), how often do you check the facts with others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47	How much positive time are you able to spend together with your child? What do you do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48	Think about your feelings for your child. How often are your feelings positive and warm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49	How often are you able to express positive feelings toward your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50	When you try to talk out a problem with your child, how often does it make things worse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51	How well are you and your child able to talk about sensitive issues, like "private parts of the body," sexual matters, alcohol and drug use (at a level appropriate to your child's age)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52	How well are you and your child able to talk about things that you do that bother your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53	(If there is another caregiver in your home or if your child is influenced by a caregiver that does not live in your home) When you have a disagreement with the other person about how to manage your child, how often can you agree to a solution?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Caregiver Wish List

NOW - It is time to create your own personal wish list! These will be your "Top 3 Wishes." Look over the items again and choose the top 3 items that are really the most important to you. Your counselor will write them in here for you. You can change them whenever you want.

Date: ___ / ___ / ___

Wish/Goal #1 _____

Wish/Goal #2 _____

Wish/Goal #3 _____

Caregiver Signature: _____ Relationship to Youth: _____
 Signature (Counselor): _____ Position: _____

Revised Wish List Date: ___ / ___ / ___

Wish/Goal #1 _____

Wish/Goal #2 _____

Wish/Goal #3 _____

Caregiver Signature: _____ Relationship to Youth: _____
 Signature (Counselor): _____ Position: _____

Instructions

This booklet contains statements describing your child's behavior and consists of two parts: Social Skills and Problem Behaviors.

Social Skills & Problem Behaviors

Please read each item and think about your child's behavior during the past two months. Then, decide **how often** your child displays the behavior.

- If your child **never** behaves this way, fill in the **(N)**.
- If your child **seldom** behaves this way, fill in the **(S)**.
- If your child **often** behaves this way, fill in the **(O)**.
- If your child **almost always** behaves this way, fill in the **(A)**.

For each of the Social Skills items, please also rate **how important** you think the behavior is for your child's development.

- If you think the behavior is **not important** for your child's development, fill in the **(n)**.
- If you think the behavior is **important** for your child's development, fill in the **(i)**.
- If you think the behavior is **critical** for your child's development, fill in the **(c)**.

Please mark every item. If you are uncertain of your response to an item, give your best estimate. There are no right or wrong answers.

Before starting, be sure to complete the information in the boxes on pages 1 and 4 of this form.

Social Skills

	How Often?	How Important?
	N S O A	n i c
1. Expresses feelings when wronged.	(N) (S) (O) (A)	(n) (i) (c)
2. Follows household rules.	(N) (S) (O) (A)	(n) (i) (c)
3. Tries to understand how you feel.	(N) (S) (O) (A)	(n) (i) (c)
4. Says "thank you."	(N) (S) (O) (A)	(n) (i) (c)
5. Asks for help from adults.	(N) (S) (O) (A)	(n) (i) (c)
6. Takes care when using other people's things.	(N) (S) (O) (A)	(n) (i) (c)
7. Pays attention to your instructions.	(N) (S) (O) (A)	(n) (i) (c)
8. Tries to make others feel better.	(N) (S) (O) (A)	(n) (i) (c)
9. Joins activities that have already started.	(N) (S) (O) (A)	(n) (i) (c)
10. Takes turns in conversations.	(N) (S) (O) (A)	(n) (i) (c)
11. Says when there is a problem.	(N) (S) (O) (A)	(n) (i) (c)
12. Works well with family members.	(N) (S) (O) (A)	(n) (i) (c)
13. Forgives others.	(N) (S) (O) (A)	(n) (i) (c)
14. Speaks in appropriate tone of voice.	(N) (S) (O) (A)	(n) (i) (c)
15. Stands up for others who are treated unfairly.	(N) (S) (O) (A)	(n) (i) (c)
16. Is well-behaved when unsupervised.	(N) (S) (O) (A)	(n) (i) (c)
17. Follows your directions.	(N) (S) (O) (A)	(n) (i) (c)
18. Tries to understand how others feel.	(N) (S) (O) (A)	(n) (i) (c)
19. Starts conversations with peers.	(N) (S) (O) (A)	(n) (i) (c)
20. Uses gestures or body appropriately with others.	(N) (S) (O) (A)	(n) (i) (c)
21. Resolves disagreements with you calmly.	(N) (S) (O) (A)	(n) (i) (c)
22. Respects the property of others.	(N) (S) (O) (A)	(n) (i) (c)
23. Makes friends easily.	(N) (S) (O) (A)	(n) (i) (c)
24. Says "please."	(N) (S) (O) (A)	(n) (i) (c)
25. Questions rules that may be unfair.	(N) (S) (O) (A)	(n) (i) (c)
26. Takes responsibility for her/his own actions.	(N) (S) (O) (A)	(n) (i) (c)
27. Completes tasks without bothering others.	(N) (S) (O) (A)	(n) (i) (c)
28. Tries to comfort others.	(N) (S) (O) (A)	(n) (i) (c)
29. Interacts well with other children.	(N) (S) (O) (A)	(n) (i) (c)
30. Responds well when others start a conversation or activity.	(N) (S) (O) (A)	(n) (i) (c)

	Often?	Important?
31. Stays calm when teased.	(N) (S) (O) (A)	(N) (I) (C)
32. Does what she/he promised.	(N) (S) (O) (A)	(N) (I) (C)
33. Introduces herself/himself to others.	(N) (S) (O) (A)	(N) (I) (C)
34. Takes criticism without getting upset.	(N) (S) (O) (A)	(N) (I) (C)
35. Says nice things about herself/himself without bragging.	(N) (S) (O) (A)	(N) (I) (C)
36. Makes a compromise during a conflict.	(N) (S) (O) (A)	(N) (I) (C)
37. Follows rules when playing games with others.	(N) (S) (O) (A)	(N) (I) (C)
38. Shows concern for others.	(N) (S) (O) (A)	(N) (I) (C)
39. Invites others to join in activities.	(N) (S) (O) (A)	(N) (I) (C)
40. Makes eye contact when talking.	(N) (S) (O) (A)	(N) (I) (C)
41. Tolerates peers when they are annoying.	(N) (S) (O) (A)	(N) (I) (C)
42. Takes responsibility for her/his own mistakes.	(N) (S) (O) (A)	(N) (I) (C)
43. Starts conversations with adults.	(N) (S) (O) (A)	(N) (I) (C)
44. Responds appropriately when pushed or hit.	(N) (S) (O) (A)	(N) (I) (C)
45. Stands up for herself/himself when treated unfairly.	(N) (S) (O) (A)	(N) (I) (C)
46. Stays calm when disagreeing with others.	(N) (S) (O) (A)	(N) (I) (C)

Problem Behaviors

	How Often?
47. Has difficulty waiting for turn.	(N) (S) (O) (A)
48. Repeats the same thing over and over.	(N) (S) (O) (A)
49. Forces others to act against their will.	(N) (S) (O) (A)
50. Has stereotyped motor behaviors.	(N) (S) (O) (A)
51. Fidgets or moves around too much.	(N) (S) (O) (A)
52. Keeps others out of social circles.	(N) (S) (O) (A)
53. Is inattentive.	(N) (S) (O) (A)
54. Acts without thinking.	(N) (S) (O) (A)
55. Becomes upset when routines change.	(N) (S) (O) (A)
56. Is aggressive toward people or objects.	(N) (S) (O) (A)
57. Withdraws from others.	(N) (S) (O) (A)
58. Has temper tantrums.	(N) (S) (O) (A)
59. Does things to make others feel sad.	(N) (S) (O) (A)
60. Breaks into or stops group activities.	(N) (S) (O) (A)
61. Has low energy or is lethargic.	(N) (S) (O) (A)
62. Uses odd physical gestures in interactions.	(N) (S) (O) (A)
63. Bullies others.	(N) (S) (O) (A)
64. Acts anxious with others.	(N) (S) (O) (A)
65. Talks back to adults.	(N) (S) (O) (A)
66. Says nobody likes her/him.	(N) (S) (O) (A)
67. Gets distracted easily.	(N) (S) (O) (A)
68. Acts sad or depressed.	(N) (S) (O) (A)
69. Is preoccupied with object parts.	(N) (S) (O) (A)
70. Disobeys rules or requests.	(N) (S) (O) (A)
71. Has sleeping problems.	(N) (S) (O) (A)
72. Lies or does not tell the truth.	(N) (S) (O) (A)
73. Gets embarrassed easily.	(N) (S) (O) (A)
74. Says bad things about self.	(N) (S) (O) (A)
75. Has nonfunctional routines or rituals.	(N) (S) (O) (A)
76. Cheats in games or activities.	(N) (S) (O) (A)
77. Acts lonely.	(N) (S) (O) (A)
78. Fights with others.	(N) (S) (O) (A)
79. Has eating problems.	(N) (S) (O) (A)

FOOT NAME

FIRST	MI	LAST
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A	A	A
B	B	B
C	C	C
D	D	D
E	E	E
F	F	F
G	G	G
H	H	H
I	I	I
J	J	J
K	K	K
L	L	L
M	M	M
N	N	N
O	O	O
P	P	P
Q	Q	Q
R	R	R
S	S	S
T	T	T
U	U	U
V	V	V
W	W	W
X	X	X
Y	Y	Y
Z	Z	Z

TO CHILD

Mother

Father

Guardian

Other _____

YOUR SEX

Female

Male

Sample

FOR OFFICE USE ONLY

STUDENT'S IDENTIFICATION NUMBER (Optional)

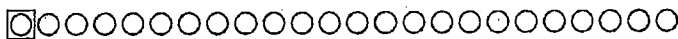
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FIELD A (Optional)

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FIELD B (Optional)

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<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9



PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

Family ID: _____

Child's first name _____

Child's ethnicity _____

Child DOB _____

Participants in Interaction: _____

- a. Child
- b. Mother
- c. Other: Specify _____

Coder ID: _____

Date Coded _____

Date Entered _____

Family #, Time # _____

Master ink color _____

Coder Ratings: Family Interaction Task (FIT)

A. PROBLEM SOLVING OUTCOME: ISSUE #1

Complete with reference to the targeted issue

Setting: Whose issue? Child's _____ Mother's _____
 Who stated issue? Child _____ Mother _____

Rate the following based on your observation of this interaction:

	Untrue	Slightly True	Fairly True	Mostly True	Very True
1. Problem was stated clearly	1	2	3	4	5
2. Problem was stated with negative affect	1	2	3	4	5
3. Problem was stated in a manner that facilitated productive discussion	1	2	3	4	5
4. Problem became increasingly clarified	1	2	3	4	5
5. Attempt made to address issue	1	2	3	4	5
6. Several different solutions were suggested	1	2	3	4	5
7. Contributed to brainstorming by suggesting solution(s)/ideas					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
8. At least one suggestion was discussed	1	2	3	4	5
9. At least one solution was realistic or potentially feasible	1	2	3	4	5
10. Advantages of at least one idea stated	1	2	3	4	5
11. Disadvantages of at least one idea stated	1	2	3	4	5
12. Parent focused on positive behaviors that could be increased	1	2	3	4	5
13. A plan was developed (e.g., pinpointed, execution elaborated)	1	2	3	4	5
14. Family members agreed on a solution	1	2	3	4	5
15. Seemed invested in the issue					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
16. Seems likely to follow through with plan					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
17. Compromised on solutions					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
18. Discussed/developed a plan to check on progress					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5

	Untrue	Slightly True	Fairly True	Mostly True	Very True
19. Seemed satisfied with the discussion/outcome					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
20. To outside observer, progress/outcome seemed satisfactory	1	2	3	4	5
21. Seemed comfortable talking about problems					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
22. Expressed thoughts/ feelings about the issue					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
23. Seemed flexible/open to try new ways to solve problem					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
24. Seemed to listen to each other					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5

B. RATINGS OF INTERPERSONAL PROCESS PROBLEM SOLVING: ISSUE #1*Rate the following based on your observation of this interaction:*

	0% Never	1-10% Hardly Ever	11-50% Some- times	51-75% Often	76-90% Very Often	91-100% Always
1. Family worked together as a team	1	2	3	4	5	6
2. Parent-child relationship seemed positive	1	2	3	4	5	6
3. Seemed intimidated by other						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
4. Positively engaged in interaction (verbal/nonverbal: e.g., interested, attentive, questioning, active listening)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
5. Good interactive body posture (e.g. faced other, eye contact, didn't skitter around)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
6. Showed empathy, support toward other						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
7. Showed hostile behavior toward other (verbal/nonverbal: e.g., critical, arrogant, derogatory, sarcastic)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
8. Withdrew in negative way (e.g., not talking appropriately, sulking, avoiding, pouting)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
9. Acted inappropriate/immature						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
10. Used aversive techniques to get way						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
11. Seemed sad, blue, depressed						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
12. Treated other with respect						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
13. Showed physical (contact) warmth toward other						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
14. Showed non physical warmth toward other						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
15. Used non-hostile humor (e.g. lightened discussion)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6

	0% Never	1-10% Hardly Ever	11-50% Some- times	51-75% Often	76-90% Very Often	91-100% Always
16. Was cooperative						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
17. Was obstructive						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
18. Was encouraging						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
19. Seemed to provoke arguments						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
20. Seemed anxious, nervous, fearful, or tense						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
21. Seemed cheerful, pleasant						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
22. Demonstrated physically aggressive behavior						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
23. Behaved rudely						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
24. Blames other						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
25. Child seemed dysregulated, difficult to manage, unable to control behavior/emotions.	1	2	3	4	5	6
26. Child sought out parent, indicating reliance on parent for reassurance and/or safety	1	2	3	4	5	6
27. Demonstrated an antisocial attitude by behavior or talk (talk about rule breaking, law violation, inappropriate or unethical behavior)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
28. Parent provided age appropriate rationales/suggestions	1	2	3	4	5	6
29. Parent communicated confidence child can be successful	1	2	3	4	5	6
30. Responded positively to child's inappropriate or antisocial behavior/comments	1	2	3	4	5	6
31. Seemed to enjoy task						
a. Child						
b. Mother	1	2	3	4	5	6
32. Time was spent discussing the issue	1	2	3	4	5	6
33. Minimized, ignored, or denied problems						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
34. Seemed hopeless about improving situation						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6

C. PROBLEM SOLVING OUTCOME: ISSUE #2**Complete with reference to the targeted issue.**

Setting: Whose issue?

Child's _____

Mother's _____

Who stated issue?

Child _____

Mother _____

Rate the following based on your observation of this interaction:

	Untrue	Slightly True	Fairly True	Mostly True	Very True
1. Problem was stated clearly	1	2	3	4	5
2. Problem was stated with negative affect	1	2	3	4	5
3. Problem was stated in a manner that facilitated productive discussion	1	2	3	4	5
4. Problem became increasingly clarified	1	2	3	4	5
5. Attempt made to address issue	1	2	3	4	5
6. Several different solutions were suggested	1	2	3	4	5
7. Contributed to brainstorming by suggesting solution(s)/ideas					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
8. At least one suggestion was discussed	1	2	3	4	5
9. At least one solution was realistic or potentially feasible	1	2	3	4	5
10. Advantages of at least one idea stated	1	2	3	4	5
11. Disadvantages of at least one idea stated	1	2	3	4	5
12. Parent focused on positive behaviors that could be increased	1	2	3	4	5
13. A plan was developed (e.g., pinpointed, execution elaborated)	1	2	3	4	5
14. Family members agreed on a solution	1	2	3	4	5
15. Seemed invested in the issue					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
16. Seems likely to follow through with plan					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
17. Compromised on solutions					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
18. Discussed/developed a plan to check on progress					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
19. Seemed satisfied with the discussion/outcome					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
20. To outside observer, progress/outcome seemed satisfactory	1	2	3	4	5
21. Seemed comfortable talking about problems					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
22. Expressed thoughts/feelings about the issue					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
23. Seemed flexible/open to try new ways to solve problem					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5
24. Seemed to listen to each other					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5

D. RATINGS OF INTERPERSONAL PROCESS PROBLEM SOLVING: ISSUE #2

Rate the following based on your observation of this interaction:

	0% Never	1-10% Hardly Ever	11-50% Some- times	51-75% Often	76-90% Very Often	91-100% Always
1. Family worked together as a team	1	2	3	4	5	6
2. Parent-child relationship seemed positive	1	2	3	4	5	6
3. Seemed intimidated by other						
c. Child	1	2	3	4	5	6
d. Mother	1	2	3	4	5	6
4. Positively engaged in interaction (verbal/nonverbal: e.g., interested, attentive, questioning, active listening)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
5. Good interactive body posture (e.g. faced other, eye contact, didn't skitter around)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
6. Showed empathy, support toward other						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
7. Showed hostile behavior toward other (verbal/nonverbal: e.g., critical, arrogant, derogatory, sarcastic)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
8. Withdrew in negative way (e.g., not talking appropriately, sulking, avoiding, pouting)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
9. Acted inappropriate/immature						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
10. Used aversive techniques to get way						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
11. Seemed sad, blue, depressed						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
12. Treated other with respect						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
13. Showed physical (contact) warmth toward other						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
14. Showed non physical warmth toward other						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
15. Used non-hostile humor (e.g. lightened discussion)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
16. Was cooperative						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6

	0% Never	1-10% Hardly Ever	11-50% Some- times	51-75% Often	76-90% Very Often	91-100% Always
17. Was obstructive						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
18. Was encouraging						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
19. Seemed to provoke arguments						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
20. Seemed anxious, nervous, fearful, or tense						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
21. Seemed cheerful, pleasant						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
22. Demonstrated physically aggressive behavior						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
23. Behaved rudely						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
24. Blames other						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
25. Child seemed dysregulated, difficult to manage, unable to control behavior/emotions.	1	2	3	4	5	6
26. Child sought out parent, indicating reliance on parent for reassurance and/or safety	1	2	3	4	5	6
27. Demonstrated an antisocial attitude by behavior or talk (talk about rule breaking, law violation, inappropriate or unethical behavior)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
28. Parent provided age appropriate rationales/suggestions	1	2	3	4	5	6
29. Parent communicated confidence child can be successful	1	2	3	4	5	6
30. Responded positively to child's inappropriate or antisocial behavior/comments	1	2	3	4	5	6
31. Seemed to enjoy task						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
32. Time was spent discussing the issue	1	2	3	4	5	6
33. Minimized, ignored, or denied problems						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
34. Seemed hopeless about improving situation						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6

E. TEACHING TASKS: GUESSING GAME, LABYRINTH, TANGOS

Rate the following based on your observations of the teaching tasks. The caregiver . . .

	0% Never	1-10% Hardly Ever	11-50% Some- times	51-75% Often	76-90% Very Often	91-100% Always
1. Provided corrections as needed in non-negative way	1	2	3	4	5	6
2. Positively reinforced correct responses (e.g., praise, smiles, gestures)	1	2	3	4	5	6
3. Followed up on corrections (e.g., reinforced for corrected responses, getting new ideas)	1	2	3	4	5	6
4. Failed to make corrections when it might have helped	1	2	3	4	5	6
5. Used negative or hostile corrections	1	2	3	4	5	6
6. Supported child's neutral or prosocial behavior	1	2	3	4	5	6
7. Responded positively to child's inappropriate or antisocial behavior/comments	1	2	3	4	5	6
8. Encouraged on-task behavior	1	2	3	4	5	6

	Untrue	Slightly True	Fairly True	Mostly True	Very True
9. Explained task in appropriate manner (e.g. age-appropriate in language and manner, clear, simple)	1	2	3	4	5
10. Presented task in positive light	1	2	3	4	5
11. Encouraged child to be self-directed and/or work independently	1	2	3	4	5
12. Broke down tasks into smaller steps as necessary	1	2	3	4	5
13. Provided leadership (e.g., giving direction)	1	2	3	4	5
14. Adjusted level of assistance as needed	1	2	3	4	5
15.	1	2	3	4	5
16. Used appropriate level of reinforcement given difficulty of task	1	2	3	4	5
17. To outside observer, the interaction was positive	1	2	3	4	5

F. RATINGS OF INTERPERSONAL PROCESS TEACHING TASKS

Rate the following based on your observations of the teaching tasks.

What was the extent to which:

	0% Never	1-10% Hardly Ever	11-50% Some- times	51-75% Often	76-90% Very Often	91-100% Always
1. Family worked together as a team	1	2	3	4	5	6
2. Parent-child relationship seemed positive	1	2	3	4	5	6
3. Seemed intimidated by other						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
4. Positively engaged in interaction (verbal/nonverbal: e.g., interested, attentive, questioning, active listening)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
5. Good interactive body posture (e.g. faced other, eye contact, didn't skitter around)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
6. Showed empathy, support toward other						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
7. Showed hostile behavior toward other (verbal/nonverbal: e.g., critical, arrogant, derogatory, sarcastic)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
8. Withdrew in negative way (e.g., not talking appropriately, sulking, avoiding, pouting)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
9. Acted inappropriate/immature						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
10. Used aversive techniques to get way						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
11. Seemed sad, blue, depressed						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
12. Treated other with respect						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
13. Showed physical (contact) warmth toward other						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
14. Showed non physical warmth toward other						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
15. Used non-hostile humor (e.g. lightened discussion)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6

	0% Never	1-10% Hardly Ever	11-50% Some- times	51-75% Often	76-90% Very Often	91-100% Always
16. Was cooperative						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
17. Was obstructive						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
18. Was encouraging						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
19. Seemed to provoke arguments						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
20. Seemed anxious, nervous, fearful, or tense						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
21. Seemed cheerful, pleasant						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
22. Demonstrated physically aggressive behavior						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
23. Behaved rudely						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
24. Blames other						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
25. Child seemed dysregulated, difficult to manage, unable to control behavior/emotions.						
	1	2	3	4	5	6
26. Child sought out parent, indicating reliance on parent for reassurance and/or safety						
	1	2	3	4	5	6
27. Demonstrated an antisocial attitude by behavior or talk (talk about rule breaking, law violation, inappropriate or unethical behavior)						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
28. Parent provided age appropriate rationales/suggestions						
	1	2	3	4	5	6
29. Parent communicated confidence child can be successful						
	1	2	3	4	5	6
35. Responded positively to child's inappropriate or antisocial behavior/comments						
	1	2	3	4	5	6
30. Seemed to enjoy task						
a. Child						
b. Mother	1	2	3	4	5	6
31. Expression of frustration						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
32. Diligent Perseverance with regard to tasks						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
33. Dyadic Competition						
	1	2	3	4	5	6

G. MONITORING

Rate the following based on your observation of the monitoring interaction:

1. What was the situation?

a. What? _____

b. Where? _____

c. With whom? _____

	Untrue	Slightly True	Fairly True	Mostly True	Very True
2. Seems that the child spends time away from adult supervision	1	2	3	4	5
3. The child indicate being with friends in settings without adult supervision	1	2	3	4	5
4. There seems to be a lack of adult involvement in this child's daily life	1	2	3	4	5
5. There seems to be a lack of structure or lax rules with respect to this child's daily routine	1	2	3	4	5
6. There was mention of the child's peers planning or engaging in deviant behaviors	1	2	3	4	5
7. The child volunteered important information about activities and companions	1	2	3	4	5
8. The child said or did something to indicate avoidance of adult supervision	1	2	3	4	5
9. This parent seems to be monitoring with whom the child spends time	1	2	3	4	5
10. This parent seems to be monitoring where the child spends time	1	2	3	4	5
11. This parent seems to be monitoring what the child is doing when outside of adult supervision	1	2	3	4	5
12. This parent listens to the child	1	2	3	4	5
13. This parent effectively gathers important information about the child's activities	1	2	3	4	5
14. Family members indicated rules or guidelines that facilitated parents' monitoring	1	2	3	4	5
15. This parent indicated involvement in the child's activities, such as planning, discussing, participating or providing transportation	1	2	3	4	5
16. This parent seem to know about the child's friendships, knowing the friends by names and their family situations	1	2	3	4	5
17. This parent control his/her own reactions to allow the child to finish talking	1	2	3	4	5
18. Most of the time the family talked about the child's activities	1	2	3	4	5

H. PARENTING PRACTICES

The following sections pertain to information based on observation of all lab tasks

Based on your observations of the entire interaction, rate the following:

	0% Never	1-10% Hardly Ever	11-50% Some- times	51-75% Often	76-90% Very Often	91-100% Always
1. Overly strict, authoritarian, oppressive	1	2	3	4	5	6
2. Erratic, inconsistent, haphazard	1	2	3	4	5	6
3. Ignores inappropriate or problematic behavior	1	2	3	4	5	6
4. Sets limits when necessary or appropriate	1	2	3	4	5	6
5. Firm but not harsh when limit setting (clearly means business but not angry)	1	2	3	4	5	6
6. Weak when limit setting (whiny, tentative, unsure)	1	2	3	4	5	6
7. Seems to track child too closely; hover	1	2	3	4	5	6
8. Issues too many commands	1	2	3	4	5	6
9. Uses nagging or nattering to try to get compliance	1	2	3	4	5	6
10. Expresses anger/hostility while disciplining	1	2	3	4	5	6
11. Threatens consequences that are unlikely or hard to enforce—(e.g., grounding for life, beat within inch of life).	1	2	3	4	5	6
12. Provides balanced control of child	1	2	3	4	5	6
13. Threatens to use physical punishment	1	2	3	4	5	6
14. Uses physical restraint or other physical means of managing behavior	1	2	3	4	5	6
15. Relates to child as a peer	1	2	3	4	5	6
16. Communicates to child in calm, simple, clear terms	1	2	3	4	5	6
17. Mentions use of incentives to promote positive behavior	1	2	3	4	5	6
18. Seems to take role as parent seriously	1	2	3	4	5	6
19. Appears to use positive consequences for prosocial behavior (incentive, rewards)	1	2	3	4	5	6
20. Uses praise or other social reinforcers for positive behavior	1	2	3	4	5	6
21. Uses sarcastic, mocking, contemptuous language/behavior	1	2	3	4	5	6
23. The mother gave directives to the child	1	2	3	4	5	6
24. The child complied to mother's directives	1	2	3	4	5	6
25. The child noncomplied to mother's directives	1	2	3	4	5	6
26. Appeared to withdraw love/affection in response to something the child did or said	1	2	3	4	5	6
27. Redirects child to more appropriate behavior when off task, uncooperative, misbehaving	1	2	3	4	5	6
28. Seems distracted from parenting by lifestyle of drug/alcohol use	1	2	3	4	5	6
29. Seems in charge						
a. Child	1	2	3	4	5	6
b. Mother	1	2	3	4	5	6
c. Neither	1	2	3	4	5	6

I. OVERALL

Rate the following based on your observation of all interactions:

	Untrue	Slightly True	Fairly True	Mostly True	Very True
1. I liked very much					
a. Child	1	2	3	4	5
b. Mother	1	2	3	4	5

Please provide frequency counts of the following for each section of the FIT:

2. a. Section A – PSO # 1

Mother directives	
Child compliance	
Child noncompliance	

b. Section C – PSO #2

Mother directives	
Child compliance	
Child noncompliance	

c. Section E – Teaching Tasks

Mother directives	
Child compliance	
Child noncompliance	

d. Section G – Monitoring

Mother directives	
Child compliance	
Child noncompliance	

Permanency Innovations Initiative (PII)

**Pretesting of Evaluation Surveys
(OMB 0970-0355)**

**Appendix B:
Data Collection Instruments
Caseworker Interview**

September 2011

The Caseworker Interview consists of:

1) North Carolina Family Assessment Scale for General Services and Reunification – Completed by trained assessor interviewing caseworker and reviewing case file

NCFAS-G+R

North Carolina Family Assessment Scale
for General Services and Reunification

Scale & Definitions



**NATIONAL
FAMILY
PRESERVATION
NETWORK**

NCFAS-G+R

North Carolina Family Assessment Scale
for General Services and Reunification

Scale & Definitions

National Family Preservation Network

Priscilla Martens, Executive Director

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<http://www.nfpn.org>

The National Family Preservation Network (NFPN) is the sole distributor of the NCFAS-G+R training package. All inquiries should be directed to NFPN.

Developed in cooperation with:

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A. Environment

	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Housing Stability								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
2. Safety in the Community								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
3. Environmental Risks								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
4. Habitability of Housing								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
5. Personal Hygiene								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
6. Learning Environment								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
7. Overall Environment								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK

Comments:

B. Parental Capabilities

Note: This section refers to biological parent(s), if present, or current caregiver(s).

	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Supervision of Child(ren)								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
2. Disciplinary Practices								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
3. Provision of Developmental/Enrichment Opportunities								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
4. Use of Drugs/Alcohol Interferes with Parenting								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
5. Promotes Child(ren)'s Education								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
6. Controls Access to Media/Reading Material								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
7. Parent(s)/Caregiver(s)'s Literacy								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
8. Overall Parental Capabilities								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK

Comments:

C. Family Interactions

Note: This section refers to family members living in the same or different households.

	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Bonding with Child(ren)								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
2. Communication with Child(ren)								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
3. Expectations of Child(ren)								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
4. Mutual Support Within the Family								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
5. Relationship Between Parents/Caregivers								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
6. Family Routines/Rituals								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
7. Family Recreation and Play Activities								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
8. Overall Family Interactions								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK

Comments:

D. Family Safety

Note: This section refers to family members living in the same or different households.

	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Absence/Presence of Domestic Violence Between Parents/Caregivers								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
2. Absence/Presence of Other Family Conflict								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
3. Absence/Presence of Physical Abuse of Child(ren)								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
4. Absence/Presence of Emotional Abuse of Child(ren)								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
5. Absence/Presence of Sexual Abuse of Child(ren)								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
6. Absence/Presence of Neglect of Child(ren)								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
7. Absence/Presence of Access to Weapons								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
8. Overall Family Safety								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK

Comments:

E. Child Well-Being

Note: This section pertains to all the children in the family. If more than one child, children may have different issues. Rate the family, thus if any child has, for example, a behavioral problem, the family as a whole experiences that problem. In this way, all children in the family may contribute to the ratings on a single form.

	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Child(ren)'s Behavior								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
2. School Performance								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
3. Child(ren)'s Relationship with Parent(s)/Caregiver(s)								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
4. Child(ren)'s Relationship with Sibling(s)								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
5. Child(ren)'s Relationship with Peers								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
6. Cooperation/Motivation to Maintain the Family								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
7. Overall Child Well-Being								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK

Comments:

F. Social/Community Life

	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Social Relationships								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
2. Relationships with Child Care, Schools, and Extracurricular Services								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
3. Connection to Neighborhood, Cultural/Ethnic Community								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
4. Connection to Spiritual/Religious Community								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
5. Parent(s)/Caregiver(s)'s Initiative and Acceptance of Available Help/Support								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
6. Overall Social/Community Life								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK

Comments:

G. Self-Sufficiency

	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Caregiver Employment								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
2. Family Income								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
3. Financial Management								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
4. Food and Nutrition								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
5. Transportation								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
6. Overall Self-Sufficiency								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK

Comments:

H. Family Health

	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Parent(s)/Caregiver(s)'s Physical Health								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
2. Parent(s)/Caregiver(s)'s Disability								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
3. Parent(s)/Caregiver(s)'s Mental Health								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
4. Child(ren)'s Physical Health								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
5. Child(ren)'s Disability								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
6. Child(ren)'s Mental Health								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
7. Family Access to Health/Mental Health Care								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
8. Overall Family Health								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK

Comments:

I. Caregiver/Child Ambivalence

Note: This section is for Reunification cases only..

	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Parent/Caregiver Ambivalence Toward Child								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
2. Child Ambivalence Towards Parent/Caregiver								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
3. Ambivalence Exhibited By Substitute Care Provider								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
4. Disrupted Attachment								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
5. Pre-Reunification Home Visitations								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
6. Overall Caregiver/Child Ambivalence								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK

Comments:

J. Readiness for Reunification

Note: This section is for Reunification cases only..

	Not Applic.	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem	Unknown
1. Resolution of Significant CPS Risk Factors								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
2. Completion of Case Service Plans								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
3. Resolution of Legal Issues								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
4. Parent/Caregiver Understanding of Child Treatment Needs								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
5. Established Back-Up Supports and/or Service Plans								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK
6. Overall Readiness for Reunification								
Intake	N/A	+2	+1	0	-1	-2	-3	UK
Interim	N/A	+2	+1	0	-1	-2	-3	UK
Closure	N/A	+2	+1	0	-1	-2	-3	UK

Comments:

Definitions for the NCFAS-G+R

A. Environment

1. Housing Stability	
Clear Strength	Refers to family occupying the same, adequate residence for more than three years. If less than three years, move is prompted by a job change or move to better housing, etc. Rent/mortgage is paid on time. There are no problems meeting financial obligations of rent or mortgage.
Baseline/Adequate	Refers to family experiencing, or previously experiencing, minor problems in remaining in the same residence, but family is relatively capable of meeting financial obligations, present housing is not threatened, and family members are not inhibited in pursuing or meeting other obligations due to these minor problems.
Serious Problem	Refers to family being threatened with eviction. Unable to meet rent or mortgage obligations on time, or at all. Or, family does not have housing, is living with different relatives or friends, or living in a homeless shelter or shelter for victims of domestic violence. Family is not satisfied with living situation.
2. Safety in the Community	
Clear Strength	Refers to a safe and secure neighborhood for the children. Parents can allow children to play outside without fear. Neighbors look out for each other (i.e., neighborhood watch).
Baseline/Adequate	Refers to minor disturbances in the neighborhood, but disturbances do not prevent family members and children from spending time outside in the community.
Serious Problem	Refers to many disturbances such as fights and/or outbursts in the neighborhood. The neighborhood is not safe for children to play outdoors or walk to the bus or to school. Evidence of violence, boarded up or barred windows, gun fire, the use of alcohol or drugs, and/or drug trafficking in the neighborhood. Neighbors fearful of getting involved.
3. Environmental Risks	
Clear Strength	Refers to family's living and neighborhood circumstances being essentially free from environmental risks such as toxic chemicals, industrial gases or waste, lead paint or plumbing, vermin infestations, mold, high traffic density, building construction or demolition nearby, or similar risks. Caregivers recognize environmental risks and pursue remedies to protect children and family.
Baseline/Adequate	Refers to family's living and neighborhood circumstances being largely free of known environmental risks. Some environmental risks may be present but caregivers seem to recognize those risks and are taking appropriate steps to protect children and family, such as lead paint removal, vermin control, and appropriate inspections for mold. Caregivers may not be aware of all potential risks, but generally take appropriate steps to reduce risks.
Serious Problem	Family living or neighborhood circumstances are fraught with environmental risks. Rats, roaches, and other vermin present, and droppings are present. Children or family members may suffer asthma due to industrial gases or waste. Abandoned, condemned buildings, or building under construction pose risk to children at play. Children's play areas not sufficiently protected from traffic or other risks. Lead paint or plumbing pose heavy metal ingestion risk. Caregivers unwilling or incapable of detecting or recognizing risks and does not take appropriate steps to remedy or protect children and family.

4. Habitability of Housing	
Clear Strength	Refers to family and neighbors experiencing home as warm. Home is very clean and neat. Plenty of space and privacy for children. Plenty of furnishings in good repair. Safety precautions are considered and taken, such as the use of smoke alarms and dead bolts on outside doors. Poisonous items are kept locked and out of children's reach. Plumbing is in good condition.
Baseline/Adequate	Refers to minimal problems in the home, such as slight overcrowding, or some clutter. However, most safety precautions are taken (e.g., poisons are out of sight but not locked). Minor house repairs (e.g., crumbling plaster) may be evident, but do not require immediate attention.
Serious Problem	Refers to unsanitary situations, including roaches, litter, clutter, and/or unpleasant odors present in the home. Food particles and/or rotting food on the counters and tables. Urine-soaked or stained furniture, dirty diapers, dirty dishes, overflowing garbage, and/or animal or human feces on the floor. Hesitance to sit down or enter the home. Nonfunctioning plumbing and/or no electricity. Many hazards within the reach of children, such as guns, knives, street drugs, or open medication and poisons.
5. Personal Hygiene	
Clear Strength	Refers to children looking clean and well-groomed. Children have plenty of clothing, appropriate to the season. Adults look clean and well-groomed. Adults have plenty of clothing appropriate to the season. Awareness of personal hygiene and grooming. Take pride in themselves.
Baseline/Adequate	Refers to children occasionally wearing inappropriate clothing or appearing unkempt. However, appearance or inappropriate clothing is not causing problems for the family or children.
Serious Problem	Refers to constant appearance of children as unkempt or dirty. Appearance of adults as unkempt. Noticeable poor personal hygiene, obviously poor dental hygiene, and/or body odor. Lack of awareness of children or adults of personal hygiene and grooming. Dress is inappropriate to the season.
6. Learning Environment	
Clear Strength	Refers to caregivers' enthusiasm in teaching children. Family has routine for play and study. Time is planned for reading, attending outings, structured activities. Caregivers actively involved with school, and assist children with developmental tasks. Age-appropriate games and toys are provided, and evident in the home (e.g. school work is displayed). Parents are supportive of school personnel.
Baseline/Adequate	Refers to caregivers' occasionally planning time for learning activities. Caregivers do not actively seek out constant involvement with children's school, but make time available as requested. Some age-appropriate games or toys are present.
Serious Problem	Refers to caregivers' lack of attention or hindrance to developmental tasks of children, and low or no involvement with children's school. Caregivers do not value education, and are frustrated and angered with children's learning needs. No opportunities for learning at home. Games and toys absent, and/or are not age appropriate, or are of a violent nature. Parents are not supportive of school personnel, or are disdainful of children's efforts to learn, or of public schools and teachers.

7. Overall Environment	
Clear Strength	Refers to family receiving very high ratings in the following areas: housing stability, safety in the community, environmental risks, housing habitability, personal hygiene, and learning environment.
Baseline/Adequate	Refers to family experiencing a few minimal problems in the following areas: housing stability, safety in the community, environmental risks, housing habitability, personal hygiene, and learning environment. However, problems do not interfere in family's ability to function, and problems do not need to be addressed.
Serious Problem	Refers to family receiving very low ratings in the following areas: housing stability, safety in the community, environmental risks, housing habitability, personal hygiene, and learning environment.

B. Parental Capabilities

Note: This section refers to biological parent(s), if present, or current caregiver(s).

1. Supervision of Child(ren)	
Clear Strength	Refers to caregivers' provision of age-appropriate supervision, such as setting limits for activities based on the children's ages. Caregivers are careful and attentive to children's needs in selecting substitute caregivers (babysitter, neighbor). Makes sure children feel comfortable and safe with substitute caregivers. Keeps track of children and knows children's friends.
Baseline/Adequate	Refers to caregivers providing satisfactory supervision of children. Some limits are set on activities based on the children's ages. Some consideration given to selecting substitute caregivers, and some concern with children's comfort with the substitute caregivers. Has a basic knowledge of location of children, and has a basic knowledge of children's friends.
Serious Problem	Refers to caregivers' lack of age-appropriate supervision, or any supervision. Limits on activities of children are not set or set inconsistently. Little or no consideration given to selecting substitute caregivers (strangers, known abusers, persons under the influence of drugs/alcohol). No thought about children's comfort and feeling of security with substitute caregivers. Children's friends are not known, and location of children is not regularly known.
2. Disciplinary Practices	
Clear Strength	Refers to caregivers' ability to provide age-appropriate, non-punitive, consistent discipline. Uses positive reinforcement, and tries to educate children through appropriate discipline. Presents good role model. Caregivers agree on parenting style and support one another.
Baseline/Adequate	Refers to caregivers' adequate provision of discipline and guidance of children. Occasionally discipline is inappropriate to age, too harsh or too lenient, but inconsistencies do not create major problems between children and caregivers.
Serious Problem	Refers to caregivers' lack of discipline, or past or current emotional or physical abuse referred to as discipline. Discipline is excessive, punitive, inappropriate to age, inconsistent, and/or absent. Present poor role models. Caregivers disagree on parenting strategies and present mixed messages to child.

3. Provision of Developmental/Enrichment Opportunities	
Clear Strength	Refers to caregivers' encouragement of opportunities such as sports, music lessons, and/or visits to museums and parks. Caregivers do not push children to be involved. Caregivers are actively involved, providing transportation, coaching teams, and/or participating in advisory boards.
Baseline/Adequate	Refers to caregivers' support of opportunities for children such as sports, music lessons, and/or field trips, but caregivers are not actively involved or are involved sporadically in supporting these activities.
Serious Problem	Refers to caregivers' lack of support or over-involvement in opportunities for children such as sports, music lessons, and/or field trips. Caregivers do not encourage or discourage children's involvement in these activities. Conversely, caregivers push children to not only be involved but excel in activities, and are demanding regarding their children's progress.
4. Use of Drugs/Alcohol Interferes with Parenting	
Clear Strength	Refers to caregivers' current or past use of drugs/alcohol. Caregivers do not use drugs/alcohol, or uses alcohol appropriately. Caregivers do not use illegal drugs, and actively discourages children's use of drugs/alcohol. Moderate use, if present, does not impair ability to parent.
Baseline/Adequate	Refers to caregivers' current or past use of drugs/alcohol; mostly uses alcohol appropriately. Use of drugs/alcohol does not significantly hinder the caregivers' ability to supervise or parent children.
Serious Problem	Refers to caregivers' current and/or past alcohol/substance abuse problems that negatively affect ability to parent children. Caregivers are frequently unable to care for or supervise children due to use of drugs/alcohol. Caregivers project personal problems on children or other household members; blames them for the need to drink alcohol or use other drugs.
5. Promotes Child(ren)'s Education	
Clear Strength	Refers to caregivers' active encouragement of educational pursuits. Caregivers assure regular attendance at school and assure that children do homework and are prepared. Caregivers monitor children's participation and progress in school; willingly attend parent/teacher conferences.
Baseline/Adequate	Refers to caregivers' awareness of need for education. Caregivers will come to parent /teacher conferences but may be passive. Some attempts are made to get children to school regularly, and will admonish children to do homework, but may not be willing or able to actively support homework or school-related activities.
Serious Problem	Refers to caregivers' disdain for education. May reflect caregivers' personal negative history with school. Caregivers do not monitor school performance, do not attend conferences, blame school for academic or behavioral problems in school; may threaten teachers or school administrators. May encourage children to quit school prematurely and go to work.

6. Controls Access to Media/Reading Material	
Clear Strength	Refers to caregivers' active and consistent monitoring of children's use of television, music, videos, video games, and computer (Internet). Caregivers screen for violence or sexually explicit material, as appropriate to age, and discusses media content with children, and risk of predatory Internet users/chat rooms.
Baseline/Adequate	Refers to caregivers' attempt to control media access and content, and is aware of need to protect children from violent or sexually explicit materials. Children may occasionally acquire such programming, or caregivers may enjoy such programming and are not always successful at limiting children's access.
Serious Problem	Refers to caregivers being unaware or unwilling to monitor media content of children. Caregivers may encourage children to watch pornography or extremely violent movies or video games without discussion of legal, moral, ethical boundaries. Caregivers glorifies nefarious characters or behavior in videos or games, or encourages children to emulate those characters or imitate bad behavior. Children enter chat rooms indiscriminately.
7. Parent(s)'s/Caregiver(s)'s Literacy	
Clear Strength	Refers to caregivers' integration of reading and writing into family's everyday life. Reading materials evident in home. Caregivers read for pleasure and read with/to children. Caregivers and children communicate with notes when appropriate. If English is not family's primary language, caregivers can communicate well enough to accomplish needs of everyday life, or lives in ethnic community of sufficient size that cross-cultural communication does not adversely affect family life.
Baseline/Adequate	Refers to caregivers having basic literacy skills. Can read when necessary, at a level that does not inhibit normal family life. Caregivers may not read for pleasure and may not encourage children to read regularly, but acknowledges the need for literacy.
Serious Problem	Refers to caregivers' illiteracy. Caregivers cannot read or write in English, or if English is not the primary language, caregivers basically illiterate in language of native culture. Caregivers cannot read necessary information such as medical care instructions or recipes; cannot read well enough to follow written directions, shop effectively or economically. Family may be victims of crimes that prey upon the illiterate (contract scams, etc.).
8. Overall Parental Capabilities	
Clear Strength	Refers to family receiving very high ratings in the following areas: supervision of children, disciplinary practices, provision of developmental and enrichment opportunities, use of drugs/alcohol, promotion of children's education, controls access to media and reading material, and literacy.
Baseline/Adequate	Refers to family experiencing some problems in the following areas: supervision of children, disciplinary practices, provision of developmental and enrichment opportunities, use of drugs/alcohol, promotion of children's education, controls access to media and reading material, and literacy. However, problems do not pose major difficulties for family members.
Serious Problem	Refers to family receiving very low ratings in the following areas: supervision of children, disciplinary practices, provision of developmental and enrichment opportunities, use of drugs/alcohol, promotion of children's education, controls access to media and reading material, and literacy.

C. Family Interactions

Note: This section refers to family members living in the same or different households; an overall assessment.

1. Bonding with Child(ren)	
Clear Strength	Refers to caregivers' healthy closeness with children, and their ability to nurture children. Caregivers encourage appropriate independence for children, and give love and attention freely to children. They respond to children's needs appropriately, and have a sense of attachment to children.
Baseline/Adequate	Refers to caregivers' ability to be close to children. Caregivers may not openly encourage independence for children, and may not give affection openly to children. However, children's needs appear to be met.
Serious Problem	Refers to caregivers' inability to form a close relationship with children, and inability to nurture children. Caregivers are resentful, rejecting, or detached from children. Also refers to caregivers' non-responsiveness, inappropriate responsiveness, or extreme enmeshment with children.
2. Communication with Child(ren)	
Clear Strength	Refers to caregivers' use of age-appropriate and loving communication with children. Non-verbal communication with infants is calm and tender; word choice and voice volume is appropriate for developmental stage of children. Even when upset, caregivers maintain voice and body control and communicate effectively. Verbal communication frequently accompanied by affectionate physical contact (e.g., touching, hugging).
Baseline/Adequate	Refers to caregivers' basic ability to effectively communicate verbally and non-verbally with children. Caregivers may raise voice, tower over children, deliver stern lectures when upset. Caregivers may express frustration that children do not listen, when understanding or communication style may be an issue. However, children are not at risk, and intervention is not warranted.
Serious Problem	Refers to caregivers' inability to communicate effectively with children. Communication is infrequent or absent, or constant and harping; often blaming in tone and content. Verbal and physical outbursts may occur frequently. Little or no consideration given to children's developmental level and ability to process and understand communication. Caregivers blame children for poor communication.
3. Expectations of Child(ren)	
Clear Strength	Refers to caregivers possessing age-appropriate expectations for the children, and clear expectations of children. Above average understanding of children's development cognitively, physically, socially, and emotionally.
Baseline/Adequate	Refers to caregivers' expectations for children as mostly age-appropriate. Caregivers appear to have an average understanding of children's developmental needs, or occasionally fail to attribute normal or age-appropriate expectations, but this behavior does not warrant intervention.
Serious Problem	Refers to caregivers having unrealistic and unclear expectations for the children. Do not tolerate mistakes in children. Children are expected to take on adult responsibilities (i.e., parentified). Or, children are not allowed to engage in age-appropriate behaviors (e.g. sports, dating). Little or inappropriate understanding of normal child development.

4. Mutual Support Within the Family	
Clear Strength	Refers to excellent emotional and/or physical support within the family. Physical support is given when needed, such as providing daycare, transportation, or financial help. Family members appear to help each other willingly and know they can rely on one another in emergencies.
Baseline/Adequate	Refers to good support within the family. Some physical support is provided when requested by a family member. Most requests for help from family members are met by other family members.
Serious Problem	Refers to poor or lack of emotional support or physical support among family members. Family does not provide transportation, day care, or financial assistance when needed. Undermining of each other in the family. Family members do not tolerate success by other family members.
5. Relationship Between Parents/Caregivers	
Note: This item may not be applicable in all cases. This would be the case if there were only one caregiver involved, and there is no significant other. If this is the case, circle NA on the form.	
Clear Strength	Refers to relationship between caregivers as stable, consistent, affectionate, and loving. Couple is able to communicate clearly and encourage each other. Couple maintains a healthy separateness from children with clear parent/child boundaries.
Baseline/Adequate	Refers to relationship between caregivers. Some conflicts may be evident, but do not appear to be leading to divorce, separation, or abandonment. Some minor difficulties with communication but do not significantly impair the relationship or care and raising of children.
Serious Problem	Refers to relationship between caregivers as unsupportive and unstable, or hostile. Major communication difficulties with evidence of discord, violence, or indifference. Divorce, separation, or abandonment are prominent issues. Boundaries are not clearly maintained between partners, or between the couple and children.
6. Family Routines/Rituals	
Clear Strength	Refers to caregivers' use of daily routines to facilitate family activities at the beginning and end of the day. May involve hygiene, meals chores, work/child care preparation. Provides structure and expectations for both caregivers and child. Flexibility for special occasions. Children participate in age-appropriate ways. There is regular observance by family of rituals that may include birthdays and holiday expressions of faith. Rituals foster sense of security and belonging for children.
Baseline/Adequate	Regular family activities and routines are present that generally serve to meet family's daily needs. Routines may break down or become too rigid, becoming obstacles rather than aids to smooth family life. Family celebrates some rituals, but may not integrate observances into everyday life. Children are usually included in rituals but may not have active role in observance. Basic sense of security and belonging is present.
Serious Problem	Refers either to an absence of routines leading to chaos in family and daily struggle to begin/end day's activities, or to routines so rigid and inflexible that family members become resentful or rebellious. Observance of birthdays or other important days or events is sporadic or inconsistent. Lack of rituals leads to feelings of exclusion by children. Participation in rituals that are not age appropriate, or are violent, leading to fearful or violent behavior in children.

7. Family Recreation and Play Activities	
Clear Strength	Refers to family having regular time for recreation or play together. May involve sports, picnics, outings to park/zoo, camping, or board games, cards, puzzles, etc. Recreation planning takes all family members' needs and desires into account and activities are age appropriate. Recreation is balanced with work and household activities; fosters healthy family relations.
Baseline/Adequate	Refers to family having some recreation time together. Recreation or play may be slightly out of balance with work or household chores but imbalance does not adversely affect meeting family's basic needs, and family relationships are basically healthy.
Serious Problem	Refers to family either having no recreation or play time together, or recreation time that is geared totally to adult needs, or is clearly inappropriate for children. Recreation or play is way out of balance with work or chores: either no recreational outlets or recreation at the expense of meeting family's basic needs.
8. Overall Family Interactions	
Clear Strength	Refers to family receiving very high ratings in the following areas: bonding with children, communication with children, expectations of children, mutual support, relationship of parents/caregivers, routines and rituals, recreation and play activities.
Baseline/Adequate	Refers to family receiving ratings of adequate in the following areas: bonding with children, communication with children, expectations of children, mutual support, relationship of parents/caregivers, routines and rituals, recreation and play activities.
Serious Problem	Refers to family receiving very low ratings in the following areas: bonding with children, communication with children, expectations of children, mutual support, relationship of parents/caregivers, routines and rituals, recreation and play activities.

D. Family Safety

Note: This section refers to family members living in the same or different households.

1. Absence/Presence of Domestic Violence Between Parents/Caregivers	
Note: This item may not be applicable in all cases. This would be the case if there were only one caregiver involved, and there is no significant other. If this is the case, circle NA on the form.	
Clear Strength	Refers to families in which violence has never occurred between caregivers, and all family members are encouraged to solve problems nonviolently. Also refers to families in which domestic violence has occurred, but no longer occurs due to family's success in counseling, and family actively discourages violence.
Baseline/Adequate	Refers to families in which domestic violence has occurred, but no longer occurs. Family is involved in counseling and making some progress. Also, families in which violence has never occurred. Disputes occur, and family members solve problems without violence.
Serious Problem	Refers to incidents, complaints, or arrests for domestic violence. Violence between caregivers negatively affects ability to parent and/or has resulted in physical or emotional harm to children. One caregiver lives in fear of the other, and/or children fear for safety of one caregiver or themselves.

2. Absence/Presence of Other Family Conflict	
Clear Strength	Refers to families having strong bonds among themselves and with extended family members. Family members and relatives are likely to serve as mediating resources or safe havens if family violence were to occur.
Baseline/Adequate	Family members and relatives generally get along, but may become belligerent or combative when consuming alcohol or discussing sensitive or values-laden topics. Some family members are appropriately avoided, based on known histories, so that they do not pose a threat to children or children's immediate family.
Serious Problem	Intra-familial fights may occur, or family factions may feud, sometimes with physical violence among family members occurring. Relatives may show up uninvited and unwanted when intoxicated or when in trouble, posing a threat to family and children's safety. Nefarious relatives may expose caregivers' children to danger, drugs, illegal activities.
3. Absence/Presence of Physical Abuse of Child(ren)	
Clear Strength	Refers to families in which incidents or substantiated complaints of physical abuse have never occurred, or have occurred and family has successfully been involved in counseling. Caregivers do not condone violence. Caregivers successfully manage anger and discipline responsibly and without physical punishment. Caregivers actively protect children from physical abuse by people outside the family.
Baseline/Adequate	Refers to families in which physical abuse has not occurred, or in which complaints, incidents, or substantiations of abuse by caregivers have occurred, but satisfactory progress is being made through counseling or the provision of other services. Caregivers successfully manage anger most of the time, and discipline normally is not physical and is never excessive. Caregivers passively protect children from physical abuse by people outside the family.
Serious Problem	Refers to incidents, complaints, or substantiations of physical abuse by caregivers which have not been acknowledged or addressed, or have been resolved unsatisfactorily. Caregivers may be actively denying substantiated abuse and/or neglect, or actively resisting intervention. Caregivers cannot manage anger and react violently or irrationally toward children. Physical punishment is excessive or bizarre and meets definition of abuse. Caregivers flagrantly fail to protect children from abuse by people outside the family.

4. Absence/Presence of Emotional Abuse of Child(ren)	
Clear Strength	Refers to families in which incidents or substantiated complaints of emotional abuse have never occurred, or have occurred and family has successfully been involved in counseling. Caregivers do not demean or denigrate children. Children exhibit secure feelings and sense of self-worth. Caregivers actively protect children from inappropriate criticism by people outside the family.
Baseline/Adequate	Refers to families in which emotional abuse has not occurred, or in which complaints, incidents, or substantiations of emotional abuse by caregivers have occurred, but satisfactory progress is being made through counseling or the provision of other services. Caregivers successfully manage anger most of the time, and rarely or never denigrate or belittle children. Caregivers passively protect children from emotional abuse by people outside the family.
Serious Problem	Refers to incidents, complaints, substantiations of emotional abuse by caregivers which have not been acknowledged or addressed, or have been resolved unsatisfactorily. Caregivers may be actively denying substantiated emotional abuse, or actively resisting intervention. Caregivers cannot manage anger and react with demeaning tirades towards children. Caregivers berate or denigrate children with apparent emotional injury to children. Caregivers flagrantly fail to protect children from similar abuse by people outside the family. Children exhibit emotional disturbance as a result of ongoing maltreatment.
5. Absence/Presence of Sexual Abuse of Child(ren)	
Clear Strength	Refers to children who have never experienced sexual abuse, and who have learned about such concepts as good and bad touch. Or, children who have experienced sexual abuse, and are now being protected. Children are in treatment, and have been making excellent progress.
Baseline/Adequate	Refers to children who have never experienced sexual abuse, but have not been actively taught concepts such as good or bad touch, leaving children potentially vulnerable to future abuse. Or, children who have been sexually abused, but are making satisfactory progress in treatment.
Serious Problem	Refers to children having experienced sexual abuse by others, or children who have sexually abused others. May be inferred or substantiated. Children have been referred for treatment or are in treatment. A judgment is made regarding unsatisfactory progress in treatment. Sexual abuse is ongoing, or risk of sexual abuse is high. Caregivers do not protect children from situations where there is an elevated risk of sexual abuse or exploitation from within or outside the family.

6. Absence/Presence of Neglect of Child(ren)	
Clear Strength	Refers to families in which incidents or substantiated complaints of neglect have never occurred, or have occurred but outstanding progress in counseling is observed. Caregivers recognize and are successful in meeting children's physical, social, medical, and emotional needs. Basic needs for shelter, food, health care, supervision, and education are always met.
Baseline/Adequate	Refers to families in which incidents or substantiated complaints of neglect have never occurred, or have occurred but some progress in counseling is made for the family, and children are safe. Caregivers usually recognize physical, social, medical, and emotional needs of children and meet most of these needs. Oversights by caregivers do not pose undue risk to children. Basic needs for shelter, food, health care, supervision, and education are regularly met.
Serious Problem	Refers to incidents or substantiated complaints of child neglect by caregivers which have not been acknowledged or addressed, or have been resolved unsatisfactorily. Caregivers do not recognize or deny children's physical, social, medical, or emotional needs. Basic needs for shelter, food, health care, supervision, or education are frequently not met. Caregivers may be actively denying substantiated neglect, or actively resisting intervention.
7. Absence/Presence of Access to Weapons	
Clear Strength	Refers to the caregivers' proactive protection of children from access to weapons that could harm the children or that children could use to harm others. Guns, knives, etc. are locked in safes, cabinets, or drawers, as appropriate. Ammunition is kept separate from guns. Children are taught about the dangers of weapons and how to avoid contact with weapons when away from the home.
Baseline/Adequate	Refers to caregivers' awareness of need to protect children from access to weapons, particularly firearms. Caregivers have taken some precautions to protect children from access; caregivers may not be fully knowledgeable about how to protect children. Children are taught about dangers of weapons.
Serious Problem	Refers to caregivers' flagrant lack of concern about protecting children from weapons. Weapons are not secure, and are in areas where children might gain access. Children have potential to discover weapons or to use them during play. Children are not taught about dangers of weapons and may be encouraged to handle weapons for caregivers' amusement.
8. Overall Family Safety	
Clear Strength	Refers to families receiving very high marks in the following areas: absence/presence of domestic violence between caregivers, family conflict; physical or emotional abuse of children, sexual abuse of children, neglect of children, and weapons.
Baseline/Adequate	Refers to families receiving baseline ratings in the following areas: absence/presence of domestic violence between caregivers, family conflict; physical or emotional abuse of children, sexual abuse of children, neglect of children, and weapons.
Serious Problem	Refers to families receiving very negative marks in the following areas: absence/presence of domestic violence between caregivers, family conflict; physical or emotional abuse of children, sexual abuse of children, neglect of children, and weapons.

E. Child Well-Being

Note: This section pertains to all the children in the family. If more than one child, children may have different issues. Rate the family, thus if any child has, for example, a behavioral problem, the family as a whole experiences that problem. In this way, all children in the family may contribute to the ratings on a single form.

1. Child(ren)'s Behavior	
Clear Strength	Refers to children being well-behaved, and there are no discipline problems. Children viewed as cooperative, following rules and doing chores. Children avoid negative peers and avoid confrontation with the law.
Baseline/Adequate	Refers to some problems in managing children's behavior, and some discipline problems. Children are usually cooperative, have some difficulties in following rules or completing chores, but problems do not merit intervention. In the normal course of development, children may be rebellious or challenge family leadership, but issues are resolved and children avoid confrontation with the law.
Serious Problem	Refers to problems managing children's behavior at home and/or in school. Totally uncooperative. Refuse to follow rules, or do chores. Delinquent and/or highly oppositional behaviors. Problems with courts and law enforcement. Exhibit antisocial behavior; may be involved with gangs or fringe cliques.
2. School Performance	
Note: This item may not be applicable in all cases. This would be true if the child is not of school age. If this is the case, circle NA on the form.	
Clear Strength	Refers to children having excellent attendance at school, and excellent academic records. Children like school, and/or behave appropriately in school.
Baseline/Adequate	Refers to children having good attendance and an average academic records or records appropriate to children's capabilities. Some behavior problems may be evident in school but they do not result in suspension or expulsion.
Serious Problem	Refers to children having poor attendance at school, a poor academic records, and/or many behavior problems in school. Children profess to hate school, and/or avoid school with illnesses or truancy. Children serve frequent detention and may be suspended or even expelled from school.
3. Child(ren)'s Relationship with Parent(s)'s/Caregiver(s)	
Clear Strength	Refers to children accepting discipline and supervision. Having open and clear communication with caregivers. Express or exhibit strong affiliation with caregivers.
Baseline/Adequate	Refers to children having some problems in accepting discipline and supervision. Also, some problems in communication with caregivers, but doesn't warrant intervention.
Serious Problem	Refers to discipline and supervision problems with children. Lack of open and clear communication, or no communication with caregivers. Do not respect boundaries, and have an abusive or hostile relationship with caregivers. Express desire to leave family as soon as possible.

4. Child(ren)'s Relationship with Sibling(s)	
Note: This item may not be applicable in all cases. This would be true if there are no siblings in the family. If this is the case, circle NA on the form.	
Clear Strength	Refers to getting along well with siblings. Siblings help one another when in need. Infrequent fights or problems. Siblings can play together. Children are cared for and protected by older siblings and treat younger siblings accordingly.
Baseline/Adequate	Refers to getting along for the most part with siblings. Some fights occur among siblings, and siblings do not play together frequently. Problems among siblings do not merit special attention.
Serious Problem	Refers to frequent fights and inability to get along with siblings. No support to or from siblings. Intense rivalry, conflict, and/or scapegoat of siblings. Fights may result in injury, or other behavior may result in emotional damage to siblings. Older siblings may have physically or sexually abused younger siblings, or neglected younger sibling left in their care.
5. Child(ren)'s Relationship with Peers	
Note: This item may not be applicable in all cases. This would be true if there were no peers, due to the age of the child. If this is the case, circle NA on the form.	
Clear Strength	Refers to children having peers as friends, and peer groups appear to be a positive influence. Get along well with peers. Have frequent interactions. May play team sports, or participate in other school or church related clubs or groups.
Baseline/Adequate	Refers to children having a few peers as friends. Peers do not appear to exhibit much of a positive or negative influence on the children.
Serious Problem	Refers to children's inability to form friendships with peers, or inability to get along well with peers. Children may have frequent fights with peers or avoid peers. Also, children may have peers as friends, but peer groups appear to be a negative influence, including gangs, or peers involved with drugs, alcohol, and/or delinquent/criminal activities. Children may seek friendships with persons much older or younger than self, and behave inappropriately to attain those friendships.
6. Cooperation/Motivation to Maintain the Family	
Clear Strength	Refers to children wanting to stay with family and caregivers and be part of the family. Children are motivated to change behaviors and cooperate in order to maintain a positive and cohesive family environment.
Baseline/Adequate	Refers to children's interest in staying with family and caregivers. But, children are not observably motivated to change behaviors and cooperate, being willing to tolerate some level of family discord. Stages of child development accompanied by challenges to family rules and caregivers' expectations, but when pressed, children will accept interventions or services.
Serious Problem	Refers to children's lack of interest in staying with family/caregivers. Children are not motivated to change behaviors and do not want to cooperate. Children are against any intervention or services, or children have strong desire to leave family for self-serving reasons. Children may run away from home for days or weeks at a time. Children rebel against any effort by caregivers to supervise children and is secretive about peers, activities, or whereabouts.

7. Overall Child Well-Being	
Clear Strength	Refers to family receiving very high ratings in the following areas: children's behavior; school performance; relationship with caregivers; relationship with siblings; relationship with peers; and cooperation and motivation to maintain the family. No problem ratings in these areas.
Baseline/Adequate	Refers to family receiving adequate ratings in all of the areas: children's behavior; school performance; relationship with caregivers; relationship with siblings; relationship with peers; and cooperation and motivation to maintain the family.
Serious Problem	Refers to family receiving very low ratings in the following areas: children's behavior; school performance; relationship with caregivers; relationship with siblings; relationship with peers; and cooperation and motivation to maintain the family.

F. Social/Community Life

1. Social Relationships	
Clear Strength	Refers to family that has frequent interactions with relatives, neighbors, and friends. These people are accessible and are a positive influence on family life. Few negative social relationships and if these occur they are handled in a timely manner and are not allowed to continue. Family can always rely on friends, relatives, or neighbors for help in emergency.
Baseline/Adequate	Refers to family having some interactions with relatives, neighbors, and friends. Individuals may provide either or both positive and negative influences on the family. When negative, these influences are dealt with appropriately and do not pose a serious threat to family safety. Family can sometimes rely on these relationships for help in an emergency.
Serious Problem	Refers to family being socially isolated and having little or no contact with neighbors, friends, or relatives. Or, these persons are a strong negative influence on caregivers or children. Social contacts may revolve around illegal or immoral activities such as drug use, prostitution, or gambling. Family makes little or no effort to participate in activities that provide opportunities for positive social relationships. Family cannot rely on relatives, neighbors, or friends for help during an emergency.
2. Relationships with Child Care, Schools, and Extracurricular Services	
Clear Strength	Caregivers' relationship with schools, child care providers, and other child serving organizations (e.g., sports, youth groups) is open, respectful, frequent, and honest. Caregivers and teacher or service provider communicate clearly and encourage each other's success. Interactions focus on best interest of children, and each advocates for children's best interest.
Baseline/Adequate	Relationship between caregivers and school, child care, or other youth service provider is adequate to insure children's safety and is respectful. Minor difficulties in communications or advocacy may occur but do not significantly impair relationship.
Serious Problem	Relationship between caregivers and schools, child care or youth service providers is un-supportive, critical, disrespectful, hostile, dishonest, or nonexistent. Communication does not focus on best interest of children but may focus on caregivers' convenience or caregivers' interest at expense of children's participation and success.

3. Connection to Neighborhood, Cultural/Ethnic Community	
Clear Strength	Refers to family's connection to civic and cultural affairs in the neighborhood and community. Adult family members vote and are knowledgeable about issues affecting community. Family identifies with cultural or ethnic segments in the community, and promotes welfare of all children and families. Civic involvement is a positive influence on family life and does not detract from family needs or relationships.
Baseline/Adequate	Family is involved in community to a limited degree. Caregivers may attend some community meetings, are likely to vote, but family does not invest time in larger social issues. Family identifies with some ethnic or cultural groups but not others, and caregivers may express suspicion or mistrust of other ethnicities or cultures. Family may be selective about community of neighborhood involvement based on culture or ethnicity.
Serious Problem	There is little or no sense of neighborhood, or family feels alienated in neighborhood and community. Family members afraid to interact with neighbors. Caregivers do not participate in civic meetings or exercise voting rights, are not knowledgeable about social or political issues affecting them. Or, civic involvement is confrontational with respect to politics or other ethnicities or cultures, and is damaging to family relationships or safety, and interferes with family's ability to function in the neighborhood or community.
4. Connection to Spiritual/Religious Community	
Clear Strength	Family participates in family-centered spiritual celebrations. Family receives strength and encouragement from the spiritual community. Family connects with others sharing similar beliefs and appears to integrate beliefs into daily living. Children appear to be connected to and supported by spiritual community.
Baseline/Adequate	Caregivers identify a connection with a particular spiritual community, but may be sporadic in investment of time or energy into spiritual community. More apt to use spiritual community for special occasions (baptisms, marriages, funerals), but less so on a daily or weekly basis.
Serious Problem	Family lacks or eschews any connection with the spiritual community. They cannot or will not accept support from a spiritual community.
5. Parent(s)'s/Caregiver(s)'s Initiative and Acceptance of Available Help/Support	
Clear Strength	Refers to family accepting help or support from extended family, neighbors or community when offered to the family. Caregivers will take initiative to provide basic needs for family. Caregivers will seek help when needed, and are able to accept help without shame or guilt. Caregivers anticipate being able to help others when in a position to do so.
Baseline/Adequate	Refers to family being willing to accept some help from agencies, relatives, or friends, but may not actively seek assistance. Caregivers may be willing to do without some basic needs or services to avoid asking for help. Caregivers may feel guilt or shame for accepting help, but these feelings do not prevent accepting help if it is offered from outside, or the need is sufficiently great.
Serious Problem	Family is not motivated to, or actively avoids seeking help from agencies, relatives, or friends when in need. Even if family life is deteriorating markedly, caregivers have refused help when offered in recent past, to the continued detriment of family life and children well-being. Family is suspicious of help, and may fear future consequences of accepting help, such as obligation to reciprocate. Caregivers may suffer overwhelming feelings of guilt or shame preventing acceptance of help.

6. Overall Social/Community Life	
Clear Strength	Refers to family receiving very high ratings in the following areas: social relationships, relationships with child care, schools and extracurricular services, connection to neighborhood and to cultural/ethnic community, connection to spiritual and religious community, caregivers' initiative and acceptance of available help and support.
Baseline/Adequate	Refers to family receiving adequate ratings in all of the areas: social relationships, relationships with child care, schools and extracurricular services, connection to neighborhood and to cultural/ethnic community, connection to spiritual and religious community, caregivers' initiative and acceptance of available help and support.
Serious Problem	Refers to family receiving very low ratings in the following areas: social relationships, relationships with child care, schools and extracurricular services, connection to neighborhood and to cultural/ethnic community, connection to spiritual and religious community, caregivers' initiative and acceptance of available help and support.

G. Self-Sufficiency

1. Caregiver Employment	
Clear Strength	Refers to family having stable, legal employment over the past 12–24 months. Employer provides benefits, such as health insurance, and employer respects caregivers' need to attend to and spend time with family. Caregiver takes advantage of opportunities for training and advancement.
Baseline/Adequate	Refers to family having relatively stable, legal employment in the past 12 months. Employment experience may vary between periods of steady employment, layoffs or compulsory overtime that create occasional disruption to family routines or caregiver's availability to family. Benefits are not available or are available at very high cost.
Serious Problem	Refers to caregiver losing employment for negative reasons (such as being fired, laid off for substance use or poor attendance) two or more times in the past 12 months. Caregivers work only sporadically by choice, placing extreme stress on family finances. Family is without benefits of any kind. Caregivers' employment may be illegal (unreported earnings, drug trade, prostitution). Caregivers not interested or unable (perhaps due to illiteracy) to participate in advancing employment options.
2. Family Income	
Clear Strength	Family has had stable and sufficient income over the past 12–24 months. More than enough income to pay for food, housing, and/or clothing. Money is not an issue. Family has money to meet responsibilities and spend on leisure activities and recreation.
Baseline/Adequate	Income is sufficient in meeting basic needs, such as food, rent, and clothing. There are some money pressures, such as credit card debt, but they do not significantly inhibit family activities or prevent purchase of necessities. Caregivers may worry about having sufficient income and may skimp on some necessities.
Serious Problem	Family has seriously insufficient income and exhibits inability to pay for food, housing and/or clothing. Family receives public assistance as primary source of income, and/or primary caregivers are unemployed. Money is a major issue. Child support is not paid. Public assistance time limits have expired. Family does not have money to meet basic needs.

3. Financial Management	
Clear Strength	Refers to family using money in a way that provides benefits financially, and family has clear spending plans or priorities. Debts are small and manageable. There is a planned use of money, and no back bills. Family is good at bargain hunting and sets aside money for recreation, leisure, gifts (e.g., birthdays).
Baseline/Adequate	Refers to family having debts, but debts are not sufficiently large or in arrears such that creditors are taking action against family. Some problems with budgeting, but problems do not prevent family from meeting basic needs for food, rent, etc. Leisure or recreation is sporadic and occurs when extra money appears to be available, rather than as part of a spending plan.
Serious Problem	Refers to family being severely in debt. Family may have a history within the past year of being evicted from their home due to nonpayment of rent. Great difficulty paying bills, and/or bills are paid late. May have large credit card or loan shark debt. Chaotic budgeting, and family is constantly in crisis over money. Caregivers frequently broke, maybe due to gambling or drinking. No budget plan. Caregivers' leisure or luxuries are bought before necessities; children often goes without basic needs being met.
4. Food and Nutrition	
Clear Strength	Refers to caregivers' awareness of nutritional needs of children, including any special needs (e.g. food allergies). Meets those needs. Prepares balanced, nutritious meals. Caregivers may also provide vitamins or supplements. Ample food available. Children eat on a regular schedule. Food/nutrition actively monitored by caregivers.
Baseline/Adequate	Family meets basic nutritional needs. Children have access to sufficient and varied food, though individual meals may not always be balanced. Family may rely on fast foods a little too frequently as main source of nutrition. Children may consume excess junk foods, particularly when away from home.
Serious Problem	Refers to caregivers' lack of awareness of nutritional needs of children, including any special needs. Does not attempt to meet nutritional needs. Does not consider food preparation important. Inadequate supply of food, and/or inappropriate food. Lots of junk food consumed. Children often go hungry. Obesity, diabetes, or other health problems related to poor nutrition are apparent in caregivers and/or children.
5. Transportation	
Clear Strength	Refers to family having a car, or regular access to a car or public transportation. Reliable transportation allows family to meet obligations such as doctors' visits, school, or regular work attendance.
Baseline/Adequate	Refers to family normally having regular access to reliable transportation. Occasionally, transportation difficulties will cause a problem for family (e.g., arriving late to work because of difficulties).
Serious Problem	Refers to family not having transportation available which, in turn, inhibits continuity of work, increases social isolation, and/or limits access to services, and/or prevents regular school attendance. Caregivers cannot keep medical or service appointments reliably, and cannot assure those services for children.

6. Overall Self-Sufficiency	
Clear Strength	Refers to family receiving very high ratings in the following areas: caregiver employment, family income, financial management, food and nutrition, and transportation.
Baseline/Adequate	Refers to family receiving adequate ratings in all of these areas: caregiver employment, family income, financial management, food and nutrition, and transportation.
Serious Problem	Refers to family receiving very low ratings in the following areas: caregiver employment, family income, financial management, food and nutrition, and transportation.

H. Family Health

1. Parent(s)'s/Caregiver(s)'s Physical Health	
Clear Strength	Caregivers enjoy excellent physical health. There are no health problems that interfere with parenting, employment, or participating in everyday life. Caregivers promote good health in family, including keeping watch over diet, exercise, and lifestyle habits of children and other family members.
Baseline/Adequate	Caregivers enjoy good basic health. May have some health issues, such as elevated blood pressure or mild diabetes that are under control through medication and routine health care. Health issues may occasionally inhibit caregivers, but do not pose major obstacles in parenting abilities or significantly hinder the caregivers' ability to parent. Caregivers are knowledgeable about health status and normally makes lifestyle and diet choices accordingly.
Serious Problem	Caregivers suffer from one or more chronic debilitating physical health problems (such as serious obesity, high blood pressure, HIV/AIDS), or progressive diseases (such as cancer, AIDS, etc.) that significantly interfere with daily life. Caregivers do not understand implications of diet, lifestyle, or exercise, or of proper medication regimen, and therefore do not manage the health condition(s) to the extent possible. Caregivers project personal health problems on children or other household members, or requires children to provide physical care.
2. Parent(s)'s/Caregiver(s)'s Disability	
Clear Strength	Caregivers do not suffer from any disabling conditions (blindness, physical handicap, chronic back pain, etc.) that would interfere with parenting, employment, or participating in daily life. Caregivers are physically fit and activities are not limited or constrained.
Baseline/Adequate	Caregivers may suffer from one or more mildly disabling conditions that do not prevent caregivers from parenting or working, although some accommodation may be necessary (e.g., no lifting, no driving, accessible workplace) and caregivers are able to participate in daily life with some accommodation to circumstances. If disabling condition qualifies for benefits, caregivers receive benefits and participate in benefit program requirements.
Serious Problem	Caregivers suffer from serious disabling condition (such as total blindness, para/quadruplegia, absent limb, spastic colon, etc.) that substantially inhibits or prevents caregivers from effectively parenting children, working, or participating in everyday life. Caregivers may be SSI dependent. Caregivers are not able to manage disability and rely on others for daily living, and may not make necessary lifestyle or medical decisions to assist others in managing the disability.

3. Parent(s)/Caregiver(s)'s Mental Health	
Clear Strength	Caregivers enjoy good mental health. No evidence of mental illness or emotional instability. Caregivers know how to handle stress, and how to interact with other family members in ways that promote good mental health and stability. Have good sense of humor. Caregivers may have had mental health or emotional issues in the past but have successfully resolved them and use personal mental health history to promote good future health.
Baseline/Adequate	Caregivers may suffer from non-debilitating mental health issues, but have them under control either through treatment, medication, or counseling. Caregivers may be subject to mood swings or need to manage medications, but do so in such a way that parenting, employment, and daily life are not precluded or impaired. Mental health issues (mild depression) may occasionally inhibit caregivers, but do not significantly hinder the caregivers' ability to parent.
Serious Problem	Caregivers suffer from serious and persistent mental health issues or are emotionally distraught. May be deeply depressed, actively psychotic, suicidal. May suffer from periods of mental or emotional impairment that prevent effective parenting, employment, or participation in daily life. Caregivers appear to be unwilling or unable to manage mental health issues, or medication regimen that would ameliorate symptoms. Family members or community may be at risk of harm from caregivers, or caregivers may be at risk of harm to self. Caregivers project personal mental health problems on children or other household members.
4. Child(ren)'s Physical Health	
Clear Strength	Children enjoy excellent physical health. There are no health problems that interfere with normal development, education, or participating in everyday life. Children receive regular dental and physical health checkups and immunizations. Illnesses and injuries are dealt with properly and appropriately. Children promote good health as appropriate to age, and are mindful to watch diet, exercise, and to make healthy choices, as appropriate to age. All immunizations are up to date, and caregivers have immunization and other health records available.
Baseline/Adequate	Children enjoy good basic health. May have some health issues, such as asthma or being slightly overweight for age, but medical conditions are under control through medication and routine health care, and efforts are in place to lead healthy life even if children are not always successful at managing their own health. Physical health issues do not inordinately adversely affect children participation in family life or school, etc. Children are knowledgeable about health status, as age-appropriate, and participate in health management. Caregivers believe that children's immunizations are up to date, but health records may be incomplete.
Serious Problem	Children suffer from one or more chronic debilitating physical health problems (such as serious obesity, childhood diabetes, serious asthma or life-threatening allergies, HIV/AIDS), or progressive diseases (such as cancer, AIDS, etc.) that significantly hinder normal development or socialization, and interfere with education and daily life. Children do not understand implications of diet, lifestyle, or exercise, or are not able to self-manage medication regimen, and therefore do not participate in management of the health condition(s).

5. Child(ren)'s Disability	
Clear Strength	Children do not suffer from any disabling conditions (blindness, physical handicap, physical birth defect, developmental disability, etc.) that would interfere with normal development, education, or participating in daily life. Children are physically active and within normal height/weight for age.
Baseline/Adequate	Children may suffer from one or more mildly disabling conditions that do not prevent education, socialization, or participation in daily life, although some accommodation may be necessary (accessibility accommodations at home and school) and caregivers are able to participate in daily life with some accommodation to circumstances. If disabling condition qualifies for benefits, caregivers receive benefits and participate in benefit program requirements.
Serious Problem	Children suffer from serious disabling conditions (such as blindness, physical deformity, cerebral palsy, para/quadruplegia, absent limb, moderate or severe developmental disability, etc.) that substantially inhibits or prevents children from participating in everyday life. Children may be SSI dependent. Children are not able to manage disability and rely on others for daily living. Daily life may require extraordinary machinery or attendant care that is not readily available or accessible by family.
6. Child(ren)'s Mental Health	
Clear Strength	Children enjoy good mental health. No evidence of mental illness or emotional instability. Children know how to handle stresses encountered as part of normal development, and how to interact with other family members in ways that promote good mental health and stability. Have good sense of humor and good outlook on life and good self-image, as age appropriate.
Baseline/Adequate	Children may suffer from non-debilitating mental health issues, but have them under control either through treatment, medication, or counseling. Children may have had episodes of situational anxiety or mild depression associated with normal challenges and experiences during various stages of development. Children may experience being bullied, stigmatized, or in other ways victimized by peers or others in environment, but are reasonably successful in resolving these issues or circumstances, perhaps with caregivers' help. Caregivers may need to assist children to manage medications, or in advocating for children with school or peers, and this happens in a way that promotes children's mental health and stability.
Serious Problem	Children suffer from serious and persistent mental health issues or emotional disturbance. May be deeply depressed, actively psychotic, suicidal. May suffer from periods of mental or emotional impairment that adversely affect children's socialization or participation in normal activities of daily life. Children may be stigmatized by peers or may suffer poor self-concept. Inability to handle stress. If diagnosed with mental illness, and/or other emotional disabilities, caregivers appear to be unwilling or unable to assist children to overcome or manage mental health issues, or medication regimen that would ameliorate symptoms. Caregivers cannot or will not advocate for children with school or peers to resolve issues, and will not or cannot access appropriate treatment. Family members or community may be at risk of harm from children, or children may be at risk of harm to self.

7. Family Access to Health/Mental Health Care	
Clear Strength	Family has access to prophylactic and palliative health and mental health care. Caregivers know how to access care, and where care is located. Insurance is available or family resources are sufficient that lack of money is not a reason to delay seeking medical or mental health assistance. Caregivers know family health and mental health history, have accurate records, and can assist health care system in provision of care. Good physical and mental health are valued by caregivers and other family members, and family supports each others receipt of health care when needed.
Baseline/Adequate	Family has basic health care needs met through normally available healthcare outlets such as doctor offices or clinics. Family may not seek preventive care, and may delay seeking palliative care unless injury is serious or illness is advanced. Insurance or resources may be insufficient to cover full cost of health care, but family members go to doctor when necessary, and try to pay for treatment received.
Serious Problem	Family has no insurance, children have only Medicaid or have no insurance. Family relies on emergency room care for serious injuries or serious illness, but do not seek normal preventive or palliative care. Caregivers do not know where or how to access health care or mental health care, and may rely on ineffective alternative treatments to the detriment of child or other family members. Lack of healthcare or mental health care treatment poses a threat to family continuity and safety.
8. Overall Family Health	
Clear Strength	Refers to family receiving very high ratings in the following areas: caregiver physical health, caregiver disability, caregiver mental health, child physical health, child disability, child mental health, family access to health and mental health care.
Baseline/Adequate	Refers to family receiving adequate ratings in all of the areas: caregiver physical health, caregiver disability, caregiver mental health, child physical health, child disability, child mental health, family access to health and mental health care.
Serious Problem	Refers to family receiving very low ratings in the following areas: caregiver physical health, caregiver disability, caregiver mental health, child physical health, child disability, child mental health, family access to health and mental health care.

I. Caregiver/Child Ambivalence

1. Parent/Caregiver Ambivalence Toward Child	
Clear Strength	Caregiver responds appropriately to child, both verbally and non-verbally. Caregiver receptive and responsive to services designed to support reunification by bringing the caregiver and child closer together; is willing to attend to child's needs before their own. Caregiver acknowledges and accepts responsibility for roll in family difficulties leading to removal.
Baseline/Adequate	Caregiver generally responds appropriately to child, but may harbor some resentment or occasional feeling of intrusion or excessive demands by child. Caregiver accepts some responsibility for family difficulties leading to removal and is making progress in this area. Generally positive feelings towards child, but may need ongoing support or additional services after reunification.

<p>Serious Problem</p>	<p>Caregiver purposefully abused/neglected child in the past; expresses disaffection towards child; associates negative feelings towards child with negative feelings towards child's other caregiver; originally requested removal of child. Caregiver claims not to understand child, fails to respond to child appropriately or responds very inappropriately; expresses disillusionment with child, feels anger or a sense of violence towards child, and/or resents child's interference with caregiver's own life. Caregiver blames child for family difficulties leading up to removal; caregiver has refused to respond to services intended to achieve reunification.</p>
<p>2. Child Ambivalence Towards Parent/Caregiver</p>	
<p>Clear Strength</p>	<p>Child is very comfortable in presence of caregiver; expresses love for caregiver. Child responds appropriately to caregiver affect, expressions of love, and exercising of caregiver responsibilities (limit setting, discipline). As appropriate to age, child exhibits a desire to live with caregiver; acknowledges and accepts any responsibility child had for family difficulties leading to removal; has responded to and engaged in treatment or services intended to effect reunification.</p>
<p>Baseline/Adequate</p>	<p>Child is generally comfortable in caregiver's presence, but may respond fearfully or withdraw if caregiver becomes angry or if family tensions arise. Generally responds appropriately to caregiver affect, but may resist caregiver limit setting or discipline. Does not always acknowledge caregiver authority or responsibility. Child expresses a desire to be with caregiver, but expresses some reservations about caregivers desire to be with child. Child is somewhat conflicted by desire to return home, leaving behind feelings of security or comfort afforded during period of substitute care.</p>
<p>Serious Problem</p>	<p>Child is fearful of caregiver. Child experienced serious physical or emotional harm prior to removal and holds caregiver responsible (verbally or behaviorally). As appropriate to age, child verbally or otherwise expresses fear, mistrust, anger or feelings of violence towards caregiver, feels that caregivers limits are too strict, is embarrassed by caregiver; states that he/she will not stay with caregiver to work out problems that may arise in the future.</p>
<p>3. Ambivalence Exhibited By Substitute Care Provider</p>	
<p>Clear Strength</p>	<p>Substitute care provider has always expected reunification to occur; supports reunification philosophically; is willing to work with and/or be a resource for caregiver to achieve successful reunification.</p>
<p>Baseline/Adequate</p>	<p>Substitute care provider understands policy on reunification, but has bonded with child and is experiencing feelings of separation/loss. As age appropriate, child feels or behaves with reciprocity. Substitute care provider expresses some reservations about caregivers ability to adequately care for child, but is willing to give caregiver a fair chance at re-summing roll as caregiver.</p>
<p>Serious Problem</p>	<p>Substitute care provider opposes reunification; threatens or has taken legal steps to block reunification; strongly views caregiver as flawed or unworthy of return of child; has provided/promoted different socio-economic environment (e.g., food, clothing, play items, recreation) for child and uses that difference to sabotage reunification efforts. Substitute care provider has denigrated caregiver to child, actively expressed view of caregiver's inability to resume parental/caregiver roll.</p>

4. Disrupted Attachment	
Clear Strength	Both caregiver and child long to resume intimate family relationship. As age appropriate, each acknowledges the strengths and limitations of the other, and is willing/eager to resume relationship with accommodation to limitations.
Baseline/Adequate	Child and/or caregiver acknowledge that separation has been painful and have worked/are working to repair relationship. Relationship reparations includes counseling or other treatment regarding development and age-appropriate expectations, to effect reconnection between child and caregiver.
Serious Problem	Child or caregiver or both express marked feelings of lost attachment to the other. Period of separation has been very long, and/or child was removed at very young age and has developed/aged/bonded in relation to persons other than the caregiver. Child is at a markedly different stage of development (particularly for older children) than when removal from caregiver occurred. Caregiver may have had another child or joined another family unit and has transferred affection/attention to other persons.
5. Pre-Reunification Home Visitations	
Note: Although Intake ratings are always important on this subscale, Closure ratings may not be appropriate in all cases, depending largely on the reunification model employed and the timing of the assessment.	
Clear Strength	Both caregiver and child (as age appropriate) exhibit positive anticipation of home visits. Caregiver plans activities or special time together with child, and executes those plans. Home visitations have progressed well in terms of increasing frequency and duration and decreasing necessary supervision. Visitations are incident-free; child and caregiver express sadness/sorrow that visitation period ends.
Baseline/Adequate	Caregiver and child (as age appropriate) are working out issues and re-establishing roles during home visitations. Some minor incidents may arise, but caregiver discusses them with service provider and uses them as opportunity to learn more and prepare for next visit. Child and/or caregiver complete visits with minor reservations about longer term reunification, but continue to work to resolve differences or issues.
Serious Problem	Caregiver has not participated satisfactorily in scheduled home visits; has missed visits, failed to supervise child adequately during visits; has requested early termination of visits, has allowed family issues to escalate into incidents of high tension or even suspected abuse/neglect of child. Child has requested early termination of visits, has refused to stay with caregiver, has reported maltreatment (substantiated or not) at hands of caregiver during visitations.

6. Overall Caregiver/Child Ambivalence	
Clear Strength	Both child(ren) and caregiver(s) are eager to reunite, as evidenced by both verbal and behavioral expression of desire to be together. Family receives mild to clear strength rating on the items in this domain: Parent/Caregiver Ambivalence Towards Child, Child Ambivalence Towards Parent/Caregiver, Ambivalence Exhibited By Substitute Care Provider, Disrupted Attachment, Pre-Reunification Home Visitations.
Baseline/Adequate	Both child(ren) and caregiver(s) say they want to be together; one or both may be apprehensive or nervous about reunion, but that apprehension is determined to be due to uncertainty about capability rather than competition for affection, substantive inability to parent, or significant unresolved treatment issues. Some mild problems may be present on the items comprising this domain, but family is working to resolve those issues.
Serious Problem	Child(ren) and/or caregiver(s) express serious reservations about being together, either due to fear of future harm, strong negative affect by one or both parties towards the other, previous history of removal of this or other child(ren), and or prior failed reunification efforts. Generally problematic or some strongly negative ratings on the items comprising this domain: Parent/Caregiver Ambivalence Towards Child, Child Ambivalence Towards Parent/Caregiver, Ambivalence Exhibited by Substitute Care Provider, Disrupted Attachment, Pre-Reunification Home Visitations.

J. Readiness for Reunification

1. Resolution of Significant CPS Risk Factors	
Clear Strength	Caregiver has addressed pre-potent needs of family (transportation, housing, employment, income, supervision, etc). If appropriate, perpetrator has been removed from family by remaining caregiver. Caregiver has reconstructed living environment to afford protection and care of child.
Baseline/Adequate	Caregiver has made substantial progress towards resolution of risk factors that led to removal. Some issues remain unresolved, but improved, and progress continues to be made. Caregiver acknowledges and accepts responsibility for continued work on those issues.
Serious Problem	Caregiver has maintained destructive, abusive, or inappropriate relationships with other adults (or perpetrator) or has established new such relationship(s) in child absence. Caregiver has failed to address pre-potent needs that place family under extreme stress or threat of legal intervention such as continued use of drugs, alcohol, or engaging in prostitution, or criminal lifestyle, etc).

2. Completion of Case Service Plans	
Clear Strength	Caregiver has successfully completed required services and/or voluntary services (esp. alcohol/drug abuse, anger management, crisis management, communications) and has demonstrated newly acquired skills/abilities. Caregiver appears gratified by new skills/abilities, and appears to have internalized change. Caregiver is approachable and receptive to the idea of ongoing services, and is eager or willing to participate.
Baseline/Adequate	Caregiver has completed required services at least to the extent required by court order or authoritative service plan. Caregiver can verbalize knowledge about skills/behaviors/abilities, but has not necessarily demonstrated same. Caregiver may deny having needed some of the offered services, but acknowledges benefits of some of the services.
Serious Problem	Caregiver strongly denies need for services, is oppositional to receipt of services, has failed to participate meaningfully or complete required services. Caregiver repeatedly exhibits behaviors that were the focus of service plan, and/or flaunts non-compliance to service providers or others in authority. Caregiver blames others, including service providers, the system, adult partner(s) or child for problems and in defense of non-participation.
3. Resolution of Legal Issues	
Clear Strength	Caregiver has pursued legal remedies or accepted legal services to resolve specific issues of a legal nature, including obtaining domestic violence restraining order, resolving legal charges resulting from abuse/neglect allegations. If appropriate, paternity has been established and child support is being provided. Other legal/criminal difficulties being experienced by caregiver that may affect future ability to parent or provide care have been resolved (e.g. pending eviction, pending criminal court cases).
Baseline/Adequate	Caregiver is engaged in process of resolving legal issues that may affect ability to provide steady competent care. Some issues are still not completely resolved, but caregiver is engaged in the process of resolution, with appropriate and realistic expectations. Caregiver is not resistant to receiving legal assistance when it is necessary. None of the unresolved issues is likely to cause family chaos or removal or caregiver is unsuccessfully resolved.
Serious Problem	In spite of restraining order, caregiver continues to maintain destructive or dangerous relationship with other adult(s); caregiver has chosen to legally oppose authority in spite of low probability of winning and is expending energy on losing legal conflicts rather than expending energy on becoming a more competent, caring caregiver. Caregiver has serious legal charges pending that may result in incarceration or other serious impediment to future care-giving.

<p>4. Parent/Caregiver Understanding of Child Treatment Needs</p> <p>Note: This sub-scale may also be used to assess Child's knowledge of Parent's treatment needs. Though less common, a child may be being returned to a family in which one or more caregivers have ongoing treatment needs, and the child's understanding and cooperation, if not participation, may be important to successful reunification. To use the sub-scale to assess Child's Understanding of Caregiver's Treatment Needs simply substitute child and caregiver in the text of the definitions.</p>	
Clear Strength	Caregiver has completed education or counseling on child-centered issues and understands what to expect from child, as age appropriate, including possible different developmental stage of child than prior to removal (e.g., puberty). If child has cognitive or developmental disabilities, caregiver knows what to expect and has service plans in place to help child develop. If child is coming out of institution or closed treatment facility, caregiver is aware of and supportive of treatment goals and is prepared to support future treatment.
Baseline/Adequate	Caregiver is fairly knowledgeable of treatment provided to child during period of out-of-home care, and seems to understand treatment goals. Caregiver may not understand completely the potential future treatment needs of child but professes to support future treatment if needed. Caregiver may not fully understand cognitive/developmental disabilities of child, but is willing to accept outside assistance, if needed. Caregiver may not fully understand medication regimen, but is willing to administer medication and to allow child to have access to ongoing psychological services.
Serious Problem	Caregiver blames child for cognitive or developmental disabilities, hold child responsible for progress that may not be attainable. Caregiver views normal child developmental processes as deliberately oppositional to caregiver authority or lack of respect. Caregiver unwilling to engage in discussion of child's experiences in institutional or closed facility care, and expects child to return fixed or cured. Caregiver denies need for or opposes medications or ongoing psychological or medical services.
<p>5. Established Back-Up Supports and/or Service Plans</p>	
Clear Strength	Caregiver has established plans and back-up plans for supervision of child, for accessing emergency family services, for respite if needed. Caregiver has plans for accessing social services, mental health services or law enforcement, if needed. Friends and family are available for social/emotional support. Plans and mechanisms are in place to provide health care, education, and age-appropriate socialization of child.
Baseline/Adequate	Caregiver has some plans in place to provide basic supervision of child or to access services on emergency basis. Caregiver has minimum social/family support. Caregiver does not oppose health, education or socialization efforts on child behalf, but is fairly passive, relying on external sources such as school system and emergency medical care.
Serious Problem	Caregiver has constructed no plans or ineffective plans for childcare and supervision. Caregiver opposes outside provision of services (e.g., refuses to respond to requests by school for parent meeting). Caregiver remains oppositional with regard to publicly provided social services, mental health services, psychological services and has not engaged those services for post-reunification support. Caregiver remains estranged from family and/or remains socially isolated and therefore without social or emotional support should a crisis or need for assistance arise.

6. Overall Readiness for Reunification	
Clear Strength	Family has made substantial progress on practical/logistical/legal issues since removal, and is ready to have child returned permanently. Family generally receives mild- to clear-strength ratings on the items associated with this domain: Resolution of Significant CPS Risk Factors, Completion of Case Service Plans, Resolution of Legal Issues, Parent/Care-giver Understanding of Child Treatment Needs, Established Back-Up Supports and/or Service Plans.
Baseline/Adequate	Family has made some progress on practical/logistical/legal issues, and is moving in the right direction. Some issues may remain, but are not viewed as sufficiently serious to prevent reunification. Additional services may be necessary to continue progress on outstanding or unresolved issues. Some mild problem ratings may be evident on domain items, but family is making progress on those items.
Serious Problem	Family clearly not ready for return of child due to family chaos, unsatisfactory or high-risk living situations or dangerous or illegal family lifestyles. Little or no progress made on the issues leading to removal. Family embroiled in contests with the law and with authority figures in general. Family receives numerous problem ratings on items in this domain.