

Intensive Assessment Scale

Name of Child being evaluated: _____

D.O.B.: _____

Date: _____

1. Level of Supervision

_____ Low (1 point) _____ Medium (2 points) _____ High (3 points)

2. Diagnosis (1 point for each of the following Diagnoses)

_____ RAD	_____ ODD	_____ PTSD
_____ Anxiety Disorder	_____ Depression	_____ Trichotilomania
_____ Mental Retardation	_____ FAS	_____ Learning Disorder
_____ OCD	_____ ADHD	_____ Autism
_____ Encopresis	_____ Enuresis	_____ Tic Disorders
_____ Gender Identity Disorder	_____ Schizophrenia	_____ Aspergers
_____ Substance use/abuse	_____ Conduct Disorder	_____ PDD
_____ Chronic Medical conditions	_____ Borderline Intelligence	_____ Other (Please list)

3. Diagnosis (3 points for each of the following Diagnoses)

_____ Antisocial Traits	_____ Paranoid Traits	_____ Schizoid Traits
_____ Schizotypal Traits	_____ Borderline Traits	_____ Histrionic Traits
_____ Narcissistic Traits	_____ Avoidant Traits	_____ Dependent Traits
_____ Bipolar		

4. Special Needs (If this section does not apply, please note that and continue to next section)

Physical Needs: _____ ambulatory (0 points) _____ Non-ambulatory (3 points)

_____ Incontinent (3 points)

Personal Care Required:

Dressing

_____ hand over hand (4 points)	_____ Physical Prompts (3 points)	_____ Gestural Prompts (2 points)	_____ Verbal prompts (1 point)
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- | | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|--|
| <u>Hygiene/shower</u> | | | | |
| _____ hand over hand
(4 points) | _____ Physical Prompts
(3 points) | _____ Gestural Prompts
(2 points) | _____ Verbal prompts
(1 point) | |
| <u>Toileting</u> | | | | |
| _____ hand over hand
(4 points) | _____ Physical Prompts
(3 points) | _____ Gestural Prompts
(2 points) | _____ Verbal prompts
(1 point) | |
| <u>Dining room etiquette</u> | | | | |
| _____ hand over hand
(4 points) | _____ Physical Prompts
(3 points) | _____ Gestural Prompts
(2 points) | _____ Verbal prompts
(1 point) | |
| <u>Care for personal property</u> | | | | |
| _____ hand over hand
(4 points) | _____ Physical Prompts
(3 points) | _____ Gestural Prompts
(2 points) | _____ Verbal prompts
(1 point) | |

5. Medication (1 point for each Medication a child is currently prescribed)

Please list the medications and dosages below:

Is child compliant with taking medications?

_____ Yes (0 points) _____ No (2 Points) _____ N/A (0 points)

6. Needs of child (1 point for each unless otherwise noted)

- | | |
|---|------------------------------|
| _____ victim of physical abuse | _____ victim of sexual abuse |
| _____ victim of emotional abuse | _____ victim of neglect |
| _____ witness to abuse or violence | _____ plays parent role |
| _____ AODA issues in bio family | _____ Client is nonverbal |
| _____ <u>Alleged/suspected</u> victim of physical abuse or neglect | |
| _____ <u>Alleged/suspected</u> victim of sexual abuse | |

Continued Needs of Child (3 points for each of the following)

- _____ Mental health issues in biological family
- _____ bio family has long history of involvement with Social Services
- _____ The child has made allegations of abuse against providers that have not been substantiated
- _____ The child has limitations on where he/she can be placed for respite
- _____ The child is a sex offender with the following level of severity:
(based on how many times the client has offended and the likelihood that the client will re-offend)
- _____ low (2 points) _____ moderate (3 points) _____ high (4 points)

7. Behaviors of Concern (1 point for each)

- | | | |
|---------------------|-------------------------|--------------------------|
| _____ Sex Offender | _____ Verbal aggression | _____ Controlling |
| _____ Gang activity | _____ Suicidal ideation | _____ Homicidal ideation |

_____ runaway _____ Self-mutilation _____ Inappropriate Sexual Behavior
(i.e. sexual contact, inappropriate
masturbating)
_____ Urinating or defecating outside of the toilet _____ Food hoarding

Continued Behaviors of Concern (3 points for each of the following)

_____ Physical aggression _____ fire-setting _____ Severe tantrum

8. Prior placement
Which of the following has the child been placed in/ or is currently being considered for placement?
(Please score for each time the child has been in each placement)

_____ Foster Care (1 point) _____ Treatment Foster care (2 points)
_____ Corrections (3 points) _____ Residential (3 points)
_____ Group Home (2 points) _____ Inpatient hospitalization (3 pts)
_____ Shelter Care (2 points) _____ Placement with extended family (1 point)
_____ Placement with an adoptive family (1 point)

Has the client failed in previous placements? *Please include bio family as a placement*

_____ Yes (see below for points) _____ No (0 points)

How many failed placements? _____ (1 point for each failed placement)
Please count a placement as a failed placement ONLY if it failed due to child's behavior and not an extenuating circumstance(s)

Please list failed placements:

9. Legal Action
Is there pending legal action against the child?

_____ Yes (3 points) _____ No (0 points)

10. Court Order
Which type of court order does the child have?

_____ JIPS (1 point) _____ CHIPS (1 point) _____ Delinquency (2 points) _____ Felony (3 points)

11. Biological/Adoptive Family Involvement

_____ No involvement (1 point) _____ positive involvement (2 points) _____ neutral (3 points)
_____ negative involvement (4 points)

12. Respite Provider Availability

Is there a respite provider in the school district where this child is placed/ being considered for placement?

_____ Yes (0 points) _____ No (1 point)

13. School Participation

- Attends with little to no behavioral issues(0 points) Attends with Behavioral issues (1 point)
- Does not attend/ truant or runaway (2 point)
- 2 points for each suspension/expulsion (Please list schools in which child was expelled or suspended)

Is the child currently enrolled in public or private school?

- Yes (0 points) No (2 points)

Is there a current IEP in place?

- Yes (1 point) No (2 points)

If no to above questions, is there an IEP needed?

- Yes (3 points) No (0 points)

If there is an IEP in place, Does the IEP indicate any of the following?

- LD (0 points) CD (0 points) DD (0 points) ED (3 points)

14. County assessment

Does the county see this child as an intensive case?

- yes (1 point) No (0 points)

_____ Total points

Level I Score: 0-19
 Level II Score: 20-34
 Level III Score: 35-49
 Level IV Score: 50 and above
 Level V Score: Cases that require special consideration

Level I Rate: \$2600.00
Level II Rate: \$3200.00
Level III Rate: \$3800.00
Level IV Rate: \$4550.00
Level V: to be discussed

Rate of above evaluated child: _____

Signature of Case Manager completing form: _____

Review dates:

3 Month Review

Date: _____

Rate: _____

Signature: _____

6 Month Review

Date: _____

Rate: _____

Signature: _____

9 Month Review

Date: _____

Rate: _____

Signature: _____

12 Month Review

Date: _____

Rate: _____

Signature: _____