



**CITY OF HOUSTON- MUNICIPAL COURTS DEPARTMENT
JUVENILE CASE MANAGER PROGRAM
CLIENT/FAMILY ASSESSMENT**

General Information

<i>Date of referral:</i>		<i>Date of initial contact:</i>		<i>Reason for referral:</i>		<i># of Unexcused Absences:</i>	
<i>Referral source:</i> <input type="checkbox"/> Campus <input type="checkbox"/> Other _____				<i>Contact name/position:</i>		<i>Contact number:</i>	
<i>Client last name:</i>				<i>Client first name:</i>		<i>Client alias:</i> <input type="checkbox"/> N/A	
<i>Address:</i>				<i>City:</i> <input type="checkbox"/> Houston <input type="checkbox"/> Other _____		<i>Zip:</i>	
<i>Father's name:</i> <input type="checkbox"/> N/A		<i>Mother's name:</i> <input type="checkbox"/> N/A		<i>Language spoken at home:</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			
<i>Phone number:</i> <input type="checkbox"/> N/A		<i>Phone number:</i> <input type="checkbox"/> N/A		<i>Transportation to/from school:</i>			
<i>DOB:</i>	<i>Age:</i>	<i>Gender:</i> <input type="checkbox"/> Male <input type="checkbox"/> Female	<i>Ethnicity:</i> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____				
<i>Notes:</i>							

Sample

Family Information

<i>Residence status:</i> <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Other _____		<i>Homeless:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Income level:</i> <input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High		<i>Female headed household:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Adults residing in the home:</i>							
<i>Children residing in the home:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Male # _____ <input type="checkbox"/> Female # _____							
<i>List children with ages, and school attending:</i>							
<i>Children born to student:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Male # _____ <input type="checkbox"/> Female # _____				<i>Does the student have custody of children?</i> <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			

Educational Background

<i>School status:</i> <input type="checkbox"/> Currently attending <input type="checkbox"/> Other _____		<i>School type:</i> <input type="checkbox"/> Public <input type="checkbox"/> Other _____		<i>District:</i> <input type="checkbox"/> HISD <input type="checkbox"/> Other _____	
<i>School name:</i>		<i>Has student attended multiple campuses in the last year:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____			
<i>Grade:</i>	<i>Overage:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Repeater:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____		<i>Special Education:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Is student currently failing classes:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____					
<i>Notes:</i>					

Citizenship/Employment Information

U.S. Citizen/resident:

Yes No

Interested in obtaining documents:

Birth Certificate Social Security Identification Card Other _____

Employment status:

Never been employed Currently employed Previously employed Interested in resume/employment assistance Other _____

Name of employer:

N/A

Parent(s) Employment Location/Shift Hours:

Notes:

Medical History/Information

Insurance:

None Needs assistance

Last doctor visit:

What for:

N/A

List any chronic health problems/medications:

N/A

List physical handicaps:

N/A

Notes:

Sample

Mental Health Information

Received counseling:

No Current Past if yes, where _____

Interested in counseling:

Yes No

Contemplated suicide:

Yes No

Family mental health history:

N/A Current Past

Current Mental Health Diagnosis/Medications:

N/A Yes No If yes, explain: _____

Notes:

Substance Abuse Information

Drug status:

N/A Current Past

Drug usage:

N/A Daily Weekly Monthly

Treatment status:

N/A Current Past

Treatment type:

N/A In-patient Out-patient

Drug of choice:

N/A Marijuana Cocaine Xanax Alcohol Inhalants Ecstasy Heroin Other _____

Interested in drug treatment:

N/A Yes No

Family drug status:

N/A Current Past if yes, who? _____

Type of drug:

N/A

Notes:

Gang Information

Gang status: <input type="checkbox"/> N/A <input type="checkbox"/> Active <input type="checkbox"/> Associate <input type="checkbox"/> Previous involvement <input type="checkbox"/> Other _____		Participation level: <input type="checkbox"/> N/A <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Gang name: <input type="checkbox"/> N/A		# of years involved: <input type="checkbox"/> N/A	Interested in getting out: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe later
Initiated: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, what form <input type="checkbox"/> Jumped in <input type="checkbox"/> Blessed in <input type="checkbox"/> Born in <input type="checkbox"/> Committed a crime <input type="checkbox"/> Other _____			
Family gang involvement: <input type="checkbox"/> N/A <input type="checkbox"/> Current <input type="checkbox"/> Past		Gang type: <input type="checkbox"/> Street <input type="checkbox"/> Prison <input type="checkbox"/> Other _____	Gang name: <input type="checkbox"/> N/A
Family member/s: <input type="checkbox"/> N/A			
Notes: 			

Legal Information

Legal status: <input type="checkbox"/> N/A <input type="checkbox"/> Probation <input type="checkbox"/> Parole if yes, <input type="checkbox"/> Current <input type="checkbox"/> Past		Monitoring agency: <input type="checkbox"/> N/A	Monitoring agency phone #: <input type="checkbox"/> N/A
Monitoring officer's name: <input type="checkbox"/> N/A		Citations: <input type="checkbox"/> N/A <input type="checkbox"/> Pending <input type="checkbox"/> Warrant <input type="checkbox"/> Past if yes, what city _____	
Ever been incarcerated: <input type="checkbox"/> N/A <input type="checkbox"/> Current <input type="checkbox"/> Past	# of times incarcerated: <input type="checkbox"/> N/A	Incarceration location(s): <input type="checkbox"/> N/A	Length of incarceration: <input type="checkbox"/> N/A
Notes: <h1 style="color: red; text-align: center;">Sample</h1>			

Summary

Other:
Abuse/TDFPS:
Bullying:

Juvenile Case Manager Program Staff Member:							
<input type="checkbox"/> Aguilar, Sandro	<input type="checkbox"/> Aguirre, Joel	<input type="checkbox"/> Alexander, Steven	<input type="checkbox"/> Deutsch, Steven	<input type="checkbox"/> DeWalt, Michael	<input type="checkbox"/> Klier, Catherine	<input type="checkbox"/> Nazario, Miguel	
<input type="checkbox"/> Pralour, Leonard	<input type="checkbox"/> Roberts, Chadwick	<input type="checkbox"/> Rosado, Omar	<input type="checkbox"/> Tiller, Patrice	<input type="checkbox"/> Turcios, Edwin	<input type="checkbox"/> Turner, Traci	<input type="checkbox"/> Uppuluri, Pallavi	
Assessment Data:							
Date Assessment Completed: _____							
Case Status at Referral: <input type="checkbox"/> Monitoring <input type="checkbox"/> Intake							
Case Status at Closure Date: <input type="checkbox"/> Monitoring <input type="checkbox"/> Intake							
Case Closure Date: _____							



**CITY OF HOUSTON- MUNICIPAL COURTS DEPARTMENT
JUVENILE CASE MANAGER PROGRAM
Respondent Risk Assessment Scale**

Juvenile Name: _____

Arrestment Date: _____

Case Number: _____

Compliance Date: _____

		Score	Comments:
Age at first offense	15 or older _____ 1 12-14 _____ 2 11 or under _____ 3		
Number of Previous Court Referrals	None _____ 0 One _____ 1 Two _____ 2 When was the juvenile last in court? (+1 6 months or more/+2 Less than 6 months)		
Current offense	Curfew/FTA School/Trespassing _____ 1 Theft/Fireworks/Gambling _____ 2 Possession of Drug Paraphernalia/Assault/Abusive Language/Fighting/DOC _____ 3		
Probation/Parole History	None _____ 0 Case pending _____ 1 Previous juvenile probation/parole _____ 2		
Home environment	No reported issues or resources needed _____ 0 CPS involvement (past or present) _____ 1 Limited financial/medical resources _____ 2 Poor parent/child relationship/ incarcerated family member (past or present) _____ 3		
Parental Status	None _____ 0 Expectant mother/father _____ 1 One or more children _____ 2		
Runaway History	No runaway history _____ 0 More than six months ago _____ 1 Six months or less _____ 2		
School Status	Is enrolled in and regularly attends school _____ 0 Enrolled in alternative/charter school _____ 1 Habitually suspended/truant _____ 2 Dropped out/expelled from school _____ 3		
Educational Development	Grade levels repeated: None _____ 0 One _____ 1 Two or more _____ 2		
Peer Interaction	Interacts with safe and positive peers _____ 0 Some peers exhibit delinquent behavior _____ 1 In constant conflict with peers _____ 2 Most peers are gang involved _____ 3		
Substance Abuse History	Extent of juvenile use of illegal substances/alcohol: No exposure at all _____ 0 Experienced drugs/alcohol on one or two occasions _____ 1 Regular/social use for past six months _____ 2 Serious disruption of daily activities _____ 3		
Medical/Psychiatric History	No history or needed assessments _____ 0 Psychological/psychiatric assessment needed _____ 1 Past treatment with continued behavior issues for past three months _____ 2 Noncompliant with current treatment and/or thought of harm to others/self _____ 3		
Current Psychotropic Medication(s)	None _____ 0 One _____ 1 Two or more _____ 2 Current Prescriptions: _____		

Total Score: _____

Risk Level (circle one): **LOW:** 1-13 Points **MID-RANGE:** 14-22 Points **HIGH:** 23+ Points

Assessment Form Worksheet

Name: _____

Court: _____

Beginning Questions/Discussion

1. Do you have a current assessment?
2. If yes, is it being used? Does it need revamping to accommodate the needs of your court?
3. Are you considering the assessment for special population use or general use with juveniles?
4. How much time does your court have to perform an assessment?
5. Is the juvenile court a high volume court?
6. Would you like to perform assessment on the child and parent?

Items to Place on the Child/Parent Assessment (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Demographic information | <input type="checkbox"/> Address/Phone Information | <input type="checkbox"/> Employment Information |
| <input type="checkbox"/> Limited English Proficiency | <input type="checkbox"/> Primary Home Language | <input type="checkbox"/> Home Country |
| <input type="checkbox"/> Failing grades | <input type="checkbox"/> Overage for grade level | <input type="checkbox"/> School campus information |
| <input type="checkbox"/> Special education/needs | <input type="checkbox"/> School disciplinary history | <input type="checkbox"/> History of bullying/being bullied |
| <input type="checkbox"/> Who resides with the juvenile | <input type="checkbox"/> Does the juvenile have children | <input type="checkbox"/> Income level of family |
| <input type="checkbox"/> Is the juvenile homeless | <input type="checkbox"/> Gang involvement- juvenile | <input type="checkbox"/> Gang involvement- family |
| <input type="checkbox"/> Substance abuse history- juvenile | <input type="checkbox"/> Substance abuse history- family | <input type="checkbox"/> Chronic health problems- juvenile |
| <input type="checkbox"/> Chronic health problems- family | <input type="checkbox"/> Medicaid status of juvenile | <input type="checkbox"/> Current prescription use |
| <input type="checkbox"/> Mental health diagnosis- juvenile | <input type="checkbox"/> Mental health diagnosis- family | <input type="checkbox"/> Current treatment status |
| <input type="checkbox"/> Previous criminal history- juvenile | <input type="checkbox"/> Current probation/parole- juvenile | <input type="checkbox"/> DFPS history |
| <input type="checkbox"/> Afterschool activities | <input type="checkbox"/> Interests/hobbies/abilities | <input type="checkbox"/> Juvenile strengths |
| <input type="checkbox"/> Previous service providers | <input type="checkbox"/> Supports for juvenile | <input type="checkbox"/> Support for family |
| <input type="checkbox"/> Action plan | <input type="checkbox"/> Goals | <input type="checkbox"/> Sanction recommendation(s) |

Other: _____



CITY OF HOUSTON-MUNICIPAL COURTS DEPARTMENT
JUVENILE CASE MANAGER PROGRAM
Child Behavior Questionnaire

Child Name: _____

School Campus: _____

Parents: Please answer the questions below about your child. This information will allow us to better assist you and your child in preventing truancy. All answers are **confidential** and used for informational purposes.

Does this behavior describe your child:

- | | | |
|------------------------------------|-----|----|
| 1. History of truancy/cuts class | Yes | No |
| 2. Dislikes/Fears going to school | Yes | No |
| 3. Argues frequently | Yes | No |
| 4. Easily upset/aggressive | Yes | No |
| 5. Gets into fights | Yes | No |
| 6. Teased/bullied by peers | Yes | No |
| 7. Easily influenced by peers | Yes | No |
| 8. Associates with gangs | Yes | No |
| 9. History of running away | Yes | No |
| 10. Risky sexual behavior | Yes | No |
| 11. Defiance | Yes | No |
| 12. Attempted suicide | Yes | No |
| 13. Is at risk of suicide now | Yes | No |
| 14. Has a chronic health condition | Yes | No |
| 15. Has a mental health diagnosis | Yes | No |

Do you think your child has a problem with alcohol and drugs: if so do you think they need counseling?

With in the past three months what concerns you the most about your child?

Please list any additional information you would like us to know about your child:

Parent Name

Parent Signature

Date

Juvenile Case Manager

Sample

BASC-2

Behavioral and Emotional Screening System

Randy W. Kamphaus Cecil R. Reynolds

Individual Summary Report

Child/Student Information

Name: Benny Banum
ID: 718003

Sex: Male
Birth Date: 01/24/1991

Form Information

	Parent Child/Adolescent Form	Student Form	Teacher Child/Adolescent Form
Test Date:	11/14/2005	11/11/2005	11/08/2005
Age:	14:9	14:9	14:9
Grade:	N/A	N/A	N/A
Test Site:			
Teacher/Examiner:			
Teacher/Parent:	Joan Banum		Mr. Smith
Parent Sex:	Female		
Relationship:	Mother		
Position:			
Time Known:			

Classifications

Normal: 10-60

Elevated: 61-70

Extremely Elevated: 71 and higher

Results contained herein are confidential, and should only be viewed by those with proper authorization.

PEARSON The BASC-2 Behavioral and Emotional Screening System (BASC-2 BESS) is an integrated system designed to detect the earliest signs of behavioral and emotional maladjustment in children and adolescents in preschool through high school. This computer-generated report should not be the sole basis for making important diagnostic or treatment decisions.

ID#: 718003 Age: 14:9 Grade: N/A Norms Used: Combined Test Date: 11/14/2005

Parent Child/Adolescent Form

Validity Indexes

F Index	Consistency Index	Response Pattern Index
Acceptable Raw Score: 0	Acceptable Raw Score: 1	Acceptable Raw Score: 22

Parent Child/Adolescent Form Scores

Raw Score	T Score	Percentile	Classification
28	53	65	Normal

Classifications Normal: 10-60 Elevated: 61-70 Extremely Elevated: 71 and higher

Item Responses

Item	Response	Item	Response
1. Pays attention.	O	16. Is nervous.	S
2. Disobeys.	S	17. Adjusts well to changes in routine.	O
3. Tracks down information when needed.	O	18. Gets into trouble.	S
4. Breaks the rules.	S	19. Gives good suggestions for solving problems.	O
5. Tries to bring out the best in other people.	S	20. Disrupts other children's activities.	S
6. Acts out of control.	S	21. Complains about health.	N
7. Seems lonely.	S	22. Listens to directions.	O
8. Is easily distracted.	S	23. Is easily upset.	S
9. Is good at getting people to work together.	S	24. Gets along well with others.	O
10. Defies people in authority.	N	25. Worries.	S
11. Worries about things that cannot be changed.	S	26. Loses temper too easily.	N
12. Organizes chores or other tasks well.	S	27. Has trouble concentrating.	S
13. Is easily frustrated.	S	28. Recovers quickly after a setback.	O
14. Complains of pain.	N	29. Says, "Nobody likes me."	N
15. Communicates clearly.	O	30. Sets realistic goals.	O

ID#: 718003

Age: 14:9

Grade: N/A

Norms Used: Combined

Test Date: 11/11/2005

Student Form

Validity Indexes

Consistency Index	Response Pattern Index
Acceptable Raw Score: 1	Acceptable Raw Score: 20

Student Form Scores

Raw Score	T Score	Percentile	Classification
26	50	53	Normal

Classifications Normal: 10-60 Elevated: 61-70 Extremely Elevated: 71 and higher

Item Responses

Item	Response	Item	Response
1. I am good at making decisions.	O	16. I am left out of things.	S
2. I talk while other people are talking.	S	17. I hate school.	N
3. I worry but I don't know why.	S	18. My parents listen to what I say.	O
4. I like the way I look.	O	19. Teachers are unfair.	S
5. I feel out of place around people.	S	20. I want to do better, but I can't.	S
6. I feel like I want to quit school.	S	21. People think I am fun to be with.	O
7. People get mad at me, even when I don't do anything wrong.	S	22. Teachers make me feel stupid.	S
8. I have trouble paying attention to the teacher.	S	23. I get blamed for things I can't help.	S
9. I am liked by others.	O	24. People tell me that I am too noisy.	N
10. I feel like my life is getting worse and worse.	N	25. I get into trouble for not paying attention.	S
11. I have trouble sitting still.	S	26. My parents are proud of me.	O
12. School is boring.	S	27. Even when I try hard, I fail.	S
13. I feel like people are out to get me.	N	28. I have trouble standing still in lines.	S
14. I worry about what is going to happen.	S	29. My school feels good to me.	O
15. My parents trust me.	O	30. Others have respect for me.	O

ID#: 718003

Age: 14:9

Grade: N/A

Norms Used: Combined

Test Date: 11/08/2005

Teacher Child/Adolescent Form

Validity Indexes

F Index	Consistency Index	Response Pattern Index
Acceptable Raw Score: 0	Acceptable Raw Score: 1	Acceptable Raw Score: 10

Teacher Child/Adolescent Form Scores

Raw Score	T Score	Percentile	Classification
26	55	72	Normal

Classifications Normal: 10-60 Elevated: 61-70 Extremely Elevated: 71 and higher

Item Responses

Item	Response	Item	Response
1. Pays attention.		O 15. Has headaches.	N
2. Disobeys.		N 16. Is easily distracted from class work.	S
3. Is sad.		N 17. Is effective when presenting information to a group.	S
4. Breaks the rules.		N 18. Gets into trouble.	S
5. Is well organized.		S 19. Gives good suggestions for solving problems.	S
6. Has poor self-control.		N 20. Is negative about things.	S
7. Is easily upset.		S 21. Disrupts other children's activities.	S
8. Completes assignments incorrectly because of not following instructions.	S	22. Complains about health.	N
9. Is good at getting people to work together.	S	23. Has trouble concentrating.	S
10. Has trouble keeping up in class.	S	24. Has good study habits.	S
11. Worries about things that cannot be changed.	S	25. Worries.	S
12. Says, "Nobody likes me."	N	26. Has a short attention span.	S
13. Annoys others on purpose.	S	27. Encourages others to do their best.	S
14. Is fearful.	S		

II. SUMMARY OF ITEMS AND INSTRUMENT

The Washington State Juvenile Court Assessment consists of 11 domains, some of which have a history section (A) and a current section (B). The assessment includes measures of dynamic and static risk factors and also measures of dynamic and static protective factors. The instrument is summarized below and is included in Appendix A. The scoring chapter indicates the static or dynamic nature of the risk and protective factors.

DOMAIN 1: Record of Referrals Resulting in Conviction, Diversion, or Deferred Adjudication/Disposition

1. Age at first offense
2. Misdemeanor referrals
3. Felony referrals
4. Weapon referrals
5. Against-person misdemeanor referrals
6. Against-person felony referrals
7. Sexual misconduct misdemeanor referrals
8. Felony sex offense referrals
9. Disposition orders where youth served at least one day confined in detention
10. Disposition orders where youth served at least one day confined under JRA
11. Escapes
12. Failure-to-appear in court warrants

DOMAIN 2: Demographics

1. Gender

DOMAIN 3A: School History

1. Youth is special education student or has a formal diagnosis of a special education need
2. History of expulsions and suspensions since the first grade
3. Age at first expulsion or suspension
4. Youth has been enrolled in a community school during the last 6 months, regardless of attendance

DOMAIN 3B: Current School Status

1. Youth's current school enrollment status, regardless of attendance
2. Type of school in which youth is enrolled
3. Youth believes there is value in getting an education
4. Youth believes school provides an encouraging environment for him or her
5. Teachers, staff, or coaches the youth likes or feels comfortable talking with
6. Youth's involvement in school activities during most recent term
7. Youth's conduct in the most recent term
8. Number of expulsions and suspensions in most recent term
9. Youth's attendance in the most recent term
10. Youth's academic performance in the most recent school term

11. Interviewer's assessment of likelihood the youth will stay in and graduate from high school or an equivalent vocational education

DOMAIN 4A: Historic Use of Free Time

1. History of structured recreational activities within the past 5 years
2. History of unstructured pro-social recreational activities within the past 5 years

DOMAIN 4B: Current Use of Free Time

1. Current interest and involvement in structured recreational activities
2. Types of structured recreational activities in which youth currently participates
3. Current interest and involvement in unstructured recreational activities

DOMAIN 5A: Employment History

1. History of employment
2. History of successful employment
3. History of problems while employed
4. History of positive personal relationship(s) with past employer(s) or adult coworker(s)

DOMAIN 5B: Current Employment

1. Understanding of what is required to maintain a job
2. Current interest in employment
3. Current employment status
4. Current positive personal relationship(s) with employer(s) or adult coworker(s)

DOMAIN 6A: History of Relationships

1. History of positive adult non-family relationships not connected to school or employment
2. History of anti-social friends/companions

DOMAIN 6B: Current Relationships

1. Current positive adult non-family relationships not connected to school or employment
2. Current pro-social community ties
3. Current friends/companions youth actually spends time with
4. Currently in a "romantic," intimate, or sexual relationship
5. Currently admires/emulates anti-social peers
6. Current resistance to anti-social peer influence

DOMAIN 7A: Family History

1. History of court-ordered or DSHS voluntary out-of-home and shelter care placements exceeding 30 days
2. History of running away or getting kicked out of home
3. History of petitions filed
4. History of jail/imprisonment of persons who were ever involved in the household for at least 3 months
5. Youth has been living under any "adult supervision"

DOMAIN 7B: Current Living Arrangements

1. All persons with whom youth is currently living
2. Annual combined income of youth and family
3. Jail/imprisonment history of persons who are currently involved with the household
4. Problem history of parents who are currently involved with the household
5. Problem history of siblings who are currently involved with the household
6. Support network for family
7. Family willingness to help support youth
8. Family provides opportunities for youth to participate in family activities and decisions affecting the youth
9. Youth has run away or been kicked out of home
10. Family members youth feels close to or has good relationship with
11. Level of conflict between parents, between youth and parents, among siblings
12. Parental supervision
13. Parental authority and control
14. Consistent appropriate punishment for bad behavior
15. Consistent appropriate rewards for good behavior
16. Parental characterization of youth's anti-social behavior

DOMAIN 8A: Alcohol and Drug History

1. History of alcohol use
2. History of drug use
3. History of referrals for alcohol/drug assessment
4. History of attending alcohol/drug education classes for an alcohol/drug problem
5. History of participating in alcohol/drug treatment program
6. Youth using alcohol or drugs

DOMAIN 8B: Current Alcohol and Drugs

1. Alcohol use
2. Drug use
3. Type of drugs used
4. Alcohol/drug treatment program participation

DOMAIN 9A: Mental Health History

1. History of suicidal ideation
2. History of physical abuse
3. History of sexual abuse
4. History of being a victim of neglect
5. History of ADD/ADHD
6. History of mental health problems
7. Currently has health insurance
8. Current mental health problem status

DOMAIN 9B: Current Mental Health

1. Current suicidal ideation
2. Currently diagnosed with ADD/ADHD
3. Mental health treatment currently prescribed excluding ADD/ADHD treatment
4. Mental health medication currently prescribed excluding ADD/ADHD medication
5. Mental health problems currently interfere with working with the youth

DOMAIN 10: Attitudes/Behaviors

1. Primary emotion when committing crime(s) within the last 6 months
2. Primary purpose for committing crime(s) within last 6 months
3. Optimism
4. Impulsive; acts before thinking
5. Belief in control over anti-social behavior
6. Empathy, remorse, sympathy, or feelings for the victim(s) of criminal behavior
7. Respect for property of others
8. Respect for authority figures
9. Attitude toward pro-social rules/conventions in society
10. Accepts responsibility for anti-social behavior
11. Youth's belief in successfully meeting conditions of court supervision

DOMAIN 11: Aggression

1. Tolerance for frustration
2. Hostile interpretation of actions and intentions of others in a common non-confrontational setting
3. Belief in yelling and verbal aggression to resolve a disagreement or conflict
4. Belief in fighting and physical aggression to resolve a disagreement or conflict
5. Reports/evidence of violence not included in criminal history
6. Reports of problem with sexual aggression not included in criminal history

DOMAIN 12: Skills

1. Consequential thinking
2. Goal setting
3. Problem-solving
4. Situational perception
5. Dealing with others
6. Dealing with difficult situations
7. Dealing with feelings/emotions
8. Monitoring of internal triggers, *distorted thoughts*, that can lead to trouble
9. Monitoring of external triggers, *events or situations*, that can lead to trouble
10. Control of impulsive behaviors that get youth into trouble
11. Control of aggression

MAYSI-2 Questionnaire

Last Name: _____ First Name: _____ DOB: _____ Date: _____

Instructions: These are some questions about things that sometimes happen to people. For each question please circle Y (yes) or N (no) to answer whether that question has been true for you IN THE PAST FEW (2-3) MONTHS.

	A	B	C	D	E	F	G
1. Have you had a lot of trouble falling asleep or staying asleep?							Y N
2. Have you lost your temper easily, or had a "short fuse"?		Y N					
3. Have nervous or worried feelings kept you from doing things you want to do?			Y N				
4. Have you had a lot of problems concentrating or paying attention?							Y N
5. Have you enjoyed fighting or been "turned on" by fighting?							Y N
6. Have you been easily upset?		Y N					
7. Have you thought a lot about getting back at someone you have been angry at?		Y N					
8. Have you been jumpy or hyper?		Y N					
9. Have you seen things other people say are not really there?						Y N	
10. Have you done anything you wish you hadn't, when you were drunk or high?	Y N						
11. Have you wished you were dead?					Y N		
12. Have you been daydreaming too much in school?							Y N
13. Have you had a too many bad moods?		Y N					
14. Have you had nightmares that are bad enough to make you afraid to go to sleep?			Y N				
15. Have you felt too tired to have a good time?							Y N
16. Have you felt like life was not worth living?					Y N		
17. Have you felt lonely too much of the time?			Y N				
18. Have you felt like hurting yourself?					Y N		
19. Have your parents or friends thought you drink too much?	Y N						
20. Have you heard voices other people can't hear?						Y N	
21. Has it seemed like some part of your body always hurts you?			Y N				
22. Have you felt like killing yourself?					Y N		
23. Have you gotten in trouble when you've been high or have been drinking?	Y N						
24. If yes, is this fighting?	Y N						
25. Have other people been able to control your brain or your thoughts?						Y N	
26. Have you had a bad feeling that things don't seem real, like you're in a dream?						Y N	
When you have felt nervous or anxious:							
27. have you felt shaky?				Y N			
28. has your heart beat very fast?				Y N			
29. have you felt short of breath?				Y N			
30. have your hands felt clammy?				Y N			
31. has your stomach been upset?				Y N			
32. Have you been able to make other people do things just by thinking about it?						Y N	
33. Have you used alcohol or drugs to help you feel better?	Y N						
34. Have you felt that you don't have fun with your friends anymore?			Y N				
35. Have you felt angry a lot?		Y N	Y N				
36. Have you felt like you don't want to go to school anymore?							Y N
37. Have you been drunk or high at school?	Y N						
38. Have you felt that you can't do anything right?							Y N
39. Have you gotten frustrated easily?		Y N					
40. Have you used alcohol and drugs at the same time?	Y N						
41. Has it been hard for you to feel close to people outside your family?			Y N				
42. When you have been mad, have you stayed mad for a long time?		Y N					
43. Have you had bad headaches?				Y N			
44. Have you hurt or broken something on purpose, just because you were mad?		Y N					
45. Have you been so drunk or high that you couldn't remember what happened?	Y N						
46. Have you given up hope for your life?			Y N		Y N		
47. Have you ever been raped, or been in danger of being raped?							Y N
48. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?			Y N				
Scale Total (Total "Yes" responses)							
	A	B	C	D	E	F	G

*Section G is not scored.

MAYSI-2 SCORING SHEET

MAYSI Caution and Warning Scales:

Caution Scales		1	2	3	4	5	6	7	8	9
A. Alcohol/Drug Use	•	•	•	•	•	•	•	•	•	•
B. Angry-Irritable	•	•	•	•	•	•	•	•	•	•
C. Depressed-Anxious	•	•	•	•	•	•	•	•	•	•
D. Somatic Complaints	•	•	•	•	•	•	•	•	•	•

Warning Scales		1	2	3	4	5	6	7	8	9
E. Suicidal Ideation	•	•	•	•	•	•	•	•	•	•
F. Thought Disturbance	•	•	•	•	•	•	•	•	•	•

*If the total number of “yes” responses falls within the shaded areas, please follow the below procedures (as per DJJ Policy 20.21 Community Mental Health Screening):

- A. If the youth scores in the Caution range on any area of the MAYSI-2, the staff member administering the MAYSI-2 will ensure that a referral to a local mental health provider is made within the next 72 hours. The parent/guardian will be notified of the importance of ensuring the youth attends the appointment. For Committed youth, the ACS will use this information when developing services for the youth and during the screening committee meeting.
- B. If the youth scores in the Warning range on any area of the MAYSI-2, the staff member administering the MAYSI-2 will immediately make an emergency referral to a local mental health provider or Crisis hotline. The referring staff member will inform the provider of the emergency situation and the questions and answers that are in the Warning range. The staff member will remain with the youth until the mental health provider has given instruction of what shall be done next. The parent/guardian will be notified of the importance of following the recommendation of the mental health provider.

DATE	RISK & RESILIENCY ✓CHECKUP					ID NUMBER
YOUTH NAME (L/F/M)	NICKNAME	GENDER	AGE	DOB	HOME PHONE	
RESIDENCE (STREET)		CITY	ZIP		ALT. PHONE (SPECIFY)	
SCHOOL	GRADE	ETHNICITY	PRIMARY LANGUAGE		INTERPRETER DESIRABLE <input type="checkbox"/> YOUTH <input type="checkbox"/> PARENT	
WHAT HAS ALREADY BEEN DONE FOR YOUTH/FAMILY?				REFERRAL SOURCE		
PERSON COMPLETING THIS FORM:						
NAME	TITLE	AGENCY		PHONE		
AGE AT FIRST ARREST			# PRIOR ARRESTS			

ADDITIONAL PROTECTIVE FACTORS						
		(Poor)	(Insufficient)	(Decent)	(Good)	
1	(YR) Commitment to School	0	1	2	3	
2	(YR) Recognition for Involvement in Pro-social Activities	0	1	2	3	
3	(YR) Relations with Parents / Other Adults	0	1	2	3	
4	(YR) Parent / Caregiver Monitoring	0	1	2	3	
5	(YR) Parent / Caregiver Opinion of Youth's Peers	0	1	2	3	
6	(YR) Friends Engage in Conventional (Pro-social) Behavior	0	1	2	3	
7	(C) Intolerant Attitude toward Deviance	0	1	2	3	
8	(C) Positive Social Orientation	0	1	2	3	
TOTAL ADDITIONAL PROTECTIVE SCORE			↓	↓	↓	=

ADDITIONAL RISK FACTORS FROM THE MASSACHUSETTS YOUTH SCREENING INSTRUMENT SECOND VERSION						
USE ITEMS TO ASK "HAVE YOU..." QUESTIONS. CHECK ALL BOXES WITH A "YES" RESPONSE, WHETHER RELATED TO CURRENT OR PAST EXPERIENCES.						
ALCOHOL/DRUG USE	ANGER/ IRRITATION	DEPRESSION/ ANXIETY	SOMATIC COMPLAINTS	SUICIDAL IDEATION	THOUGHT DISTURBANCE	TRAUMATIC EXPERIENCES
<input type="checkbox"/> USED AOD TO REGULATE MOODS	<input type="checkbox"/> BEEN ANGERED EASILY	<input type="checkbox"/> FELT LONELY TOO OFTEN	WHEN NERVOUS: <input type="checkbox"/> HAD A FAST HEART BEAT	<input type="checkbox"/> GIVEN UP HOPE FOR YOUR LIFE	<input type="checkbox"/> SEEN/HEARD THINGS THAT WEREN'T THERE	<input type="checkbox"/> BEEN BADLY HURT OR IN GRAVE DANGER
<input type="checkbox"/> HAD FIGHTS RELATED TO AOD USE	<input type="checkbox"/> BEEN ANGRY FOR LONG PERIODS	<input type="checkbox"/> BEEN TOO WORRIED TO DO THINGS YOU WANT TO DO	<input type="checkbox"/> HAD AN UPSET STOMACH	<input type="checkbox"/> WISHED YOU WERE DEAD	<input type="checkbox"/> FELT LIKE LIFE WASN'T REAL	<input type="checkbox"/> SEEN SOMEONE SERIOUSLY INJURED OR KILLED
<input type="checkbox"/> NOT REMEMBERED THINGS AFTER AOD USE	<input type="checkbox"/> HURT OR BROKEN THINGS IN ANGER	<input type="checkbox"/> HAD SCARY DREAMS OR THOUGHTS	<input type="checkbox"/> HAD BAD HEADACHE S	<input type="checkbox"/> FELT LIKE HURTING YOURSELF	<input type="checkbox"/> MADE PEOPLE DO THINGS JUST BY THINKING ABOUT THEM	<input type="checkbox"/> BEEN RAPED OR IN DANGER OF IT
TOTAL NUMBER OF CHECKED MAYSII-2 BOXES:						

COMMENTS AND OBSERVATIONS:

SUMMARY SCORES			
TOTAL PROTECTIVE SCORE	<input type="text"/>	TOTAL RESILIENCY SCORE	<input type="text"/>
TOTAL RISK SCORE	<input type="text"/>	TOTAL ADDITIONAL PROTECTIVE SCORE	<input type="text"/>

DELINQUENCY - Protective					NET RISK SCORE	DELINQUENCY - Risk						
	YES	SOME WHAT	NO	UNK		YES	SOME WHAT	NO	UNK			
	(2)	(1)	(3)	(4)		(2)	(1)	(3)	(4)			
1	NEIGHBORHOOD SUPPORT / REINFORCEMENT C (neighborhood cohesive, mixed, unsafe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	6	NUMBER OF TIMES ARRESTED L (current & 2 prior, current & 1 prior, current only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	PROSOCIAL NON-PARENT ADULT RELATIONS C (deep talks ≥2x/wk, talks <2x/wk, no talks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	7	SIGNIFICANT CRIME IN NEIGHBORHOOD C/N (high crime, occasional crime, safe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	EXTENSIVE STRUCTURED ACTIVITIES C/N (>80% time, 30-60%, unstructured/risky)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	8	OFFENSES COMMITTED WHILE UNDER INFLUENCE L (>50%, ≤50, no under influence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	PARTICIPATES IN FAITH COMMUNITY C (faith & community, just faith, no faith)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	ASSAULTIVE OR FIGHTING BEHAVIOR L (>2 incidents, ≤2, no fights/assaults ever)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	INVOLVED IN COMMUNITY ORGANIZATION C/N (active, not active, not at all interested)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	REWARDED FOR DELINQUENT BEHAVIOR C (primarily, some, rewarded for pro-social bs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Delinquency Protective Subscale Score						Delinquency Risk Subscale Score						
+						← ← ← -						
EDUCATION - Protective					NET RISK SCORE	EDUCATION - Risk						
	YES	SOME WHAT	NO	UNK		YES	SOME WHAT	NO	UNK			
	(2)	(1)	(3)	(4)		(2)	(1)	(3)	(4)			
11	SCHOOL ENGAGEMENT / BONDS C (committed, inconsistent, detached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	16	POOR ACADEMIC ACHIEVEMENT YR (<C average, C average, ≥C+ average)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	ATTACHMENTS WITH ACADEMIC ACHIEVER C (>1 "A" friend, only 1, no "A" friends)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	17	PATTERN OF TRUANCY PAST SEMESTER (skipped ≥4 times, 2-3 times, 0-1 time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	INTERACTIONS WITH TEACHERS C (trust/respect, mixed, conflicted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	18	PATTERN OF SUSPENSION / EXPELLED L (≥2 susp/exp., 1-2 susp/no exp., no susp/exp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	EDUCATIONAL ASPIRATIONS/GOALS C (consistent goals & effort, sporadic, none)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	DISRUPTIVE SCHOOL GROUNDS BEHAVIOR YR (≥2 times, only once, none)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	CARING/SUPPORTIVE SCHOOL CLIMATE C (resources/safety/care, mixed, unsafe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	PRESENTLY NOT IN EDUCATIONAL PROGRAM (not enrolled, starts in 2 wks, attending/done)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education Protective Subscale Score						Education Risk Subscale Score						
+						← ← ← -						
FAMILY - Protective					NET RISK SCORE	FAMILY - Risk						
	YES	SOME WHAT	NO	UNK		YES	SOME WHAT	NO	UNK			
	(2)	(1)	(3)	(4)		(2)	(1)	(3)	(4)			
21	COMMUNICATES WITH FAMILY C/N (good balance, mixed, conflicted/avoidant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	26	POOR RELATIONS WITH CARETAKER(S) C (poor/conditional, <1x/wk conflicts, good)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	CONSTRUCTIVE INDIVIDUAL HOME ACTIVITIES C/N (≥2x/wk, 1x/wk, passive/omniant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	27	CARETAKER RULE/SUPERVISION DEFICIENCIES C/N (none/inconsistent, vague/stable, clear/stable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	PROSOCIAL FAMILY ACTIVITIES YR/N (≥2x/wk, 1x/wk, none/avoids family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	28	CHAOTIC FAMILY INTERACTIONS C/N (blaming/violence ≥2x/wk, 1x/wk, supportive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	FAMILY SUPPORT C (boundaries/concern, mixed, unsupportive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	CARETAKER CRIMINALITY / AOD ABUSE (last 5 yrs arrest/sub.abuse, not in last 5 yrs, never)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	UNCONDITIONAL REGARD FROM CARETAKER C (≥1 parent/clear support, some, unsupported)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	RUNAWAY L (1x for ≥1wk/≥2x for <1wk, 2x for <1wk/never ≥1wk, ≤1x for <1wk/ never ≥1wk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family Protective Subscale Score						Family Risk Subscale Score						
+						← ← ← -						
PEER - Protective					NET RISK SCORE	PEER - Risk						
	YES	SOME WHAT	NO	UNK		YES	SOME WHAT	NO	UNK			
	(2)	(1)	(3)	(4)		(2)	(1)	(3)	(4)			
31	PROSOCIAL PEER RELATIONS C (strong prosocial relations, unstable, antisocial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	36	REJECTED BY PEERS C (rejected/isolated, 1-2 friends/not rejected, ≥3 stable friends)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	HAS ONE POSITIVE OR NEGATIVE CONFIDANT C (≥1 peer/community, paid/mandatory, none)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	37	VERY FEW PROSOCIAL ACQUAINTANCES C (>2/3 antisocial, 1/3 - 2/3, <1/3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	VALUES DIGNITY AND RIGHTS OF OTHERS C (always, sporadically, indifferent/disrespectful)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	38	HAS GANG AFFILIATION OR ASSOCIATION C (>1x/month, 1x/month, no gang interactions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	ABILITY TO MAKE PROSOCIAL FRIENDS C (≥2 friends, 1, all antisocial/has skill deficits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	HAS DELINQUENT FRIENDS C (>1 antisocial friend, only 1, none)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35	ABILITY TO COMMUNICATE DISAGREEMENTS C (consistent, sporadic, passive or aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	NO MEANINGFUL RELATIONSHIP WY ANY PROSOCIAL ADULT C (none, 1 or 2 stable, >2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peer Protective Subscale Score						Peer Risk Subscale Score						
+						← ← ← -						
SUBSTANCE USE - Protective					NET RISK SCORE	SUBSTANCE USE - Risk						
	YES	SOME WHAT	NO	UNK		YES	SOME WHAT	NO	UNK			
	(2)	(1)	(3)	(4)		(2)	(1)	(3)	(4)			
41	CARETAKERS MODEL HEALTHY MODERATION (no AOD abuse past ≥3yrs, 1-3yrs, ≤1yr)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	46	PATTERN OF ALCOHOL ABUSE L (tipsy ≥3x/life affected, <3x, never)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	EFFECTIVELY MANAGES PEER PRESSURE C (successfully refuses, occasionally, gives in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	47	USED MOOD ALTERING SUBSTANCES (NOT ALCOHOL) L (used ≥3 substances, 1-3, none)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	YOUTH IS FREE OF DISTRESSING HABITS YR (none, ≤4 distressing experiences, >4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	48	USES ALCOHOL / SUBSTANCES FREQUENTLY C (≥2x/wk, 2x/month to 1x/wk, <2x/month)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	YOUTH MANAGES STRESS WELL C (varied/consistent strategies, limited, harmful)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	SUBSTANCE USE INTERFERES WITH DAILY FUNCTIONING C (significant, moderate, none)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45	POSITIVE SELF-CONCEPT C (positive/realistic, negative/positive/not realistic, negative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	EARLY ONSET SUBSTANCE USE (< age 13) (used >1 AOD substance, only 1, none)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Substance Use Protective Subscale Score						Substance Use Risk Subscale Score						
+						← ← ← -						
INDIVIDUAL - Protective					NET RISK SCORE	INDIVIDUAL - Risk						
	YES	SOME WHAT	NO	UNK		YES	SOME WHAT	NO	UNK			
	(2)	(1)	(3)	(4)		(2)	(1)	(3)	(4)			
51	VALUES HONESTY/INTEGRITY C (always honest, not proud of lies told, proud)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	56	NO PROSOCIAL INTERESTS (incl. employment) C (none, interest for 1-6mos, >6 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	SELF CONTROL C (consistent/ delays gratification, mixed, impulsive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	57	SUPPORTIVE OF DELINQUENCY C (rationalizes anti-social acts, mixed, prosocial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	SELF EFFICACY IN PROSOCIAL ROLES C (active/uncoerced, coerced/passive, none)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	58	ANGER MANAGEMENT ISSUES C (harmful/≥2x/month, <2x/month, none for 1yr)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	CONSEQUENTIAL THINKING SKILLS C (consistent, inconsistent, impulsive/habitual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59	THRILL SEEKING / RISK TAKING C (increasing risk danger, not increasing, few)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
55	SETS AND COMPLETES PROSOCIAL GOALS C (sets/completes, only able to set, can't set)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60	MANIPULATIVE / DECEITFUL C (>5% of statements not true, irregular, honest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual Protective Subscale Score						Individual Risk Subscale Score						
+						← ← ← -						
TOTAL PROTECTIVE SCORE			TOTAL RESILIENCY SCORE			TOTAL RISK SCORE						