

Children's Functional Assessment Rating Scale (CFARS) Problem Severity Ratings

Use the following 1 to 9 scale to rate the Child's Current (within the last 30 days) problem severity for each of the functional domains listed below. Place your rating number in the box to the right of the Domain name. Check each behavior that is present for each youth under each of the domains. Refer to CFARS User's Manual for instructions.

[CFARS User Manual](#)

1	2	3	4	5	6	7	8	9																			
No Problem	Less than slight	Slight Problem	Slight to Moderate Problem	Moderate Problems	Moderate to Severe	Severe Problems	Severe to Extreme	Extreme Problem																			
Domain				Score	Domain			Score																			
Depression					Hyperactivity																						
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Lacks Energy/Interest	<input type="checkbox"/> Sad	<input type="checkbox"/> Happy	<input type="checkbox"/> Manic	<input type="checkbox"/> Overactive/Hyperactive	<input type="checkbox"/> Agitated	<input type="checkbox"/> Sleep Problems	<input type="checkbox"/> Irritable	<input type="checkbox"/> Hopeless	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Pressured speech	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Anti-depression Meds	<input type="checkbox"/> Depressed Mood	<input type="checkbox"/> Sleep deficit	<input type="checkbox"/> Anti-manic meds	<input type="checkbox"/> Impulsivity	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> ADHD meds								
Cognitive Performance					Traumatic Stress																						
<input type="checkbox"/> Slow processing	<input type="checkbox"/> Poor Memory	<input type="checkbox"/> Acute	<input type="checkbox"/> Upsetting memories	<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Insightful	<input type="checkbox"/> Chronic	<input type="checkbox"/> Repression/amnesia	<input type="checkbox"/> Impaired judgement	<input type="checkbox"/> Concrete thinking	<input type="checkbox"/> Avoidance	<input type="checkbox"/> Dreams/nightmares	<input type="checkbox"/> Detached	<input type="checkbox"/> Hyper vigilance	<input type="checkbox"/> Low Self-awareness	<input type="checkbox"/> Poor attention/concentration												
Interpersonal Relationships					Medical/Physical																						
<input type="checkbox"/> Problems w/friends	<input type="checkbox"/> Age-appropriate group	<input type="checkbox"/> Acute illness	<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Poor social skills	<input type="checkbox"/> Supportive relationships	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Stress-related illness	<input type="checkbox"/> Diff. Estab./Maintain	<input type="checkbox"/> Overly shy	<input type="checkbox"/> CNS disorder	<input type="checkbox"/> Enuretic/Encopretic	<input type="checkbox"/> Good health	<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> Adequate social skills	<input type="checkbox"/> Seizures	<input type="checkbox"/> Need Med./Dental care	<input type="checkbox"/> Poor nutrition										
Substance Use					Behavior in "Home" Setting																						
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Abuse	<input type="checkbox"/> DUI	<input type="checkbox"/> Cravings/urges	<input type="checkbox"/> Drug(s)	<input type="checkbox"/> Dependence	<input type="checkbox"/> Disregards rules	<input type="checkbox"/> Conflict w/siblings or peer	<input type="checkbox"/> I.V. drugs	<input type="checkbox"/> Recovery	<input type="checkbox"/> Med. Control	<input type="checkbox"/> Defies Authority	<input type="checkbox"/> Conflict with parents/or caregiver	<input type="checkbox"/> Responsible	<input type="checkbox"/> Over the counter	<input type="checkbox"/> Abstinent	<input type="checkbox"/> Interfere-w/functioning											
Socio- Legal					Danger to Self																						
<input type="checkbox"/> Disregards rules	<input type="checkbox"/> Offense/person	<input type="checkbox"/> Pending charges	<input type="checkbox"/> Street gang member	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Com/control/Reentry	<input type="checkbox"/> Self-injury	<input type="checkbox"/> Past attempt	<input type="checkbox"/> Dishonest	<input type="checkbox"/> Use/con others	<input type="checkbox"/> Incompetent to proceed	<input type="checkbox"/> Suicidal ideation	<input type="checkbox"/> Current plan	<input type="checkbox"/> Offense/property	<input type="checkbox"/> Detention/commitment	<input type="checkbox"/> Risk-taking behavior	<input type="checkbox"/> Self-mutilation	<input type="checkbox"/> Serious self-neglect	<input type="checkbox"/> Inability to care for self									
ADL Functioning					Work/School																						
<input type="checkbox"/> Handicapped	<input type="checkbox"/> Permanent disability	<input type="checkbox"/> No known limitations	<input type="checkbox"/> Mobility	<input type="checkbox"/> Not age appropriate in: Communication, self-care, hygiene, or Recreation	<input type="checkbox"/> Regular	<input type="checkbox"/> Suspended	<input type="checkbox"/> Defies Authority	<input type="checkbox"/> Absenteeism	<input type="checkbox"/> Poor performance	<input type="checkbox"/> Employed	<input type="checkbox"/> Tardiness	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Seeking	<input type="checkbox"/> Dropped out	<input type="checkbox"/> Doesn't read/write	<input type="checkbox"/> Not employed											
Thought Process					Anxiety																						
<input type="checkbox"/> Illogical	<input type="checkbox"/> Derailed thinking	<input type="checkbox"/> Intact	<input type="checkbox"/> Anti-psych meds	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Ruminative	<input type="checkbox"/> Anxious/tense	<input type="checkbox"/> Calm	<input type="checkbox"/> Delusional	<input type="checkbox"/> Oriented	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Worried/fearful	<input type="checkbox"/> Guilt	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Loose associations	<input type="checkbox"/> Command hallucinations	<input type="checkbox"/> Phobic	<input type="checkbox"/> Anti-anxiety meds	<input type="checkbox"/> Panic	<input type="checkbox"/> Obsessive/compulsive								
Danger to Others					Security/Management Needs																						
<input type="checkbox"/> Violent temper	<input type="checkbox"/> Homicidal ideation	<input type="checkbox"/> PAAY	<input type="checkbox"/> SAY	<input type="checkbox"/> Threatens others	<input type="checkbox"/> Homicidal threats	<input type="checkbox"/> Assaultive	<input type="checkbox"/> Does not appear	<input type="checkbox"/> Causes serious injury	<input type="checkbox"/> Homicidal attempts	<input type="checkbox"/> Home w/supervision	<input type="checkbox"/> Seclusion	<input type="checkbox"/> 1-1 supervision	<input type="checkbox"/> Dangerous to others	<input type="checkbox"/> Cruelty to animals	<input type="checkbox"/> Home w/o supervision	<input type="checkbox"/> PRN meds	<input type="checkbox"/> Run/escape risk	<input type="checkbox"/> Use of weapons	<input type="checkbox"/> Accused of sexual assault	<input type="checkbox"/> Monitored house arrest	<input type="checkbox"/> Time-out	<input type="checkbox"/> Suicide watch	<input type="checkbox"/> Restraint involuntary	<input type="checkbox"/> Locked unit	<input type="checkbox"/> Exam/commitment	<input type="checkbox"/> Behavioral contract	<input type="checkbox"/> Protection from others/CSEC victim



Washington State Department of **CHILDREN, YOUTH & FAMILIES**

Youth Name:	
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Person ID #	
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Date of Assessment:	
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CFARS score:	0
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Assessment outcome:	Does not meet QRTP level of care
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A score of 60 or above indicates a level of severity appropriate for Qualified Residential Treatment Program

Working in conjunction with the child and family team (Shared planning or Family Team Decision Making meeting) recommendations, provide the reasons why the QRTP is the setting which will provide the child/youth with the most effective and appropriate level of care in the least restrictive environment and how the placement is consistent with the long and short term goals in the permanency plan.

A shortage or lack of foster family homes **shall not** be an acceptable reason for determining that the needs of the child not be met in a foster family home.

Qualified Individual Name :	
CFARS evaluator certification #	

Signature: _____