

FAMILY ADVOCACY AND SUPPORT TOOL (FAST)

ARKANSAS

*A family planning and outcome tool for understanding family circumstances
And assisting in planning for services and reunification*

Manual



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The Family Assessment and Support Tool (FAST) is the family version of the Child and Adolescent Needs and Strengths (CANS) family of planning and outcome management tools. A large number of individuals have contributed to the design and development of the FAST. It is an open domain tool, free for anyone to use. We recommend training and certification to ensure its proper and reliable use. For more information, please contact:

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INTRODUCTION

The FAST is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the **FAST** is to accurately represent the shared vision of the child serving system—child and families. As such, completion of the **FAST** is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the **FAST** is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the **FAST**.

Six Key Principles of the FAST

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the child/youth, not the child/youth in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. “2” or “3”).
4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth’s developmental age.
5. The ratings are generally “agnostic as to etiology”. In other words this is a descriptive tool. It is about the “what” not the “why”. Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child or youth’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

Action Levels for Items

0– No Evidence of Need – This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, “does Johnny smoke weed?” He says he doesn’t, his mother says he doesn’t, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

1- Watchful Waiting/Prevention – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. a child/youth who has been suicidal in the past). We know that the best predictor of future behaviour is past behaviour, and that such behaviour may recur under stress, so we would want to keep an eye on it from a preventive point of view.

2- Action Needed – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/youth’s or family’s life in a notable way.

3- Immediate/Intensive Action Needed – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/youth who is not attending school at all or an acutely suicidal youth would be rated with a “3” on the relevant need.

THE FAMILY TOGETHER

In this section, we would like to you to think about who you consider to be your family. Every family is a little different in this way. Once you have decided who is in your family, please describe your family on each of the following questions using the scoring sheet provided.

# 1	<p>Parental/Caregiver Collaboration <i>This item allows the description of the working alliance among caregivers who are responsible for raising the children in the family. In a two parent family, this item describes the degree to which the two parents agree on parenting philosophy and strategies and work together to support each other in their parenting roles and responsibilities.</i></p> <p><i>Families that do not have two parents can also have care giving alliances. Anytime more than one caregiver is involved in a family, the degree to which the caregivers work together in support of each other is an important family characteristic. Divorced parents can maintain good collaborations in their efforts to parent their shared children despite living separate adult lives.</i></p>
0	Adaptive collaboration. Parents usually work together regarding issues of the development and well-being of the children. They are able to negotiate disagreements related to their children.
1	Mostly adaptive collaboration. Generally good parental collaboration with occasional difficulties negotiating miscommunications or misunderstanding regarding issues of the development and well-being of the children.
2	Limited adaptive collaboration. Moderate problems of communication and collaboration between two or more adult caregivers with regard to issues of the development and well-being of the youth.
3	Significant difficulties with collaboration. Minimal collaboration and destructive or sabotaging communication among any parents regarding issues related to the development and well-being of the youth.

# 2	<p>Relationships among Siblings <i>This item describes whether any actionable problems exist among the children within a family. Although the title of this item includes 'siblings,' this work does not imply a requirement that the children in a family are all biologically related. Thus, this items describes whether any problems exist among all possible relationships among all the children in a family regardless of the specific nature of their relationship (i.e. biological, half, step).</i></p> <p><i>This item is rated based on whether any problems exist that require intervention. Thus a '2' could be used even in circumstances where the sibling problems just involve a relationship between two children in a much larger sibling group.</i></p>
0	Adaptive relationships. Siblings generally get along well. Occasional fights or conflicts between them occur, but are quickly resolved.
1	Mostly adaptive relationships. Siblings generally get along; however, when fights or conflicts arise there is some difficulty in resolving them.
2	Limited adaptive relationships. Siblings often do not get along. They generally attempt to resolve their fights or conflicts but have limited success in doing so.
3	Significant difficulties with relationships. Siblings do not get along. The relationships are marked by detachment or active, continuing conflicts, and may include physical violence.

#3	<p>Extended Family Relationships <i>This item is used to describe the nature of the relationships between the family and any extended family. Extended family includes grandparents, aunts, uncles, cousins, etc who are not directly members of the family but are related in some fashion. Sometimes an extended family can be a source of significant support. Other times, family can be in conflict or estranged from extended family members.</i></p> <p><i>A family who has recently immigrated to the United States may be estranged from their extended family simply because of geographic distance. This estrangement can be stressful and would be rated in this item.</i></p>
0	Adaptive relationships. Extended family members play a central role in the functioning and well-being of the family. They have predominately positive relationships with members of the extended family and conflicts are resolved quickly.
1	Mostly adaptive relationships. Extended family members play a supportive role in family functioning. They generally have positive relationships with members of the extended family. Conflicts may linger but eventually are resolved.
2	Limited adaptive relationships. Extended family members are marginally involved in the functioning and well-being of the family. They have generally strained or absent relationships with extended family members.
3	Significant difficulties with relationships. Family is not in contact or estranged from extended family members. They have negative relationships with continuing conflicts.

# 4	<p>Family Conflict <i>This item describes the amount of open fighting that occurs within the family system. The extreme of this item is domestic violence in which conflict turns into physical confrontation and aggression. Any recent domestic violence would be rated as a '3' regardless of which family members are involved in the violence.</i></p> <p><i>All families have conflict. Occasional arguments are not only normal; they can be healthy if resolved eventually. This level of conflict would be rated a '0'. Only when the conflict begins to create notable problems within the family system would a rating of '1' or higher be used.</i></p>
0	Minimal conflict. Family gets along well and negotiates disagreements appropriately.
1	Some Conflict. Family generally gets along fairly well but when conflicts arise resolution is difficult.
2	Significant conflict. Family is generally argumentative and conflict is a fairly constant theme in family communications.
3	Domestic violence. Threat or occurrence of physical, verbal or emotional altercations. Family with a current restraining order against one member would be rated here.

# 5	<p>Family Communication <i>This item is designed to describe the ability of family members to communicate to each other their feelings, thoughts, needs, etc. The ability of family members to let each other know what is going on in their individual lives is an important aspect in the life of a family. Challenges with communication interfere with a family's ability to function.</i></p> <p><i>Communication problems can be quite varied in families. Problems may result for difficulties addressing sensitive topics. Families with trauma experiences often avoid entire areas of communication out of fear of touching on a particularly sensitive issue. Alternatively, problems may involve a failure to speak up about thought or feelings or needs. In some cultures, for example, mothers are supposed to meet the needs of everyone else in the family. Some mothers feel that this perspective means that they cannot ever express their needs. However, failing to address the mother's needs can prevent her from successfully meeting the needs of others in the family (e.g. like on airplanes where the safety message is that if you are helping someone with their oxygen mask, please put your own on first. Otherwise you might both pass out).</i></p> <p><i>Communication problems can be related to conflict. Family members who express feeling primarily through anger and cannot come to a resolution of disagreements can create communication problems.</i></p>
0	Adaptive communication. Family members generally are able to directly communicate important information among each other. Family members are able to understand each other's feelings and needs.
1	Mostly adaptive communication. Family members can communicate important information among each other. Some individuals or certain topics are excluded from direct communication. Mutual understanding is inconsistent.
2	Limited adaptive communication. Family members generally are unable to directly communicate important information among each other. Family members have difficulties understanding each other's feelings and needs.
3	Significant difficulties with communication. Family members communicate mostly through indirect, covert means or there is no sharing of important information at all. They are not able to understand each other's feelings or needs.

# 6	<p>Family Role Appropriateness <i>All family members have explicit (clearly stated) and implicit (unstated but known) roles within the family. Generally parents are in charge. Some parents share responsibilities; others separate responsibilities. Often older siblings have some care giving responsibilities for younger siblings.</i></p> <p><i>This item is used to describe when family roles get out of line with health development. For example, in some single parent families, particularly when parental mental health or substance use needs are evidence, older children step into developmentally inappropriate parent roles (i.e., the parentified child). This role can place an enormous stress on the development of that child. Sometimes lonely parents will seek friendship and companionship from their children. This can be healthy to a point, but since parents have to maintain their role as supervisor and disciplinarian, too much of a friendship model can be unhealthy, particularly for younger children.</i></p>
0	Adaptive boundaries. Family has strong appropriate boundaries among members. Clear inter-generational hierarchies are maintained.
1	Mostly adaptive boundaries. Family has generally appropriate boundaries and hierarchies. May experience some minor blurring of roles.
2	Limited adaptive boundaries. Family has difficulty maintaining appropriate boundaries and/or hierarchies. Some significant role problems exist.
3	Significant difficulties with boundaries. Family has significant problems with establishing and maintaining reasonable boundaries and hierarchies. Significant role confusion or reversals may exist.

# 7	Family Safety <i>This item describes whether the family members all live in a safe environment. This environment includes the home but also the neighborhood and circumstances. For example, a family living in a shelter is less safe than a family living in an apartment. A family living in an apartment in which gang members or drug abusers routinely come and go is less safe than a family living in an apartment which no such intrusions. In most cases, risks of domestic violence indicate an immediate/intensive level of need (i.e. '3') on this item.</i>
0	No risk. Family provides a safe home environment for all family members.
1	Mild risk. Family home environment presents some mild risks of neglect or exposure to undesirable influences (e.g., alcohol/drug abuse, gang membership of family members) but no immediate risk is present.
2	Moderate risk. Family home environment presents moderate risks to family members including abuse and neglect or exposure to individuals who could harm the youth.
3	Severe risk. Family home environment presents a clear and immediate risk of harm to family members. Individuals in the environment present immediate risk of significant physical harm.

# 8	Financial Resources <i>Poverty is one of the most common and devastating challenging that a family can face. The absence of financial resources can limit housing options, result in poor diet and dress that threaten charges of parental neglect, and subject family members to safety risks. This item describes the degree to which financial problems are a current challenge for the family.</i> <i>Similar to the issue described with Family Conflict, few families have as many financial resources as they would like. Fewer still consider themselves as having sufficient resources. So, the '0' level is used to indicate a 'good enough' level of financial resources. The family may not be rich, but that have enough money to take care of basic needs.</i>
0	No difficulties. Family has financial resources necessary to meet needs.
1	Mild difficulties. Family has financial resources necessary to meet most needs; however, some limitations exist.
2	Moderate difficulties. Family has financial difficulties that limit their ability to meet significant family needs.
3	Significant difficulties. Family experiencing financial hardship, poverty.

# 9	Residential Stability <i>This item rates the parent/caregiver's current and likely future housing circumstances. Stable housing is the foundation of intensive community-based services. A '3' indicates problems of recent homelessness. A '1' indicates concerns about instability in the immediate future. A family having difficulty paying utilities, rent or a mortgage might be rated as a '1'. This item refers exclusively to the housing stability of the caregiver and should not reflect whether the child might be placed outside of the home.</i>
0	Family has stable housing for the foreseeable future.
1	Family having some difficulties maintaining housing due to things such as difficulty paying rent or utilities or conflict with a landlord.
2	Family has had to move in the past six months due to housing difficulties.
3	Family has experienced homelessness in the past six months.

# 10	Home Maintenance <i>This item refers to housekeeping both in terms of cleanliness and organization and safety from dangerous materials and/or objects (e.g. child proofing).</i>
0	No concerns. Home is clean, maintained well and child-proofed. Dangerous items (e.g., poisons, medications, knives, matches) are locked up/stored away properly and out of reach. Kitchen and bathroom are functional. All utilities are operational. Everyone has a bed and outlets are plugged.
1	Most precautions have been taken. No danger to the children present. Dangerous items are out of reach but not locked up. Home is mostly child-proofed. Utilities are operational. Minor cleaning is required. Some odor present.
2	Some precautions have been taken, but potential hazards are obvious. Dangerous items out of sight but within reach of children. Utilities sometimes don't work because bills have not been paid or needed repairs have not been attended to by the family. Overloaded outlets. Home is somewhat cluttered and needs general cleaning. Beds are needed.
3	Few precautions taken. No screens on second floor windows for toddlers. Outlets not plugged. Utilities off due to neglect of bills or needed repairs. No beds for children/parents. No refrigerator. Home is dirty, odors present.

CAREGIVER'S STATUS

In your family, certain family members have primary responsibilities for managing the household and raising children. In some families, parents are the primary caregivers, in other families a step-parent, a grandparent or an aunt or uncle also have these responsibilities. Please identify ALL of the caregivers in your family and describe them on the scoring sheet provided using the items described below.

# 11	Caregiver's Empathy with Children <i>This item refers to the caregivers' ability to understand and respond to the joys, sorrows, anxieties and other feelings of children with helpful, supportive emotional responses.</i>
0	Adaptive emotional responsiveness. Parents/caregivers are emotionally empathic and attend to child's emotional needs.
1	Parents/caregivers are generally emotionally empathic and typically attend to child's emotional needs.
2	Limited adaptive emotional responsiveness. Parents/caregivers are often not empathic and frequently are not able to attend to child's emotional needs.
3	Significant difficulties with emotional responsiveness. Parents/caregivers are not empathic and rarely attend to the child's emotional needs.

# 12	Caregiver's Boundaries <i>As described before a family is a collection of individuals who work together with some common goals. However, a part of successful collaboration as a family involves maintaining one's individuality as least to some extent. This concept is referred to as boundaries.</i> <i>A parent who confides his/her secrets to the children is violating boundaries. A parent who tells the children about how badly the other parent treats him/her (e.g. infidelity) is violating boundaries. A parent, who cannot stop a child from entering the bathroom on them, is experiencing problems with boundaries.</i>
0	Adaptive boundaries. Caregiver has strong, appropriate boundaries between her/himself and her/his children.
1	Mostly adaptive boundaries. Caregiver has generally appropriate boundaries between her/himself and her/his children. Mild boundary violations may occur at times. Minor problems of rigidity of boundaries may occur.
2	Limited adaptive boundaries. Caregiver has problems maintaining appropriate boundaries between her/him and her/his children. Mild boundary violations may be routine or significant boundary violations may be occasional. Boundaries may be rigid.
3	Significant difficulties with boundaries. Caregiver has significant and consistent problems maintaining appropriate boundaries between her/him and her/his children or is excessively rigid in her boundaries.

# 13	Caregiver's Involvement in Caregiving Functions <i>This item describes the degree to which this individual care giver is involved in the life of the family. Some parents or care givers are integral members of the family. They know everything that is going on with individual family members and play key roles in family decision-making. Other care givers are more detached from the family and less involved. These care givers may not be aware of the comings and goings and accomplishments and challenges of individual family members. They may be relatively uninvolved in family decision-making.</i>
0	Caregiver is actively and fully involved in daily family life.
1	Caregiver is generally involved in daily family life. She/he may occasionally be less involved for brief periods of time because she/he is distracted by internal stressors and/or other external events or responsibilities.
2	Caregiver is involved in daily family life but only maintains minimal daily interactions for extended periods of time.
3	Caregiver is mostly uninvolved in daily family life. She/he may not interact with children on a daily basis.

# 14	<p>Caregiver's Supervision <i>This item describes this caregiver's ability to monitor the activities of the children in the family. Supervision activities change as children age. With very young children, supervision involves a physical presence. You have to keep an eye on little children to ensure that they stay safe and that their basic needs are met. As children age, the nature of supervision changes. Supervising an adolescent is much more about stay in touch with them to know what they are doing and with whom they are doing it. This level of supervision is much more of a communication strategy than a physical monitoring strategy. In fact, applying physical monitoring supervision to adolescents is likely to be inappropriate in most circumstances.</i></p>
0	Good supervision. Caregiver demonstrates consistent ability to supervise her/his children according to their developmental needs.
1	Adequate supervision. Caregiver demonstrates generally good ability to supervise children; however, some problems may occur occasionally.
2	Fair supervision. Caregiver has difficulty maintaining an appropriate level of supervision of her/his children.
3	Significant difficulties with supervision. Caregiver has significant problems maintaining any supervision of her/his children.

# 15	<p>Caregiver's Discipline <i>This item refers to broad definition of the term discipline. It includes all the things parents and care givers can do to encourage positive behavior in children. In other words, redirecting is as much a discipline strategy as time-out.</i></p> <p><i>Over-reliance on punishment is a need on this dimension. Use of physical punishment as a primary source of discipline would be rated a '3' in most cases, as would other cases of extreme punishment that would be consistent with abuse (e.g., locking in closet or otherwise restraining a child for extended periods).</i></p> <p><i>A '0' on this item is a considerable strength. It indicates that the care giver is adept at strategies that encourage children in the family to behavior appropriately and remain safe.</i></p>
0	Good discipline methods. Caregiver generally demonstrates an ability to discipline her/his children in a consistent and benevolent manner. She/he usually is able to set age appropriate limits and to enforce them.
1	Adequate discipline methods. Caregiver is often able to set age appropriate limits and to enforce them. On occasion her/his interventions may be either too harsh or too lenient. At times, her/his expectations of her/his children may be too high or too low.
2	Inadequate discipline methods. Caregiver demonstrates limited ability to discipline her children in a consistent and benevolent manner. She/he rarely is able to set age appropriate limits and to enforce them. Her/his interventions may be erratic and overly harsh but not physically harmful. Her/his expectations of her/his children are frequently unrealistic.
3	Significant difficulties with discipline methods. Caregiver disciplines her/his children in an unpredictable fashion. There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are rigid, extreme, and physically harmful.

# 16	<p>Caregiver's Partner Relationship <i>This item describes this care giver's relationship with his/her significant other. This item is intended to be limited to romantic or intimate relationships. This item is more about the quality of life of the care giver. In a two parent family, this refers to the parent's experience of their marriage. In a divorced family, this might refer to new marriages or dating relationships with adults who are not currently considered members of the family.</i></p> <p><i>Some care givers have decided for any number of possible reasons that they are not currently interested in a romantic or intimate relationship. If the individual is currently satisfied in these circumstances, then a rating of '0' on this item is appropriate. However, if a care giver is currently alone but desires a relationship that he/she feels is currently unavailable to them, then that circumstances would be rated higher, likely as a '2' although depending somewhat on the specific circumstances. For example, if a single father is desperate for a relationship and therefore goes out at night all the time looking to find someone to the point of neglecting his family, then this could be rated a '3.'</i></p>
0	Adaptive partner relationship. Caregiver has a strong, positive, partner relationship with another adult. This adult functions as a member of the family. A person without a relationship who currently has no interest in one would be rated here.
1	Mostly adaptive partner relationship. Caregiver has a generally positive partner relationship with another adult. This adult may not function as a member of the family.
2	Limited adaptive partner relationship. Caregiver is currently not involved in any partner relationship with another adult but wishes to have one.
3	Significant difficulties with partner relationships. Caregiver is currently involved in a negative, unhealthy relationship with another adult.

# 17	<p>Caregiver's Vocational Functioning <i>This item refers to this care givers job status. As noted in the anchor employment outside of the home is not required. A satisfied homemaker would be rated '0.' On the other hand, a parent not working who is interested in seeking employment would be rated higher. A rating of '3' would indicate a parent or caregiver that is either chronically unemployed or employed in illegal activities such as drug sales or prostitution.</i></p>
0	Good vocational functioning. Caregiver is fully employed with no problems at work. Alternatively, caregiver may not be seeking employment or chooses to be a full-time homemaker.
1	Adequate vocational functioning. Caregiver is partially employed, employed significantly below her/his level of education/experience/training, or is having some work related problems.
2	Fair vocational functioning. Caregiver is having significant work-related problems or is temporarily unemployed because of such difficulties.
3	Significant difficulties with vocational functioning. Caregiver is chronically unemployed or obtains financial resources through activities which are illegal and/or potentially harmful to her/himself and her/his family members (prostitution, drug dealing, for example).

# 18	<p>Caregiver Mental Health <i>Any identified mental health need, whether or not actively diagnosed and/or treated, would be rated here. In general, ratings of 2 or 3 would be reserved for a serious mental health concern such as Depression, Schizophrenia, Bipolar Disorder or a serious Personality Disorder. Concern that mental health needs are present but unrecognized could be rated as a '1'. A '1' could also indicated a well-managed mental health need (i.e. Bipolar Disorder well managed on medication).</i></p>
0	No mental health problems. Caregiver has no signs of any notable mental health problems.
1	Mild mental health problems. Caregiver may have mild problems with adjustment, may be somewhat depressed, withdrawn, irritable, or agitated.
2	Moderate mental health problems. Caregiver has a diagnosable mental health problem that interferes with his/her functioning.
3	Significant difficulties with mental health. Caregiver has a serious psychiatric disorder.

# 19	Caregiver Alcohol and/or Drug Use <i>This item indicates whether the identified caregiver's uses of drugs and/or alcohol interferes with their parenting roles and responsibilities. Concern about a possible substance use problem would be rated a '1'. For example, if mom and dad disagree that dad's drinking impacts the family, you might rate dad as a '1' until that time you can reach a shared vision by specifying what needs to happen to get mom and dad on the same page with regard to understanding the role of dad's drinking. Of course, if mom says that if dad doesn't stop drinking, she's moving out, that would make Substance Use a '2' or perhaps even a '3' for dad depending on the specific circumstances.</i>
0	No problems with alcohol or drug use. Caregiver has no signs of any notable substance abuse problems.
1	Mild problems associated with alcohol or drug use. Caregiver may have mild problems with work or home life that result from occasional use of alcohol or drugs.
2	Moderate problems associated with alcohol or drug use. Caregiver has a diagnosable substance-related disorder that interferes with his/her life.
3	Significant difficulties with alcohol or drug dependence. Caregiver is currently addicted to either alcohol or drugs or both.

# 20	Caregiver Post-Traumatic Reactions <i>This rating describes post-traumatic reactions faced by parent/caregiver, including emotional numbing and avoidance, nightmares and flashbacks that are related to their child's or their own traumatic experiences.</i>
0	Caregiver has not experienced any significant trauma or has adjusted to traumatic experiences without notable post-traumatic stress reactions.
1	Caregiver has some mild adjustment problems related to their child's or their own traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others. These symptoms may mildly impact their ability to provide child care.
2	Caregiver has moderate adjustment difficulties related to traumatic experiences, and these difficulties impact ability to provide child care. Caregiver may have nightmares or flashbacks of the trauma.
3	Caregiver has significant adjustment difficulties associated with traumatic experiences, and these difficulties severely impact the caregiver's ability to provide child care. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety.

# 21	Knowledge of Child <i>This item describes whether or not the family leadership understand and/or accepts the needs of the family and, perhaps, specific children. Differences of opinion regarding the presence or absence of a need between parents and professionals can be challenging because it can be difficult to know how has the more accurate understanding. However when discrepancies exist that should result in a rating of at least a '1' to indicate that some sorting out should take place so that everyone is on the same page.</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent.
2	Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

# 22	Organization <i>This rating should be based on the ability of the parent/caregiver to participate in or direct the organization of the household, services, and related activities. Parents who need help organizing themselves and/or their family would be rated a '2' or '3'.</i>
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

# 23	Physical Health <i>Physical health includes medical and physical challenges faced by the parent/caregiver(s). For example a single parent who has recently had a stroke and has mobility or communication limitations might be rated a '2' or even a '3'. If the parent has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future they might be rated a '1'.</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

# 24	Developmental <i>This item describes the parent/caregiver's developmental status in terms of low IQ, intellectual disability or other developmental disabilities that impact his/her ability to care for child. A parent with limited cognitive capacity that challenges their ability to provide parenting would be rated here. Rating on this item should be restricted to the identification of developmental disabilities (i.e. intellectual disabilities and other related conditions) and does not refer to a broad spectrum of developmental issues (e.g. aging is not rated here).</i>
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

# 25	Accessibility to Child Care Services <i>This item refers to the caregiver's access to appropriate child care for young children.</i>
0	Caregiver has access to sufficient child care services.
1	Caregiver has limited access to child care services. Needs are met minimally by existing, available services.
2	Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver's needs.
3	Caregiver has no access to child care services.

# 26	Family Stress <i>This item rates the impact of the managing the child's needs on the caregiver(s). A very high need child or one that engages in specific behavior that is very disruptive to a family can create a substantial amount of Family Stress. Historically, this item was referred to as a burden in that raising a child with many needs can weigh on the family.</i>
0	Caregiver able to manage the stress of child/children's needs.
1	Caregiver has some problems managing the stress of child/children's needs.
2	Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.

# 27	Educational Attainment <i>This rates the degree to which the individual has completed his/her planned education.</i>
0	Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.
1	Caregiver has set educational goals and is currently making progress towards achieving them.
2	Caregiver has set educational goals but is currently not making progress towards achieving them.
3	Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention.

# 28	Legal <i>This item indicates the individual's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating. Issues of family involvement in the justice system are not rated here.</i>
0	Caregiver has no known legal difficulties.
1	Caregiver has a history of legal problems but currently is not involved with the legal system.
2	Caregiver has some legal problems and is currently involved in the legal system.
3	Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention.

# 29	Safety <i>This item describes whether individuals in the home or who have access to the home present a danger to the youth(s). This item does not describe situations in which the caregiver is unable to prevent a child from hurting his/herself despite well-intentioned efforts. This describes the caregiver's ability or willingness to appropriately protect the child from potential harm. If a child is involved with child welfare, the minimal rating would be a '1'. A '2' or '3' on this item requires child protective services involvement.</i>
0	Household is safe and secure. Child is at no risk from others.
1	Household is safe but concerns exist about the safety of the child due to history or others in the neighborhood that might be abusive.
2	Child is in some danger from one or more individuals with access to the household.
3	Child is in immediate danger from one or more individuals with unsupervised access.

CAREGIVER ADVOCACY STATUS

This section provides an opportunity for your family to assess its current level of ability to advocate for members, particularly youth who have needs. In addition, three items are provided to allow the family to describe its perspective on the appropriateness of living, educational, and services arrangements for youth members.

# 30	Knowledge of Service Options <i>This item is generally less controversial since professionals are generally seen as more knowledgeable regarding these options and thus better able to identify challenges with family leadership in this area. This item does not simply refer to knowledge of whether or not options exist but also includes whether or not the options that the family leadership is asking for is a good fit for the needs of their child. For example, a family who is pushing for the residential placement of a child when that child's needs are not sufficiently complex to warrant out of community treatment would be described on this item.</i>
0	Caregiver(s) has strong understanding of service options.
1	Caregiver(s) has an understanding of service options but may still require some help in learning about certain aspects of these services.
2	Caregiver(s) require assistance in understanding service options.
3	Caregiver(s) require substantial assistance in identifying and understanding service options.

# 31	Knowledge of Rights and Responsibilities <i>This item requires a technical understanding of family rights and responsibilities that is likely somewhat different in different jurisdiction and sectors. Resolution of any need described on this item is primarily educational.</i>
0	Caregiver(s) has strong understanding of rights and responsibilities.
1	Caregiver(s) has understanding of rights and responsibilities but may still require some help in learning about certain aspects of these needs.
2	Caregiver(s) require assistance in understanding rights and responsibilities.
3	Caregiver(s) require substantial assistance in identifying and understanding rights and responsibilities.

# 32	Ability to Listen <i>Family advocates will tell you that the first step to becoming an effective advocate for your child is to learn to listen to what professionals are telling you before you try to change their minds on any issue. Listening can be extremely difficult when you are hearing your child described in a negative light. However, it is an important skill to sit and listen even when the news is hard to take and even when you are convinced that the person speaking is absolutely wrong. Talking over people, not letting people finish their thoughts become problematic when it comes your turn to speak.</i>
0	Caregiver(s) is able to listen carefully and understand both good and bad news regarding family and child issues.
1	Caregiver(s) has listening skills but sometimes struggles to hear either good or bad news regarding family and child issues.
2	Caregiver(s) requires help learning to listen effectively.
3	Caregiver(s) requires substantial help learning to listen effectively.

# 33	Ability to Communicate <i>The foundation of advocacy is being able to effectively communicate your family's needs so that the system will address them. Communication is fundamental. The FAST can be seen as a strategy to help develop exactly what family leadership needs to communicate to the system so that their family's needs are effectively addressed. Teaching parents and family leaders to being able to communicate effectively with professionals is an important goal in advocacy development.</i>
0	Caregiver(s) is able to express feeling and thoughts effectively with regard to family and child issues. Others hear, understand, and respond.
1	Caregiver(s) is able to express feeling and thoughts but sometimes struggle to express these so that others can listen and/or understand.
2	Caregiver(s) requires help learning to express feelings and thoughts effectively with regard to family and child issues.
3	Caregiver(s) requires substantial help learning to express feelings and thoughts effectively with regard to family and child issues.

# 34	Natural Supports <i>These are unpaid others that help a family out. The existing body of research in system of care indicates that this is the single hardest aspect of wraparound philosophy to develop. However, it is also one of the most powerful aspects of intensive community-based intervention. The concept of natural supports comes from the African parable that 'it takes a village' to raise a child. Paid individuals only count as natural supports if it is someone who would remain involved with the family even if they were not receiving a check.</i>
0	Caregiver(s) has substantial natural supports to assist in addressing most family and child needs.
1	Caregiver(s) has natural supports but some limitations exist whereby these supports are insufficient to address some family and child needs.
2	Caregiver(s) has limited natural supports.
3	Caregiver(s) has no natural supports.

# 35	Satisfaction with Youth's Living Arrangement <i>This item refers to the caregiver's satisfaction with the current living arrangement of any youth identified with needs. If a youth lives at home this describes the caregiver's desire to maintain this placement.</i>
0	Caregiver(s) is pleased with identified youth's current living arrangement.
1	Caregiver(s) is satisfied with identified youth's current living arrangement, although some improvements could be made.
2	Caregiver(s) believes a change in living arrangement is desirable.
3	Caregiver(s) believes an immediate change in living arrangement is required.

# 36	Satisfaction with Youth's Education Arrangement <i>This item describes the degree to which the caregiver is satisfied with the education placement of children in the family.</i>
0	Caregiver(s) is pleased with identified youth's current educational arrangement.
1	Caregiver(s) is satisfied with identified youth's current educational arrangement, although some improvements could be made.
2	Caregiver(s) believes a change in educational arrangement is desirable.
3	Caregiver(s) believes an immediate change in educational arrangement is required.

# 37	Satisfaction with Services Arrangement <i>This item refers to the degree to which the caregiver is satisfied with any services (or lack thereof) for children in his/her care.</i>
0	Caregiver(s) is pleased with identified youth's current services arrangement.
1	Caregiver(s) is satisfied with identified youth's current services arrangement, although some improvements could be made.
2	Caregiver(s) believes a significant change in services arrangement is desirable.
3	Caregiver(s) believes an immediate and significant change in services arrangement is required.

YOUTH'S STATUS

In your family, you have at least one person under the age of 18. The following section is used to describe EACH of these family members individually. Again use the scoring sheet provided to describe each youth separately.

# 38	Relationship with Biological Mother <i>This item is exclusively about the current status of a child's relationship with his/her biological mom. If the biological mother is deceased or if the parental rights are terminated and the child will have no contact with the biological mother, then this item would be rated a '0' as it will not impact your planning process. However, even if parental rights are terminated if the child currently has a relationship or seeks to restore a relationship with his/her biological mother, then a higher rating would be used depending on the specific circumstances.</i>
0	Adaptive relationship. Youth has a generally positive relationship with biological mother. The youth appears to have formed a secure attachment, and can turn to mother for security, comfort or guidance.
1	Mostly adaptive relationship. Youth has a somewhat positive relationship with biological mother. The youth appears to have mild attachment problems that interfere with his/her ability to turn to mother for security, comfort, or guidance.
2	Limited adaptive relationship. Youth has a somewhat negative relationship with biological mother. The youth appears to have moderate attachment problems that interfere with his/her ability to turn to mother for security, comfort, or guidance.
3	Significant difficulties with relationships. Youth has no ongoing relationship with his/her biological mother. The Youth appears to have severe attachment problems.

# 39	Relationship with Biological Father <i>This item is exclusively about the current status of a child's relationship with his/her biological father. If the biological father is deceased or disappeared or if the parental rights are terminated and the child will have no contact with the biological father, then this item would be rated a '0' as it will not impact your planning process. However, even if parental rights are terminated if the child currently has a relationship or seeks to restore a relationship with his/her biological father, then a higher rating would be used depending on the specific circumstances.</i>
0	Adaptive relationship. Youth has a generally positive relationship with biological father. The youth appears to have formed a secure attachment, and can turn to father for security, comfort, or guidance.
1	Mostly adaptive relationship. Youth has a somewhat positive relationship with biological father. The youth appears to have mild attachment problems that interfere with his/her ability to turn to father for security, comfort, or guidance.
2	Limited adaptive relationship. Youth has a somewhat negative relationship with biological father. The youth appears to have moderate attachment problems that interfere with his/her ability to turn to father for security, comfort, or guidance.
3	Significant difficulties with relationship. Youth has no ongoing relationship with his/her biological father. The youth appears to have severe attachment problems.

# 40	Relationship with Primary Caregiver (if not biological mother or father) <i>This item is designed to allow the description of the relationship the child has to whomever his/her primary caregiver is. If the primary caregiver is either the bio mother or father (or both) then the ratings would be the same.</i>
0	Adaptive relationship. Youth has a generally positive relationship with primary caregiver. The youth appears to have formed a secure attachment, and can turn to primary caregiver for security, comfort or guidance.
1	Mostly adaptive relationship. Youth has a somewhat positive relationship with primary caregiver. The youth appears to have mild attachment problems that interfere with his/her ability to turn to primary caregiver for security, comfort, or guidance.
2	Limited adaptive relationship. Youth has a somewhat negative relationship with primary caregiver. The youth appears to have moderate attachment problems that interfere with his/her ability to turn to primary caregiver for security, comfort, or guidance.
3	Significant difficulties with relationship. Youth has no ongoing relationship with his/her primary caregiver. The youth appears to have severe attachment problems.

# 41	Relationships with Other Adult Family Members <i>Sometimes children have poor relationship with parents but have positive relationship with other adults in the family. The reverse also can be true where the child is having significant conflict with other adults but has a strong positive relationship with parents. This item captures whether any challenges exist among all of these relationships.</i>
0	Adaptive relationships. Youth is able to have predominately positive relationships with other adult family members and is able to participate in conflict resolution with them.
1	Mostly adaptive relationships. Youth is able to have generally positive relationships with other adult family members. At times, conflicts may occur and linger between them but eventually are resolved.
2	Limited adaptive relationships. Youth is only able to have peripheral relationships with other adult family members or the relationships are strained.
3	Significant challenges with relationships. Adult family members are available emotionally and practically, but the youth is unable to have relationships with them.

# 42	Relationship with Siblings <i>In the Family Together section it possible to describe whether challenges exist among brothers and sisters, with this item, it is possible to better identify which children are having these challenges. So for the individual child described, the question is whether or not they have having any problems in their relationship(s) with siblings.</i>
0	Adaptive relationships. Youth is able to have predominately positive relationships with siblings and is able to participate in conflict resolution with them.
1	Mostly adaptive relationships. Youth is able to have generally positive relationships with siblings. At times, conflicts may occur and linger between them but eventually are resolved.
2	Limited adaptive relationships. Youth is only able to have peripheral relationships with siblings or the relationships are strained.
3	Significant challenges with relationships. Siblings are available emotionally and practically but the youth is unable to have relationships with them.

# 43	Health Status <i>This item is an indicator for any medical or physical challenges with the child. A '2' would be used to indicate a chronic health problem or physical challenge. A '3' would be used to indicate a life threatening health problem or a physical challenge that prevents functioning in at least one life domain.</i>
0	Good health. Youth is in generally good physical health.
1	Adequate health. Youth gets sick more often than peers, but the health problems do not interfere with his/her general functioning.
2	Fair health. Youth has some health problems that interfere with his/her functioning.
3	Significant health challenges. Youth has significant health problems that may be chronic or life threatening.

# 44	Mental Health Status <i>This item is an indicator of any behavioral and emotional challenge with the child. Any mental health need would be indicated here regardless of its specific symptom presentation. So, this item combines depression, anxiety, or disruptive behavior into a single indicator of any need to connect with specialty mental health treatment.</i>
0	No mental health challenges. Youth has no signs of any notable mental health problems.
1	Mild mental health challenges. Youth may have mild problems with adjustment, may be somewhat depressed, withdrawn, irritable, or agitated.
2	Moderate mental health challenges. Youth has a diagnosable mental health problem that interferes with his/her functioning.
3	Significant challenges with mental health. Youth has a serious psychiatric disorder.

# 45	Adjustment to Trauma <i>This item describes problems associated with traumatic life events. Traumatic events may include sexual abuse, physical abuse, emotional abuse, medical trauma, natural disasters, or witnessing violence or criminal activity.</i>
0	Child has not experienced any significant trauma or has adjusted well to traumatic experiences.
1	Child has experienced traumatic event and is not demonstrating symptoms, or there are mild changes in the child's behavior that are controlled by caregiver.
2	Clear evidence of adjustment problems associated with traumatic life events. Adjustment is interfering with child's functioning in at least one life domain.
3	Clear evidence of debilitating level of trauma symptoms or symptoms of Post-Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.

# 46	Cognitive Skills <i>This item is used as an indicator of intellectual or developmental challenges that might limit the child's executive functioning. Another words, the presence of challenges with cognitive skills requires both specific intervention but also accommodation with other interventions to ensure that the learning style and developmental status of the child is fully understood.</i>
0	Good. Youth meets or exceeds all cognitive developmental milestones.
1	Adequate. Youth is close to meeting all cognitive developmental milestones.
2	Fair. Youth has some problems with immaturity or delay in meeting developmental milestones.
3	Significant difficulties with cognitive development. Youth has intellectual disabilities.

# 47	Self-Regulation Skills <i>With small children regulation is often physiological and as children mature self-regulation shifts to emotional regulation. Challenges with self-regulation is often an effect of significant trauma experiences but other pathways can be relevant such as developmental disorders. When a child struggles to self-regulate in a developmentally appropriate manner, then problems often occur with either emotions or behavior.</i>
0	Good. Youth has mature self-regulation. Youth is able to self-soothe, function independently and effectively structure free-time.
1	Adequate. Youth is generally able to self-regulate in an age-appropriate way.
2	Fair. Youth has some difficulties with self-regulation.
3	Significant difficulties with self-regulation. Youth is unable to manage him/herself in a developmentally appropriate way.

# 48	Interpersonal Skills <i>This item describes whether the child has challenges in his/her relational world. Depending on the child's age, problems with misperception, empathy, or difficult interacting, or making friends, or parallel play would be rated here.</i>
0	Good. Youth has excellent, mature relationship skills.
1	Adequate. Youth has good, developmentally appropriate relationship skills.
2	Fair. Youth has some difficulties with social skills and friendship development and/or maintenance.
3	Significant difficulties. Youth has significant difficulties with social skills and friendship development.

# 49	Educational Status <i>This item is a global indicator of whether the child's school experience is working well. Any challenges with education would be identified here including problems with behavior, attendance or achievement. If the youth has completed his/her schooling then use '0'. If youth has dropped out without completing then use a '3'.</i>
0	Good educational functioning. Youth is meeting or exceeding educational expectation at an age-expected grade level.
1	Adequate educational functioning. Youth is mostly meeting educational expectations at an age-expected grade level.
2	Fair educational functioning. Youth is performing below educational expectations and/or requires a specialized educational setting in order to learn at an adequate level.
3	Significant difficulties with educational functioning. Youth has significant educational problems including some behavioral problems related to academic difficulties (chronic truancy, suspensions, expulsions, being held back, etc.). Youth may be placed in a specialized educational setting but remains unable to learn at an adequate level.

FAMILY ADVOCACY AND SUPPORT TOOL (FAST)										ARKANSAS					
Case Name:					Case Number:										
Assessor:					Date of Assessment:					m	m	d	d	y	y
Form Status:		Initial	Subsequent	Annual	Discharge										
Caregiver A:					Youth A:										
Caregiver B:					Youth B:										

THE FAMILY TOGETHER					
0=no evidence		1=history, mild, suspicion			
2=moderate, action needed		3=severe, disabling, dangerous, immediate action needed			
		0	1	2	3
Parental/Caregiver Collaboration		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships among Siblings		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended Family Relationships		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Conflict		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Communication		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Role Appropriateness		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Safety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Maintenance		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER A'S STATUS					
0=no evidence		1=history, mild, suspicion			
2=moderate, action needed		3=severe, disabling, dangerous, immediate action needed			
		0	1	2	3
Empathy with Child		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boundaries		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discipline		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner Relationships		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol and/or Drug Use		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posttraumatic Reactions		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Child		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to Child Care Services		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER B'S STATUS					
0=no evidence		1=history, mild, suspicion			
2=moderate, action needed		3=severe, disabling, dangerous, immediate action needed			
		0	1	2	3
Empathy with Child		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boundaries		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discipline		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner Relationships		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol and/or Drug Use		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posttraumatic Reactions		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Child		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to Child Care Services		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER ADVOCACY STATUS					
0=no evidence		1=history, mild, suspicion			
2=moderate, action needed		3=severe, disabling, dangerous, immediate action needed			
		0	1	2	3
Knowledge of Service Options		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Rights & Responsibilities		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Listen		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Communicate		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with Youth's Living Arrangement		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with Youth's Educational Arrangement		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with Services Arrangement		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUTH A'S STATUS				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Relationship with Biological Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Biological Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Other Adult Family Members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Regulation Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUTH B'S STATUS				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Relationship with Biological Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Biological Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Other Adult Family Members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Regulation Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

