
Washington Department of Children, Youth, and Families

Family Advocacy and Support Tool (WA DCYF FAST)

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REFERENCE
GUIDE

ACKNOWLEDGEMENTS

Many have collaborated in the development of the Family Advocacy and Support Tool (FAST). The FAST is a family-based version in the suite of Transformational Collaborative Outcomes Management (TCOM) tools that include the Child and Adolescent Needs and Strengths (CANS), the Adult Needs and Strengths Assessment (ANSA), and the Readiness Inventory for Successful Employment (RISEmploy).

The original version of the FAST, called the Multi-level Family Assessment, was developed in collaboration with Margaret Nickels, PhD, at the Juvenile Protection Agency in Chicago, Illinois. This tool was further developed into the FAST in collaboration with Susan Furrer, PsyD, at Rutgers University and representatives of Family Support Organizations in New Jersey. It has been further refined in various applications in Illinois, New York, Singapore, Tennessee, and Washington. Given this history, many individuals have contributed to the design, development, and refinement of the FAST.

With the Standard Comprehensive FAST, we have aligned the tool's ratings scales to the ANSA and CANS. This version separates the caregiver needs indicators from the caregiver strengths indicators and utilizes the needs and strengths scales and action levels similarly to the CANS and ANSA. Additionally, the Caregiver Advocacy & Capacity section introduces a new 5-level skills rating scale aimed at supporting the development of particular advocacy skills. Finally, the indicators in the caregiver's as well as the children's sections are aligned with the ANSA Core 49, the CANS Core 50, and the CANS Early Childhood Core 46 indicator sets.

We are committed to creating a diverse and inclusive environment. It is important to consider how we are precisely and inclusively using individual words. As such, this reference guide uses the gender-neutral pronouns "they/them/themselves" in the place of "he/him/himself" and "she/her/herself."

The FAST is an open domain tool, free for anyone to use. Training and annual certification is required for appropriate use. For specific permission to use, please contact the Center for Innovation in Population Health. For more information on the FAST, contact:

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INTRODUCTION

THE FAST

The **Family Advocacy and Support Tool (FAST)** is the family version of the Child and Adolescent Needs and Strengths (CANS) family of planning and outcome management tools. The purpose of the FAST is to support effective interventions when the focus of those efforts is on entire families rather than single individuals. Currently, the most common use of the FAST is in efforts to address the needs of families who are at risk of child welfare involvement.

The FAST is a communimetric tool (Lyons, 2009). It is designed to maximize communication about the needs and strengths of families. The FAST includes ratings of the family together, each individual caregiver, and each individual child. Interventions in the family system can be directed at that family system or to address the individual needs of family members or dyadic relationships within the family.

HISTORY AND BACKGROUND

The FAST is a multipurpose tool developed to support care planning and level of care decision making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The FAST was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans, including the application of evidence-based practices.

The original version of the FAST, called the Multi-level Family Assessment, was developed in collaboration with Margaret Nickels, PhD, at the Juvenile Protection Agency in Chicago, Illinois. Following its initial use in a family therapy program to prevent child abuse and neglect, this tool was further developed into the FAST in collaboration with Susan Furrer, PsyD, at Rutgers University and representatives of Family Support Organizations in New Jersey. It has been further refined in various applications in Illinois, New York, Singapore, Tennessee, and Washington. Tennessee was the first state to use the FAST as a component of its pre-custody risk assessment process in child welfare.

The FAST gathers information on the family as a system and on each caregiver and child's needs and strengths. Strengths are the individual's assets: areas of life where they are doing well or have an interest or ability. Needs are areas where an individual requires help or serious intervention. Care providers use an assessment process to get to know the individuals and families with whom they work and to understand their strengths and needs. The FAST helps care providers decide which of the family's needs as a whole and each family member's needs are the most important to address in treatment or action planning. This tool also helps identify strengths, which can be the basis of a treatment plan. By working with the family and its members during the assessment process and talking together about the FAST indicators, care providers can develop a treatment or action plan that addresses the family and its individual member's strengths and needs while building strong engagement.

The FAST is made up of domains that focus on various areas in the family's life and each of its members. Each domain is made up of a group of specific sections that have indicators. There is a section that gathers information about general family concerns. There are also domains that address how the individual family members function in everyday life and specific emotional or behavioral concerns, as well as strengths. The provider, in collaboration with the family and, when available, their treatment team, gives a number rating to each of these indicators. These ratings help the provider and family understand where intensive or immediate action is most needed and also where the family and its members have assets that could be a major part of the treatment or action plan.

The FAST ratings, however, do not tell the whole story of the family's strengths and needs. Each section in the FAST is merely the output of a comprehensive assessment process and is documented alongside narratives developed by the care provider, the family, and its members that can provide more information about the family as a whole.

MEASUREMENT PROPERTIES

Note: This section is based on studies of the CANS, except where specifically noted for the FAST.

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children and families. A number of individuals from different backgrounds have been trained and certified to use the CANS assessment reliably (these include health and mental health providers, child welfare case workers, probation officers, and family advocates). Of the first 426 certified FAST trainees on the Praed collaborative training website, the average reliability was 0.75. These trainees were from 30 different jurisdictions, indicating consistent reliability across contexts.

With approved training anyone can learn to complete the tool reliably, although some applications or more complex versions of the CANS require a higher educational degree or more relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable, and audit reliabilities demonstrate that the CANS is reliable at the indicator level (Anderson, et al., 2001). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, recertification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

Validity

Studies have demonstrated the FAST's validity (Chiu, et al., 2019). Indicators in the FAST have been used in a variety of research that demonstrates the validity of information collected using the communimetric theory (Lyons, 2009). In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). In numerous jurisdictions, the CANS has been used to predict service utilization and costs and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons, 2009; Lyons & Weiner, 2009). Five

independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et al., 2015; Lardner, 2015).

RATING THE INDICATORS

The FAST is easy to learn and is well liked by families, providers, and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the family.

- Basic core indicators – grouped by domain – are rated for the family and/or family members.
- Some versions of the FAST also include individual assessment module questions that provide additional information in a specific area.

Each FAST rating suggests different pathways for service planning. There are four levels of rating for each indicator with specific anchored definitions. Like the CANS and ANSA, the majority of the indicators in the Standard FAST use a 4-level action-level framework with specific definitions for needs and strengths. These indicator-level definitions, however, are designed to translate into the following action levels:

Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/intensive action required

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength present	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

Indicators rated a '2' or '3' are "actionable" and should be addressed in the intervention plan.

The rating levels for the Advocacy & Capacity Domain are different from the other domains both in the number of levels and the recommended actions. That is because the Advocacy & Capacity indicators reflect skills rather than needs or strengths. The ultimate goal of skill development is mastery but, prior to mastery, skills must be acquired and built into our routines. To capture the steps of skill development, a 5-level action rating is used in this section of the FAST.

Basic Design for Rating Advocacy & Capacity Domain Indicators

Rating	Level of Strength	Appropriate Action
0	Mastery, could teach others	Maintain mastery
1	Comfortable and routine	Develop mastery
2	Comfortable, but not routine	Build into a routine
3	Tried; not yet comfortable.	Develop comfort
4	Have never done	Try the skill

To complete the FAST, a FAST trained and certified care coordinator, caseworker, clinician, or other care provider should read and understand the descriptions for each indicator and then record the appropriate rating on the FAST form (or electronic record).

Remember that the indicator anchor descriptions are examples of circumstances that fit each rating ('0,' '1,' '2,' or '3'). The descriptions, however, are not inclusive. The rater must consider the basic meaning of each level to determine the appropriate rating on an indicator for an individual.

The FAST is an information integration tool intended to include multiple sources of information (e.g., parents/caregivers, children, referral source, treatment providers, observation of the rater). As a strength-based approach, the FAST supports the belief that families have unique talents, skills, and life events in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with families to discover family and individual family members' functioning and strengths. Failure to demonstrate an individual's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on the family's strengths instead of weaknesses may result in enhanced motivation and improved performance. Involving the family in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the FAST and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) supports effective services for families and each individual family member.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at case/treatment/action planning based on the FAST assessment. A rating of '2' or '3' on a FAST need suggests that this area must be addressed in the service or treatment plan. A rating of '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' is a strength that should be the focus on strength-building activities. It is important to remember that

when developing service and treatment plans for healthy family trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop an individual's capabilities are a promising means for development and play a role in reducing risky behaviors.

Finally, the FAST can be used to monitor outcomes. This can be accomplished in two ways. First, FAST indicators that are initially rated a '2' or '3' are monitored over time to determine the percentage of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing indicators within each of the sections (Functioning, Strengths, etc.). These scores can be compared over the course of treatment. Dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The FAST is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the FAST and share experiences, additional indicators, and supplementary tools.

SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL

The FAST has six key principles that, if remembered, will make the assessment process move more smoothly.

- 1. Indicators impact service planning.** Indicators were selected because they are each relevant to service/treatment planning. An indicator exists because it might lead you down a different pathway in terms of planning actions.
- 2. Indicator ratings translate into Action Levels.** Each indicator uses a four level ('0'-'3') rating system (five levels for the Advocacy scale). An indicator rated '2' or '3' requires action. Different action levels exist for needs, strengths, and advocacy (see above).
- 3. Consider culture and development.** Culture and development must be considered before establishing the action level for each indicator. Cultural responsivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the individual's developmental and/or chronological age depending on the indicator. In other words, anger control is not relevant for a very young child but would be for an older child and young adult regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child's developmental age.
- 4. Agnostic as to etiology.** It is a descriptive tool. Rate the "what" and not the "why." While most indicators are purely descriptive, there are a few indicators that consider cause and effect; see individual indicator descriptions for details on when the "why" is considered in rating these indicators.
- 5. It's about the individual/family, not the service.** Ratings should describe the individual/family, not the individual/family in services. If an intervention is present that is masking a need but must stay in place, it is factored into the rating and would result in a rating of an actionable need (i.e., '2' or '3').

- 6. A 30-day window is used for ratings in order to make sure assessments stay relevant to the individual/family's present circumstances.** The FAST is a communication tool and a measure of an individual/family's story. The 30-day time frame should be considered in terms of whether an indicator is a need within the time frame in which specific behavior may or may not have occurred. The action levels assist in understanding whether a need is currently relevant when no specific behavior has occurred during the time frame.

HOW IS THE FAST USED?

The FAST is used in many ways to transform the lives of families and to improve the programs and systems that serve them. This guide will help you to also use the FAST as a multipurpose tool.

IT IS AN ASSESSMENT STRATEGY

When initially meeting families, this guide can be helpful in ensuring that all the information required is gathered. Most indicators include "Questions to Consider," which may be useful when asking about needs and strengths. These are not questions that must be asked but are available as suggestions. Many care providers have found this useful during initial sessions, either in person or over the phone if there are follow-up sessions required, to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/ACTION PLANNING

When an indicator on the FAST is rated a '2' or '3' ('action needed' or 'immediate action needed') it indicates not only that it is a serious need for the family, but one that we are going to attempt to work on during the course of treatment. As such, when you write your treatment plan, you should do your best to address any needs or impacts on functioning that you rate as a '2' or '3' during your assessment process.

IT FACILITATES OUTCOMES MEASUREMENT

Many users of the FAST and organizations complete the tool every 6 months to measure change and transformation. We work with individuals and families, and their needs tend to change over time. Needs may change in response to many factors, including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

IT IS A COMMUNICATION TOOL

The FAST allows for a shared language to talk with and about our families, creating opportunities for collaboration. Additionally, when a family leaves a treatment program, completing a closing FAST helps in describing progress, measuring ongoing needs, and supporting continuity of care decisions by linking recommendations for future care that tie to current needs.

It is our hope that this guide will help you to make the most out of the FAST and guide you in filling it out in an accurate way that helps you make good clinical decisions.

FAST: A STRATEGY FOR CHANGE

The FAST is an excellent strategy in addressing the family's needs. As it is meant to be an outcome of an assessment, it can be used to organize and integrate the information gathered from clinical interviews, records reviews, and information from screening tools and other measures.

It is a good idea to know the FAST and use the domains and indicators to help with your assessment process and information gathering sessions/clinical interviews with the family and individual family members. This will not only help the organization of your interview but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the indicators. The FAST domains can be a good way to think about capturing information. You can start your assessment with any of the sections—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths they can better explain the needs. Trust your judgment and, when in doubt always ask, “We can start by talking about what you feel that you and your family need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?”

Some people may “take off” on a topic. Being familiar with the FAST indicators can help in having more natural conversations. So, if the family is talking about situations around the father's anger control and then shift into something like—“you know, he only gets angry when he is drinking,”—you can follow that and ask some questions about situational anger, substance use, and safety and then explore other related issues.

MAKING THE BEST USE OF THE FAST

To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the FAST and how it will be used. The description of the FAST should include teaching the family about the needs, strengths, and advocacy rating scales, identifying the domains and indicators, as well as how the actionable indicators will be used in treatment or service planning. As a best practice, share with the family the FAST domains and indicators and encourage the family to look over the indicators prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed FAST ratings should be reviewed with each family, and they should be encouraged to discuss with you any changes to the ratings and any indicators that they feel need more or less emphasis.

LISTENING USING THE FAST

Listening is the most important skill that you bring to working with the FAST. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

- **Use nonverbal and minimal verbal prompts.** Head nodding, smiling, and brief “yes,” “and”—things that encourage people to continue.

- **Be nonjudgmental and avoid giving a person advice.** You may find yourself thinking “If I were this person, I would do X,” or “That’s just like my situation, and I did X.” But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.
- **Be empathetic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging their feelings. You demonstrate empathetic listening when you smile, nod, and maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge when something may be difficult or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the family that you are with them.
- **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask “Does that make sense to you?” or “Do you need me to explain that in another way?”
- **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person’s unconscious motivations, personality, etc. The FAST is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health and the person you are talking to gives a long description. You paraphrase by saying “Ok, it sounds like ... is that right? Would you say that is something that you feel needs to be watched, or is help needed?”

REDIRECT THE CONVERSATION TO CAREGIVERS’ OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people’s observations such as “Well, my mother thinks that his behavior is really obnoxious.” It is important to redirect people to talk about their observations: “So your mother feels that when they do X, that is obnoxious. What do YOU think?” The FAST is a tool to organize all points of observation, but the parent or caregiver’s perspective can be the most critical. Once you have their perspective, you can then work on organizing and coalescing the other points of view.

ACKNOWLEDGE FEELINGS

People will be talking about difficult things, and it is important to acknowledge that. Simple acknowledgement such as, “I hear you saying that it can be difficult when ...” demonstrates empathy.

WRAPPING IT UP

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their family and if there is anything that they would like to add. This is a good time to see if there is anything “left over”—feelings or thoughts that they would like to share with you.

Take time to summarize with the family those areas of strengths and of needs. Help them to get a “total picture” of the individual and family, and offer them the opportunity to change any ratings. Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

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WA DCYF FAST STRUCTURE

CORE INDICATORS

FAMILY ASSESSMENT

Family Functioning

- Family Conflict
- Family Role Appropriateness
- Family Safety
- Financial Resources
- Residential Stability
- Family Communication

Family Strengths

- Family Social Identity
- Parental/Caregiver Collaboration
- Relations Among Siblings/Children
- Extended Family Relations
- Natural Supports
- Traditions and Cultural Rituals
- Advocacy & Capacity
- Knowledge of Family-Child Needs
- Knowledge of Service Options
- Knowledge of Rights & Responsibilities
- Ability to Receive Feedback
- Ability to Express Needs

Cultural Factors

- Language and/or Literacy
- Cultural Stress

CAREGIVER ASSESSMENT

Caregiver Needs

- Monitoring
- Knowledge
- Boundaries
- Discipline
- Medical/Physical
- Mental Health
- Developmental
- Substance Use
- Distress Tolerance
- Family Stress

Caregiver Strengths

- Involvement in Caregiving
- Emotional Responsiveness
- Organization
- Self-Care

CHILD ASSESSMENT

0-5 Child Functioning

- Early Education
- Social and Emotional Functioning
- Developmental/Intellectual
- Medical/Physical
- Sleep (12+ months)

0-5 Strengths

- Family Strengths
- Interpersonal
- Playfulness
- Resiliency: Persistence & Adaptability

6-21 Child Functioning

- Social Functioning
- Medical/Physical
- Sleep
- Developmental/Intellectual
- Sexual Development
- School
- Behavioral/Mental Health Needs
- Risk Behaviors

6-21 Child Strengths

- Family Strengths
- Interpersonal
- Talents and Interests
- Community Life
- Optimism
- Resiliency

FAMILY ASSESSMENT

FAMILY FUNCTIONING

This section of the FAST describes how the family is functioning as a system. The very first task of family assessment is to define family membership. In general, it is recommended that the family be allowed to define itself. If, for some reason, the family is unable to define itself then for purposes of completing the FAST consider the family as a collection of individuals working together to raise one or more children.

Families typically have a ranking of authority. Generally, the parents and others responsible for the care of the children are given greater authority. Children are given more authority over themselves and other children as they mature. The family system is the set of inter-relationships among the family members within the context of their roles and responsibilities in that family. The indicators of this section should be rated within the context of the entire family as defined above.

For the **Family Functioning** indicators, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.
- 2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

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FAMILY CONFLICT

This indicator refers to how much fighting and arguing occurs within the family system. Family violence refers to physical fighting in which family members might get hurt.

Questions to Consider:

- Do interactions typically lead to arguments or confrontations?
 - Is there a pattern of conflict in the family's interactions with each other and other individuals outside of the family?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Family has minimal conflict, gets along well, and negotiates disagreements appropriately.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Family generally gets along fairly well, but when conflicts arise resolution is difficult, or there is a history of significant conflict or family violence.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Family is generally argumentative, and significant conflict is a fairly constant theme in family communications.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Family experiences domestic violence. There is threat or occurrence of physical, verbal, or emotional altercations.

Supplemental Information: This indicator considers conflict among family members, including children and caregivers. All families have conflict. Occasional arguments are not only normal but 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. When rating this indicator consider all forms of conflict, including parent/child conflict, conflict between parents, and sibling conflict.

"Domestic violence" means the infliction or threat of physical harm against an intimate partner, and includes physical, sexual, and psychological abuse against the partner, and is a part of a pattern of assaultive, coercive, and controlling behaviors directed at achieving compliance from or control over that intimate partner. Resource: <https://app.leg.wa.gov/rcw/default.aspx?cite=70.123.020>

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FAMILY ROLE APPROPRIATENESS

This indicator refers to roles and boundaries within the family. Boundaries are the ability of family members to separate themselves as individuals and maintain role-appropriate communication among family members. Hierarchies refer to the organization of decision-making authority in the family.

Questions to Consider:

- What are the boundaries like between the family members?
 - What is the nature of the family hierarchy?
 - Are the children placed in positions where they may function in a parent capacity or be given responsibilities that are more appropriate for parents or other adults in the family?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Adaptive boundaries. Family has strong, appropriate boundaries among members. Clear inter-generational roles are maintained.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Mostly adaptive boundaries. Family has generally appropriate boundaries and roles. May experience some minor blurring of roles.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Limited adaptive boundaries. Family has difficulty maintaining appropriate boundaries and/or roles. Some significant role problems exist.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Significant difficulties with boundaries. Family has significant problems with establishing and maintaining reasonable boundaries and roles. Significant role confusion or reversals may exist.

Supplemental Information: This indicator is used to describe when family roles or boundaries get out of line with healthy development. For example, when parental mental health or substance use needs are evident, 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.

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FAMILY SAFETY

This indicator refers to the degree to which family members are safe from being injured in the home. This indicator describes whether individuals in the home present a danger to the family. This indicator does not describe situations in which caregivers are unable to prevent a child from hurting themselves despite well-intentioned efforts.

Questions to Consider:

- Is the family able to protect the family members from harm in the home?
 - Are there individuals living in the home or individuals who have access to the home that may pose risks to the family?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Family provides a safe home environment, and the family members are not at risk from others.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Family home environment is safe, but concerns exist about the safety of the family members due to family history or others in the household who present safety concerns.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Family home environment presents some danger from one or more individuals with access to the household.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Family home environment presents a clear and immediate risk of harm to the family members from one or more individuals.

Supplemental Information: In most cases, known risks of domestic violence indicate an immediate/intensive level of need (i.e., '3') on this indicator. This indicator would also include safety hazards in the home (e.g., unlocked guns, drug paraphernalia, structural concerns, or lack of developmentally appropriate child proofing).

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FINANCIAL RESOURCES

This indicator refers to income and other sources of money available to family members (particularly caregivers) that can be used to address family needs.

Questions to Consider:

- Does the family have sufficient funds or other resources necessary to meet the children and family's needs?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Family has the financial resources necessary to meet needs.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Family has the financial resources necessary to meet most needs, but the family has a history of financial hardship or there is reason to believe that some difficulties related to financial resources might exist.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Family has limited financial resources that constrain their ability to meet significant family needs.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Family is experiencing significant financial hardship or poverty. They need financial resources.

Supplemental Information: Families may desire more financial resources and few families have as many financial resources as they would like. A rating of '0' indicates a 'good enough' level of financial resources to meet the family's needs.

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RESIDENTIAL STABILITY

This indicator refers to the stability of the family's housing. This does not refer to the risk of placement outside of the family home for any member of the family.

Questions to Consider:

- Is the family's current housing situation stable?
-

Ratings and Descriptions

- | | |
|-------|---|
| 0 | <i>No evidence of any needs; no need for action.</i>
Family has stable housing for the foreseeable future. |
| <hr/> | |
| 1 | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.</i>
Family currently has stable housing; however, the family has a history of housing instability or there is reason to believe that there may be mild difficulties maintaining housing due to things such as difficulty paying rent or utilities or conflict with a landlord. |
| <hr/> | |
| 2 | <i>Need is interfering with functioning. Action is required to ensure that the identified need is addressed.</i>
Family has had to move in the past year or will have to move in the near future due to housing difficulties. |
| <hr/> | |
| 3 | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i>
Family has experienced being unhoused in the recent past. |
-

Supplemental Information: A '3' indicates problems of recently being unhoused. 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 indicator refers exclusively to the housing stability of the caregiver and should **not** reflect whether the child might be placed outside of the home.

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FAMILY COMMUNICATION

This indicator describes the ability of all family members to talk to each other about their thoughts and feelings. It should only be about communication within the family (but does not have to be in the same home).

Questions to Consider:

- Are family members generally aware of how other family members are doing?
 - Does lack of communication lead to problems within the family?
 - Are individual members of the family able to express their needs to other family members?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

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 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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 *Need is dangerous or disabling; requires immediate and/or intensive action.*

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.

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FAMILY STRENGTHS

This section of the FAST describes the assets and resources that can be accessed by the family system. The very first task of family assessment is to define family membership. In general, it is recommended that the family be allowed to define itself.

In addition to the family system's internal capacity, the assessment can be used to organize information about the family's external support network (Extended Family Relations, Natural Supports). The focus is on people and institutions that can help to support the family during difficult times and/or strengthen the family system and their ability to manage adversity. The indicators of this section should be rated within the context of what assets and resources can be utilized, strengthened, or developed in relation to the overall goals for the family system.

For the **Family Strengths** indicators, use the following categories and action levels:

- 0 Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
- 1 Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
- 2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
- 3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

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FAMILY SOCIAL IDENTITY

This indicator describes a central, shared, and guiding worldview that is inclusive of family cultural and/or ethnic identity. Signs of family social identity include a shared feeling of belonging and pride in ethnic group(s), a strong shared family narrative that includes knowledge of family history (how we got through, etc.), and a shared guiding narrative about values and expectations that is reflected in how families talk about their history. Family members share positive belief systems associated with their ability to band together to overcome adversity.

Questions to Consider:

- Does the family have a shared feeling of belonging with each other?
 - How consistent is the sense of family social identity across the family members?
 - How does the family get through adversities/hard times?
 - What values and expectations exist within the family?
 - What is the family's history with regard to family culture and/or ethnicity?
-

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Family has a strong social identity. The family's consistent and coherent view of itself as a family is a powerful organizing factor for the family. There is unanimity in the family of the importance of the family in all family member's lives.

- 1 *Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Family has a social identity. There is a consistent feeling among all family members that the family has a unique identity. There is a consistent recognition that the family is relevant in all family member's lives.

- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

At least one member of the family has a sense of a family social identity. However, this sense is not consistent across family members.

- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

No evidence that family has a family social identity. There does not appear to be a coherent and consistent view of itself as a family unit among any members of the family.

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PARENTAL/CAREGIVER COLLABORATION

This indicator refers to the relationship between parents (or other primary caregivers) and the skills related to working together in child-rearing activities.

Questions to Consider:

- How do caregivers handle disagreements between each other as they relate to parenting?
 - How well do caregivers communicate with one another regarding parenting of the children?
-

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*
Adaptive collaboration. Parents can work together regarding family issues and issues of the development and well-being of the child(ren). They are able to negotiate disagreements and work on challenges together.
-
- 1 *Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
Mostly adaptive collaboration. Generally good parental collaboration. While there may be occasional difficulties negotiating or miscommunications and misunderstandings, the caregivers are able to resolve these issues and remain focused on the well-being of the child(ren).
-
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
Caregivers need supports to strengthen the communication and collaboration skills of the caregiving system.
-
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
Caregivers cannot currently manage family disagreements, effectively communicate about supporting the child(ren)'s well-being and develop shared approaches to parenting.
-

Supplemental Information: Any time 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. This indicator assesses the collaboration of all parents/caregivers living within the same home as well as in separate homes. If a parent/caregiver is in the role of a sole caregiver with no opportunity for collaboration, this indicator would be rated '3.'

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RELATIONS AMONG SIBLINGS/CHILDREN

This indicator refers to how the children in the family (brothers and sisters, stepsiblings, half-siblings, foster siblings, as well as cousins or other non-related children in multifamily households) get along with each other.

Questions to Consider:

- Describe the relationship among the siblings/children in the family.
 - How do siblings/children currently handle disagreements?
 - How does the sibling respond if they recognize their sibling is facing a challenge?
-

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*
Adaptive relationships. Siblings or children in the family generally get along well and have a supportive relationship. They can identify their siblings' emotional needs and are responsive to those needs.
-
- 1 *Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
Mostly adaptive relationships. Siblings and/or other children in the family generally get along and there is a healthy and supportive relationship among the children. Siblings or children in the family will have the occasional disagreements or fights that they are able to resolve.
-
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
Siblings or children in the family need support to further develop a healthy and supportive sibling relationship. The children generally attempt to resolve any disagreements or fights but often rely on supports to do so.
-
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
No evidence that siblings or children in the family currently have a healthy and supportive relationship.
-

Supplemental Information: This indicator is rated based on whether any problems exist among any number of the siblings/children in the home that requires intervention. Thus a '2' could be used even in circumstances where the sibling or children's problems with each other just involve a relationship between two children in a much larger sibling group. If there is only one child in the home, this indicator would be rated '3.'

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EXTENDED FAMILY RELATIONS

This indicator refers to the family's relationship with other people who do not currently live with the family but can provide support (physical and emotional) to the family. Families can define who is included in their extended family relationship. This can include people who are not blood relatives (e.g., fictive kin, related by marriage, family by choice).

Questions to Consider:

- Does extended family play a role with the family?
 - What are the relationships like between the family members and the extended family?
-

Ratings and Descriptions

- | | |
|-------|--|
| 0 | <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i>
Extended family members play a consistent role in the functioning and well-being of the family. They have predominantly positive relationships with members of the extended family, and conflicts are resolved quickly. |
| <hr/> | |
| 1 | <i>Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i>
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. |
| <hr/> | |
| 2 | <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i>
Extended family members can be identified but are currently marginally involved in the functioning and well-being of the family. |
| <hr/> | |
| 3 | <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i>
Family either does not have extended family or current relationships are not positive and/or supportive. |
-

Supplemental Information: 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 indicator.

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NATURAL SUPPORTS

This indicator rates the level of support that the family can access from unpaid others. This indicator generally excludes immediate and extended family as well as professionals who provide support as a part of their contracted/paid services role.

Questions to Consider:

- Does the family have friends, connections from community groups (e.g., religious or volunteer group, activity, club, parents' group), or others who provide support?
 - Can the family call on this support network to help in times of need?
-

Ratings and Descriptions

- | | |
|-------|--|
| 0 | <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i>
Family has substantial natural supports to assist in addressing most family and child needs. |
| <hr/> | |
| 1 | <i>Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i>
Family has natural supports. |
| <hr/> | |
| 2 | <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i>
Family has limited natural supports. Natural supports can be identified, but they are not currently supportive. |
| <hr/> | |
| 3 | <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i>
No evidence of natural supports, or family has no natural supports. |
-

Supplemental Information: This indicator considers support from friends and community. The existing body of research in system of care indicates that this is the single hardest aspect of a 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 they would remain involved with the family even if they were not receiving payment.

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TRADITIONS AND CULTURAL RITUALS

This indicator rates the individual's access to and participation in cultural traditions, rituals and practices.

Questions to Consider:

- What holidays does the family celebrate? What traditions are important to them?
 - Are there any barriers to the individual or family practicing their traditions or cultural rituals?
 - Does the family fear discrimination for practicing their traditions or cultural rituals?
-

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Family consistently practices their chosen traditions and rituals consistent with their cultural identity.

1 *Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Family generally practices their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Family experiences significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

Family is unable to practice their chosen traditions and rituals consistent with their cultural identity.

Supplemental Information: For Indigenous families, traditions and cultural rituals could include connection to the land (e.g., hunting, fishing, and gathering), participation in ceremonies (e.g., sweat lodges, naming ceremonies), feasts, traditional art making/music (e.g., beading and drumming) memorial practices, acknowledgement of seasons, and engagement in traditional healing and prayer. This may include daily activities that are culturally specific (e.g., engaging in ceremony; smudging/prayer, wearing traditional clothing, and access to media). This indicator may also include traditions and rituals for families of other ethnicities and cultures, and the unique and meaningful practices that they may engage in or desire to engage in (e.g., celebrating Pride, wearing a hijab, praying to Mecca at specific times, eating a specific diet, celebrating Kwanzaa).

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ADVOCACY & CAPACITY

In Transformational Collaborative Outcomes Management (TCOM) access to care is not an outcome. In fact, we have not been successful helping people until we are able to say goodbye and people are able to help themselves. Therefore, developing the family's capacity to successfully advocate for themselves is an important part of our work. This section describes the family's advocacy skills along with their level of satisfaction with the level of services/ interventions they are receiving. The indicated advocacy skills may be characteristic of one person in the family rather than of all family members or even of all caregivers. For example, if any family member is knowledgeable about service options then that is an identified area of skill. Likewise, a lack of knowledge about service options by a family member responsible for finding services/ supports would be an area of skill development.

For the indicators in this section, rate the highest level of skill. The indicated advocacy skills may be characteristic of one person in the family rather than of all family members or even of all caregivers.

Please Note: The rating levels for these indicators are different from the other indicators both in the number of levels and the recommended actions. That is because these indicators reflect skills rather than needs or strengths. The ultimate goal of skill development is mastery but, prior to mastery, skills must be acquired and built into our routines. To capture the steps of skill development, a 5-level action rating is used in this section of the FAST.

For the **Advocacy & Capacity** indicators use the following categories and action levels:

- 0 Mastery, could teach others. Maintain mastery.
 - 1 Comfortable and routine. Develop mastery.
 - 2 Comfortable, but not routine. Build into a routine.
 - 3 Tried; not yet comfortable. Develop comfort.
 - 4 Have never done. Try the skill.
-

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KNOWLEDGE OF FAMILY AND CHILD NEEDS

This indicator refers to the caregiver's ability to recognize the needs of the family and individual family members.

Questions to Consider:

- Is the caregiver able to identify the needs of the family, or of the individual family members?
 - Is the caregiver's lack of understanding of the family's needs interfering with the family's functioning?
-

Ratings and Descriptions

0 *Mastery, could teach others. Maintain mastery.*

The caregiver has a strong understanding of family and child needs.

1 *Comfortable and routine. Develop mastery.*

The caregiver has a certain understanding of family and child needs but may require some help in learning about certain aspects of these needs; or there is a history of caregiver lack of knowledge.

2 *Comfortable, but not routine. Build into a routine.*

The caregiver sometimes identifies and understands family and/or child needs but occasionally still needs assistance to identify or understand needs.

3 *Tried; not yet comfortable. Develop comfort.*

The caregiver requires some assistance in identifying and understanding family and child needs.

4 *Have never done. Try the skill.*

The caregiver requires substantial assistance in identifying and understanding family and child needs.

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KNOWLEDGE OF SERVICE OPTIONS

This indicator refers to the choices the family might have for specific treatments, interventions, or other services that might help the family address their needs or the needs of one of the family's members.

Question to Consider:

- Does the caregiver understand what types of service options are available to their family?
-

Ratings and Descriptions

0 *Mastery, could teach others. Maintain mastery.*

The caregiver has a strong understanding of service options.

1 *Comfortable and routine. Develop mastery.*

The caregiver understands service options but may require some help in learning about certain aspects of these services; or there is a history of caregiver lack of understanding of service options.

2 *Comfortable, but not routine. Build into a routine.*

The caregiver sometimes understands service options but occasionally still needs assistance to understand available service options.

3 *Tried; not yet comfortable. Develop comfort.*

The caregiver requires some assistance in identifying and understanding service options.

4 *Have never done. Try the skill.*

The caregiver requires substantial assistance in identifying and understanding service options.

Supplemental Information: Not being knowledgeable of services does not indicate a parenting deficit or that the caregiver is not interested in acquiring services for their child, as this could be a new child and/or family need that requires services, such as addressing a new mental health and/or medical issues.

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KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES

This indicator refers to the caregiver's ability to understand and acknowledge the legal and social expectations and responsibilities of their caregiver roles.

Question to Consider:

- Does the individual understand their rights and responsibilities as a caregiver?
-

Ratings and Descriptions

0 *Mastery, could teach others. Maintain mastery.*

The caregiver has a strong understanding of rights and responsibilities.

1 *Comfortable and routine. Develop mastery.*

The caregiver understands rights and responsibilities but may require some help in learning about certain aspects of these rights and responsibilities; or there is a history of caregiver lack of understanding of rights and responsibilities.

2 *Comfortable, but not routine. Build into a routine.*

The caregiver sometimes understands rights and responsibilities but occasionally still needs assistance to understand some rights and responsibilities.

3 *Tried; not yet comfortable. Develop comfort.*

The caregiver requires some assistance in identifying and understanding rights and responsibilities.

4 *Have never done. Try the skill.*

The caregiver requires substantial assistance in identifying and understanding rights and responsibilities.

Supplemental Information: Lack of mastery, or action at any level, should be addressed primarily using educational resources (verbal and written).

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ABILITY TO RECEIVE FEEDBACK

This indicator refers to the caregiver's ability to hear both positive and negative feedback about themselves and family members. This indicator would include the caregiver asking clarifying questions.

Questions to Consider:

- Is the caregiver able to receive feedback and understand news regarding their family?
 - How does the family receive feedback from family members, natural supports, and professional supports?
-

Ratings and Descriptions

0 *Mastery, could teach others. Maintain mastery.*

The caregiver is able to listen, receive feedback, and understand both good and bad news regarding family and child issues.

1 *Comfortable and routine. Develop mastery.*

The caregiver is generally able but sometimes struggles to receive feedback—both good and bad news—regarding family and child issues.

2 *Comfortable, but not routine. Build into a routine.*

The caregiver sometimes receives feedback but occasionally still needs help to receive feedback effectively.

3 *Tried; not yet comfortable. Develop comfort.*

The caregiver requires some help to learn to listen and receive feedback effectively.

4 *Have never done. Try the skill.*

The caregiver requires substantial help to learn to receive feedback effectively.

Supplemental Information: Receiving or hearing feedback may be difficult when in an emotional or heightened defensive state, and it may take time to process the information. Listening also works both ways, so it is important to acknowledge different communication styles while respectfully engaging with caregivers and managing one's judgments or biases.

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ABILITY TO EXPRESS NEEDS

This indicator refers to the caregiver's ability to effectively describe their needs, thoughts, and feelings and those of other family members in a manner that others can understand.

Questions to Consider:

- Is the caregiver able to express their thoughts and feelings effectively?
 - Does the caregiver advocate for the needs of the child and family?
 - What impact does the caregiver's communication have on their ability to provide care for their children? Is the caregiver able to effectively advocate for their children?
-

Ratings and Descriptions

- | | |
|-------|---|
| 0 | <i>Mastery, could teach others. Maintain mastery.</i>
The caregiver is able to express feelings and thoughts effectively with regard to family and child issues. Others hear, understand, and respond. |
| <hr/> | |
| 1 | <i>Comfortable and routine. Develop mastery.</i>
The caregiver is generally able to express feelings and thoughts effectively but sometimes struggles to express them in a way that others can hear, listen, and/or understand. |
| <hr/> | |
| 2 | <i>Comfortable, but not routine. Build into a routine.</i>
The caregiver sometimes expresses feelings and thoughts effectively with regard to family and child issues but occasionally still needs help to learn to express feelings and thoughts effectively. |
| <hr/> | |
| 3 | <i>Tried; not yet comfortable. Develop comfort.</i>
The caregiver requires some help to learn to express feelings and thoughts effectively with regard to family and child issues. |
| <hr/> | |
| 4 | <i>Have never done. Try the skill.</i>
The caregiver requires substantial help to learn to express feelings and thoughts effectively with regard to family and child issues. |
-

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CULTURAL FACTORS

These indicators identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide an interpreter, find a therapist who speaks family's primary language, and/or ensure that a family has the opportunity to participate in cultural rituals associated with their cultural identity). Indicators in the Cultural Factors section describe difficulties that families may experience or encounter as a result of their membership in any cultural group and/or because of the relationship between members of that group and members of the dominant society. The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individuals within the family.

For the **Cultural Factors** indicators, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
 - 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.
 - 2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
 - 3 Need is dangerous or disabling; requires immediate and/or intensive action.
-

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LANGUAGE AND/OR LITERACY

This indicator looks at whether the family needs help with communication to obtain the necessary resources, supports, and accommodations (e.g., interpreter). This indicator includes spoken, written, and sign language and literacy.

Questions to Consider:

- What language does the family speak at home?
 - Is there a child interpreting for the family in situations that may compromise the child or family's care?
 - Does the child or significant family members have any special needs related to communication and are those needs being met (e.g., English as a Second Language, American Sign Language, Braille, or assisted technology)?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*

No evidence that there is a need or preference for an interpreter and/or the family speaks and reads the primary language where they live.

- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Family speaks or reads the primary language where they live, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.

- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Children and/or caregivers do not speak the primary language where the family lives. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.

- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Children and/or caregivers do not speak the primary language where the family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

Supplemental Information: This indicator assesses the language barriers and literacy needs that may exist for the family if they do not have the necessary resources. This indicator is about the family's interaction within their community.

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CULTURAL STRESS

This indicator identifies circumstances in which the family's cultural identity is met with hostility or other problems within their environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the child and their family). Racism, negativity toward sexual orientation, gender identity, and expression (SOGIE), and other forms of discrimination would be rated here.

Questions to Consider:

- What does the family believe is their reality of discrimination?
 - How do they describe discrimination or oppression?
 - Does this impact their functioning as both individuals and as a family?
 - How does the caregiver support the child's identity and experiences if different from the caregiver's own?
-

Ratings and Descriptions

- | | |
|-------|--|
| 0 | <i>No evidence of any needs; no need for action.</i>
No evidence of stress between the family's cultural identity and current environment or living situation. |
| <hr/> | |
| 1 | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.</i>
Some mild or occasional stress resulting from friction between the family's cultural identity and current environment or living situation. |
| <hr/> | |
| 2 | <i>Need is interfering with functioning. Action is required to ensure that the identified need is addressed.</i>
Family is experiencing cultural stress that is causing problems of functioning in at least one life domain. Family needs support to learn how to manage cultural stress. |
| <hr/> | |
| 3 | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i>
Family is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Family needs immediate plan to reduce cultural stress. |
-

Supplemental Information: This indicator assesses the cultural stress that may be occurring within the family, natural supports, community, and systems. Other components to be considered are religion, spirituality, perspectives on health and healing practices, socioeconomic status, military involvement, etc.

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CAREGIVER ASSESSMENT

This section describes the individual strengths and needs of each of the caregivers in the family. These are the adults in the family who have been identified as having some responsibility for helping raise the children in the family. A single-parent household with no other adults would have one caregiver. However, if two single-parent households (i.e., separated parents) share custody or caregiving responsibilities then two caregivers would be rated (i.e., one in each household). Adults in the family with no caregiving responsibilities are not rated here. For example, if the elderly mother of one of the parents lives with them but has no role in taking care of the children, she would not be included. Alternatively, in a multigenerational family in which the grandmother is an active caregiver, the grandmother would be included in the ratings of caregivers.

CAREGIVER NEEDS

For the **Caregiver Needs** indicators, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
 - 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.
 - 2 Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
 - 3 Need prevents the provision of care; requires immediate and/or intensive action.
-

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MONITORING

This indicator refers to the success with which the caregiver is able to supervise children in their care. This indicator should be rated consistent with the age and developmental needs of the child.

Questions to Consider:

- Does the caregiver provide consistent supervision to the children?
 - Does the caregiver think they need some help with these issues?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

There is no evidence that the caregiver has difficulties monitoring the children in their care. Caregiver demonstrates consistent ability to monitor children in their care according to their developmental needs.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

The caregiver demonstrates generally good ability to supervise children in their care, but some problems may occur occasionally or there is a history of inadequate monitoring.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

The caregiver has difficulty maintaining an appropriate level of monitoring of children in their care.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

The caregiver has significant problems maintaining any monitoring of children in their care.

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KNOWLEDGE

This indicator identifies the caregiver's knowledge of the children's strengths and needs – psychological, medical, educational, etc. – and the caregiver's understanding of the rationale for the treatment or management of these needs.

Questions to Consider:

- Does the caregiver understand the child's current mental health, medical, and educational needs?
 - Does the caregiver's expectations of the individual reflect an understanding of the child's mental or physical challenges?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the children's psychological strengths and weaknesses, talents, and limitations.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
The caregiver, while being generally knowledgeable about the children, has some gaps in knowledge or understanding of the child's psychological condition, talents, skills, and assets.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver does not know or understand the children well, and significant gaps exist in the caregiver's ability to relate to the children's needs and strengths.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has little or no understanding of the children's current condition. Caregiver's lack of knowledge about the children's strengths and needs places them at risk of significant negative outcomes.
-

Supplemental Information: Consider how the caregiver makes sense of and explains the child's behaviors. For example, does the caregiver have unrealistic expectations or beliefs that the child(ren) are intentionally misbehaving?

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BOUNDARIES

This indicator refers to the caregiver's ability to maintain appropriate boundaries. This indicator may include physical separation, respecting privacy, and preventing children from being exposed to developmentally-inappropriate information.

Questions to Consider:

- What is the nature of the caregiver's boundaries in relation to others?
 - Does the caregiver have any difficulties in maintaining their boundaries? Or are the caregiver's boundaries overly rigid?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Adaptive boundaries. Caregiver has strong, appropriate boundaries between themselves and their children.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Mostly adaptive boundaries. Caregiver has generally appropriate boundaries between themselves and their children. Mild boundary violations may occur at times. Minor problems of rigidity of boundaries may occur.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Limited adaptive boundaries. Caregiver has problems maintaining appropriate boundaries between themselves and their children. Mild boundary violations may be routine, or significant boundary violations may be occasional. Boundaries may be rigid.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Significant difficulties with boundaries. Caregiver has significant and consistent problems maintaining appropriate boundaries between themselves and their children or is excessively rigid in their boundaries.

Supplemental Information: A caregiver sharing inappropriate information with a child about another family member or member of the community would be a need in this area. The caregiver is expected to maintain boundaries that respect their privacy and the privacy of their children. When rating this indicator, as with all other indicators, it is important to consider the family's culture.

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DISCIPLINE

Discipline refers to the caregiver's ability to encourage positive behaviors by children in their care through the use of a variety of techniques including, but not limited to, praise, redirection, and punishment.

Questions to Consider:

- Is the caregiver able to provide appropriate limits to the children?
 - Does the caregiver provide appropriate support to the child to meet caregiver's expectations?
 - Does the caregiver think they need some help with these issues?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

There is no evidence that the caregiver has difficulty with discipline. The caregiver generally demonstrates the ability to discipline children in their care in a consistent and benevolent manner. They usually are able to set age-appropriate limits and to enforce them.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

The caregiver is often able to set age-appropriate limits and enforce them. On occasion their interventions may be either too harsh or too lenient, but at other times their expectations of children in their care may be too high or too low, or there is a history of inappropriate discipline.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

The caregiver demonstrates limited ability to discipline children in their care in a consistent and benevolent manner. They are rarely able to set age-appropriate limits and enforce them. Their interventions may be erratic and overly harsh but not physically harmful. Their expectations of children in their care are frequently unrealistic.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

The caregiver disciplines children in their care 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, or physically harmful.

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MEDICAL/PHYSICAL

This indicator refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to care for the family and children. This indicator does not rate depression or other mental health issues.

Questions to Consider:

- How is the caregiver's health?
 - Does the caregiver have the physical ability to provide care?
 - Does the caregiver have any health problems that limit their ability to care for the family?
-

Ratings and Descriptions

- | | |
|-------|---|
| 0 | <i>No evidence of any needs; no need for action.</i>
No evidence of medical or physical health problems. Caregiver is generally healthy. |
| <hr/> | |
| 1 | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.</i>
There is a history or suspicion of, and/or caregiver is in recovery from, medical/physical problems. |
| <hr/> | |
| 2 | <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i>
Caregiver has medical/physical problems that interfere with the capacity to provide care to the child. |
| <hr/> | |
| 3 | <i>Need prevents the provision of care; requires immediate and/or intensive action.</i>
Caregiver has medical/physical problems that make providing care for the children impossible at this time. |
-

Supplemental Information: This indicator assesses the caregiver's physical and medical status and their ability to care for the children in the family. Consider actions that need to be performed in the home and community, including the ability to walk children to the bus stop, lift or carry a young child, prepare lunches, etc. Mental health concerns that may be impacting parenting are rated elsewhere.

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MENTAL HEALTH

This indicator refers to any serious mental health issues (not including substance use) among caregivers that might limit their capacity for parenting of/caregiving to the children.

Questions to Consider:

- Does the caregiver have any mental health needs?
 - Are the caregiver's mental health needs interfering with their functioning?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of caregiver mental health needs.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
There is a history or suspicion of mental health needs and/or caregiver is in recovery from mental health needs.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver's mental health needs interfere with their capacity to parent.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has mental health needs that make it impossible to parent the children at this time.
-

Supplemental Information: This section may include but is not limited to whether the caregiver has experienced depression, anxiety, impulse control issues, post-traumatic reactions, difficulty with emotional regulation, lack of coping skills, psychosis, etc., that impacts their ability to parent.

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DEVELOPMENTAL

This indicator describes the presence of limited cognitive capacity or developmental disabilities that challenge the caregiver's ability to parent.

Question to Consider:

- Has the caregiver been identified with any developmental disabilities or intellectual disabilities?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Caregiver has developmental challenges. The developmental challenges do not currently interfere with functioning, including parenting.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has developmental challenges that interfere with the capacity to parent the child.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has severe developmental challenges that make it currently impossible to parent the child at this time.

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SUBSTANCE USE

This indicator rates the impact of any notable substance use by the caregiver that might limit their capacity to provide care for the child.

Questions to Consider:

- Does the caregiver use substances when providing care for the child?
 - Does the caregiver's substance use impact their ability to parent?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of caregiver substance use issues.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
There is a history of some misuse of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to parent.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has substance misuse difficulties that interfere with their capacity to parent.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has substance misuse difficulties that make it impossible to parent the child at this time.
-

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DISTRESS TOLERANCE

This indicator describes how the caregiver is able to manage stress, which includes their knowledge, utilization and effectiveness of self-care, coping and regulating skills.

Questions to Consider:

- How has the caregiver been managing stress?
 - What is working or has worked in the past?
-

Ratings and Descriptions

- | | |
|-------|---|
| 0 | <i>No evidence of any needs; no need for action.</i>
Caregiver has strong ability to manage distress in a fashion that buffers and supports children in the family. |
| <hr/> | |
| 1 | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.</i>
Caregiver has good ability to manage distress although at times may not be successful in fully buffering children in the family. |
| <hr/> | |
| 2 | <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i>
Caregiver has difficulties managing distress. Distress tolerance challenges have a functional impact on caregiving. |
| <hr/> | |
| 3 | <i>Need prevents the provision of care; requires immediate and/or intensive action.</i>
Caregiver magnifies distress and spreads it to children in the family. Caregiver(s) openly shares all of their distress with children on a regular basis. |
-

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FAMILY STRESS

This indicator describes how the stress experienced by the family impacts the family functioning and the caregiver's ability to provide care to family members. Stresses may include, but not limited to: arguments; family or marital violence; sibling conflict; difficult separation or divorce; significant child mental health, developmental, or juvenile justice needs; and significant caregiver mental health, substance use, or criminal justice needs.

Questions to Consider:

- Are the family members able to deal with their family stresses?
 - Are there marital difficulties or sibling issues that increase family stress?
 - Has stress led to other problems within the family?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
There is no evidence that family stress is impacting family functioning or the caregiver's ability to provide care.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.*
There is a history of or current family stress that is not yet interfering with family functioning or the caregiver's ability to provide care.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
There is evidence of family stress that impacts family functioning and interferes with the caregiver's ability to provide care.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Family stress impacts family functioning and prevents the caregiver from providing care.
-

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CAREGIVER STRENGTHS

For the **Caregiver Strengths** indicators, use the following categories and action levels:

- 0 Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
- 1 Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
- 2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
- 3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

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INVOLVEMENT IN CAREGIVING

This indicator refers to the degree to which the individual is actively involved in being a parent/caregiver.

Questions to Consider:

- How actively involved is the individual in the daily life of the family?
 - Is the caregiver an advocate for the child?
 - Would they like any help to become more involved?
-

Ratings and Descriptions

- | | |
|-------|---|
| 0 | <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i>
Caregiver is actively and fully involved in daily family life. |
| <hr/> | |
| 1 | <i>Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i>
Caregiver is involved in daily family life. There may be occasions when the individual is less involved because they are distracted by internal stressors and/or other external events or responsibilities, or there is a history of the caregiver not being involved. |
| <hr/> | |
| 2 | <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i>
The caregiver is involved in daily family life but only maintains minimal daily interactions for extended periods of time. |
| <hr/> | |
| 3 | <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i>
The caregiver is mostly uninvolved in daily family life. The caregiver may not interact with their children on a daily basis. |
-

Supplemental Information: Assess this indicator based on the parent/caregiver's abilities and what they are authorized to participate in regarding caregiving. For parents/caregivers who are only involved in caregiving via supervised visitation, involvement in caregiving should be considered within the context of the parent's/caregiver's supervised visits — given this context, are they requesting/advocating for visits, interested in/involved with the child and the care that they are receiving? Are they showing up and using the visits with their child appropriately? Are they preparing for the visit? Attending on time? If appropriate and/or authorized, are they participating in school/medical/dental or other appointments the child may have? During the visit are they able to cope with the complicated emotions that may arise within them in relation to their child?

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EMOTIONAL RESPONSIVENESS

This indicator refers to the caregiver's ability to understand and respond to the joys, sorrows, and other feelings of the child.

Questions to Consider:

- Is the caregiver's emotional response appropriate toward the child?
 - Is the caregiver empathetic toward the child?
-

Ratings and Descriptions

- | | |
|-------|--|
| 0 | <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i>
Adaptive emotional responsiveness. Caregiver is emotionally empathetic and attends to child's emotional needs. |
| <hr/> | |
| 1 | <i>Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i>
Caregiver is generally emotionally empathetic and typically attends to child's emotional needs. |
| <hr/> | |
| 2 | <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i>
Caregiver has limited adaptive emotional responsiveness. |
| <hr/> | |
| 3 | <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i>
No evidence that the caregiver currently possesses any capacity with regard to emotional responsiveness. |
-

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ORGANIZATION

This indicator describes the caregiver's ability to organize and manage their household, services and related activities.

Questions to Consider:

- Does the caregiver need or want help with managing their home?
 - Can the caregiver get to appointments or manage a schedule?
 - Does the caregiver get their child to appointments or school on time?
-

Ratings and Descriptions

- | | |
|-------|--|
| 0 | <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i>
The caregiver is well organized and efficient. The caregiver's organizational skills can drive any plan. |
| <hr/> | |
| 1 | <i>Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i>
The caregiver has adequate organizational skills. |
| <hr/> | |
| 2 | <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i>
The caregiver has limited ability to stay organized. |
| <hr/> | |
| 3 | <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i>
No evidence that the caregiver is able to organize household to support needed services. |
-

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SELF-CARE

This indicator describes the caregiver's ability to take care of themselves emotionally.

Questions to Consider:

- Does the caregiver understand the importance of taking care of themselves emotionally?
 - Does the caregiver engage in self-care activities?
-

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

The caregiver understands the importance of taking care of oneself emotionally and is skilled in doing so. The caregiver consistently and routinely engages in self-care activities.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

The caregiver knows the importance of caring for oneself.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

The caregiver recognizes the importance of taking care of oneself emotionally and may have some skills in doing so but has never engaged in these activities.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

The caregiver does not understand the importance of self-care and has never engaged in these activities; OR the caregiver does not value self-care and is not interested in engaging in these activities.

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CHILD ASSESSMENT

This section describes the needs and strengths of each of the children in the family. Sometimes circumstances exist that make it difficult to decide whether a family member is best rated as a caregiver or a child. In general, every family member under the age of 18 would be rated in the child section. Young adults could be rated as caregivers if their family roles are more congruent with that designation. All of these indicators should be rated using a developmental framework.

AGE 0-5 CHILD FUNCTIONING

For the **Age 0-5 Child Functioning Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.
- 2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

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EARLY EDUCATION

This indicator rates the child's experiences in educational settings (such as childcare and preschool) and the child's ability to get their needs met in these settings. This indicator also considers the presence of problems within these environments in terms of attendance, progress, support from the school staff to meet the child's needs, and the child's behavioral response to these environments.

Questions to Consider:

- What is the child's experience in preschool/childcare?
 - Does the child have difficulties with learning new skills, social relationships, or behavior?
-

Ratings and Descriptions

- | | |
|-------|--|
| 0 | <i>No evidence of any needs; no need for action.</i>
No evidence of problems with functioning in current educational environment. |
| <hr/> | |
| 1 | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.</i>
History or evidence of problems with functioning in current childcare or preschool environment. Child may be enrolled in a special program. |
| <hr/> | |
| 2 | <i>Need is interfering with functioning. Action is required to ensure that the identified need is addressed.</i>
Child is experiencing difficulties maintaining their behavior and/or progress in educational environment. |
| <hr/> | |
| 3 | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i>
Child's problems with functioning in the childcare or preschool environment place them at immediate risk of being removed from program due to their behaviors, lack of progress, or unmet needs. |
-

Supplemental Information: Children under 5 who are not in any congregate learning settings (Early Head Start, Head Start, Preschool, Pre-K) would be rated a '0' here.

Understanding the importance of early education and care in early childhood: Infants, toddlers and preschoolers often spend most of their day with alternate caregivers. It is critical that these environments meet the needs of these individuals. There has been a great deal of momentum in the field of infant mental health to promote positive care-giving practices within these environments. The same parenting practices and care-giving techniques that are taught to parents need to be promoted within early care/education settings. [continues]

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EARLY EDUCATION continued

These experiences are often critical in supporting growth and development and allowing the child to feel positive about relationships with others outside of the home. Early care and education settings have the potential to impact a child's development, school success and overall life success.

The quality of the day care environment is important to consider, as well as the day care's ability to meet the needs of the individual within a larger care-giving context. It is important for infants and children to be supported in ways that appreciate their individual needs and strengths.

Indicators of a high-quality early care/educational setting:

- Infant or child seems comfortable with caregivers and environment
- Environment has sufficient space and materials for children it serves
- Environment offers a variety of experiences and opportunities
- Allowances for individual differences, preferences and needs are tolerated
- Caregivers can offer insight into child's experiences and feelings
- Caregivers provide appropriate structure to the child's day
- Scheduled times for eating, play and rest
- Caregivers provide appropriate level of supervision and limit setting
- Child's peer interactions are observed, supported, and monitored
- Correction is handled in a calm and supportive manner
- Child is encouraged to learn and explore at their own pace
- A variety of teaching modalities are utilized
- All areas of development are valued and supported simultaneously
- Small group sizes
- Low child-adult ratios
- Safe and clean environment
- Early care/education setting provides frequent and open communication with parents

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SOCIAL AND EMOTIONAL FUNCTIONING

This indicator rates the child's social and relationship functioning. This includes age-appropriate behavior and the ability to engage and interact with others. When rating this indicator, consider the child's level of development.

Questions to Consider:

- How does the child get along with others?
 - Can an infant engage with and respond to adults?
 - Can a toddler interact positively with peers?
 - Does the child interact with others in an age-appropriate manner?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of problems with social functioning; child has positive social relationships.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child is having some problems in social relationships. Infants may be slow to respond to adults, toddlers may need support to interact with peers, and preschoolers may resist social situations.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child is having problems with their social relationships. Infants may be unresponsive to adults and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child is experiencing disruptions in their social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults and/or aggression may be putting others at risk.
-

Supplemental Information: Understanding social development in early childhood: This indicator is important to assess due to how significantly it relates to all other areas of development. A child that is struggling in their capacity to relate to their parents, caregivers, and peers will also struggle in their ability to find support for the other areas of development. The importance of the parent/child relationship and the child's capacity to socialize and regulate their emotions give a child the tools to move forward in all other areas. [continues]

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SOCIAL FUNCTIONING continued

Assessment of social functioning in early childhood: The following table presents a list of developmental milestones for social functioning (ZTT, 2016). It is important to remember that the following table lists just some examples of general developmental milestones. In addition, “milestones” change as new information is learned from work in the field. For the most up-to-date information, please refer to resources that can be found on the Zero to Three website:

<https://www.zerotothree.org/our-work/learn-professional-development/dc0-5-manual-and-training/>.

While milestones can provide a general range of time when certain aspects of development may occur, every child develops at their own unique pace. In addition, the range of “normal development” is highly influenced by family and community culture. Some items in the table below may not be appropriate markers of normal development in every family or community, and it may be helpful to create cultural adaptations of specific milestones, depending on the cultural context. For example, an item that addresses the child’s ability to feed themselves with a fork may not be relevant in cultures in which chopsticks are the primary eating utensil. An obvious substitution for some families may be chopsticks; however, children may not master this skill until later than eating with a spoon because families may not encourage children to feed themselves until they are older and eating with chopsticks may require more advanced fine motor and cognitive skills than eating with a spoon (ASQ, 2014).

Social Functioning Developmental Milestones

By 3 Months	• Smiles responsively (i.e., social smile) • Imitates simple facial expressions (e.g., smiling, sticking tongue out) • Looks at caregiver’s face • Coos responsively • Localizes to familiar voices and sounds • Shows interest in facial expressions • Is comforted by proximity of caregiver
By 6 Months	• Imitates some movements and facial expressions (e.g., smiling, frowning) • Engages in socially reciprocal interactions (e.g., playing simple back-and-forth games) • Seeks social engagement with vocalizations, emotional expressions, or physical contact • Watches face closely • Responds to affection with smiling, cooing, or settling • Recovers from distress when comforted by caregiver [continues]

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By 9 months	• Distinguishes between familiar and unfamiliar voices • Shows some stranger wariness • Demonstrates preference for caregivers • Protests separation from caregiver • Enjoys extended play with others • Engages in back-and-forth, two-way communication using vocalizations and eye movement • Mimics other's simple gestures • Follows other's gaze and pointing
By 12 months	• Looks to caregiver for information about new situations and environments • Looks to caregiver to share emotional experiences • Responds to other people's emotions (e.g., displays somber, serious face in response to sadness in parent, smiles when parent laughs) • Offers object to initiate interaction (e.g., hands caregiver a book to hear a story) • Plays interactive games (e.g., peek-a-boo, patty-cake) • Looks at familiar people when they are named • Gives object to seek help (e.g., hands shoe to parent) • Extends arm or leg to assist with dressing
By 15 months	• Seeks and enjoys attention from others, especially caregivers • Shows affection with kisses (without pursed lips) • Demonstrates cautious or fearful behavior such as clinging to or hiding behind caregiver • Engages in parallel play with peers • Presents a book or toy when they want to hear a story or play • Repeats sounds or actions to get attention • Enjoys looking at picture books with caregiver • Initiates joint attention (e.g., points to show something interesting or to get others' attention)
By 18 months	• Shares humor with peers or adults (e.g., laughs at and makes funny faces or nonsense rhymes) • Likes to hand things to others during play • Engages in reciprocal displays of affection (e.g., hugs or kisses with a pucker) • Asserts autonomy (e.g., "Me do") • Reacts with concern when someone appears hurt • Leaves caregiver's side to explore nearby objects or settings • Engages in teasing behavior such as looking at caregiver and doing something "forbidden" • When pointing, looks back at caregiver to confirm joint attention [continues]

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SOCIAL AND EMOTIONAL FUNCTIONING continued

By 24 months	• Exhibits empathy (e.g., offers comfort when someone is hurt) • Attempts to exert independence frequently • Imitates others' complex actions, especially adults and older children (e.g., putting plates on a table, posture, gesture) • Enjoys being with other young children • Takes pride and pleasure in accomplishments • Primarily plays in proximity to young children; notices and imitates other young children's play • Responds to being corrected or praised
By 36 months	• Expresses affection openly and verbally • Shows affection to peers without prompting • Shares without prompts • Can wait turn in playing games • Shows concern for crying peers by taking action • Engages in associate play with peers (e.g., participate in similar activities without formal organization but with some interaction) • Shares accomplishments with others • Helps with simple household chores
By 48 months	• Pretends to play "Mom" or "Dad" or other relevant caregivers • Asks about or talks about caregiver when separated • Engages in cooperative play with other young children • Has a preferred friend • Expresses interests, likes, and dislikes
By 60 months	• Shows increased confidence associated with greater independence and autonomy • Wants to please friends • Emulates role models, real and imaginary • Values rules in social interactions • Participates in group activities that require assuming roles (e.g., Follow the Leader) • Modulates or modifies voice correctly depending on situation or listener (adult, another child, younger child)

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DEVELOPMENTAL/INTELLECTUAL

This indicator describes the child's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities or delays. It includes Intellectual Developmental Disorder (IDD) and neurodevelopmental disorders (e.g., Autism Spectrum Disorders).

Questions to Consider:

- Does the child's growth and development seem age-appropriate?
 - Does the child's doctor have concerns about the child's development and/or intellect?
 - Has the child been screened for any developmental problems?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of developmental delay and/or child has no developmental problems or intellectual disability.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

There are concerns about possible developmental delay. Child may have low IQ, a documented delay, or documented borderline intellectual disability (i.e., FSIQ 70-85). Mild deficits in adaptive functioning or development are indicated.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child has mild developmental delays (i.e., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/IDD. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or neurodevelopmental disorder (e.g., Autism Spectrum Disorder) with marked to profound deficits in adaptive functioning in one or more areas: communication, social functioning, and self-care across multiple environments.

Supplemental Information: Understanding cognitive development in early childhood: This area of development is important to assess due to its impact on all other areas of development. A child that is impaired in their cognitive functioning will demonstrate limitations in other areas of development, especially their language development and self-help skills. This is an area in which early intervention is critical. [continues]

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DEVELOPMENTAL/INTELLECTUAL continued

Assessment of cognitive functioning in early childhood: The following table presents a list of developmental milestones for functioning (ZTT, 2016). It is important to remember that the following table lists just some examples of general developmental milestones. In addition, “milestones” change as new information is learned from work in the field. For the most up-to-date information, please refer to resources that can be found on the Zero to Three website: <https://www.zerotothree.org/our-work/learn-professional-development/dc0-5-manual-and-training/>.

While milestones can provide a general range of time when certain aspects of development may occur, every child develops at their own unique pace. In addition, the range of “normal development” is highly influenced by family and community culture. Some items in the table below may not be appropriate markers of normal development in every family or community, and it may be helpful to create cultural adaptations of specific milestones, depending on the cultural context. For example, an item that addresses the child’s ability to feed themselves with a fork may not be relevant in cultures in which chopsticks are the primary eating utensil. An obvious substitution for some families may be chopsticks; however, children may not master this skill until later than eating with a spoon because families may not encourage children to feed themselves until they are older and eating with chopsticks may require more advanced fine motor and cognitive skills than eating with a spoon (ASQ, 2014).

By 3 Months	• Follows people and objects with eyes • Loses interest or protests if activity does not change
By 6 Months	• Tracks moving objects with eyes from side to side • Experiments with cause and effect (e.g., bangs spoon on table) • Smiles and vocalizes in response to own face in mirror image • Recognizes familiar people and things at a distance • Demonstrates anticipation of certain routine activities (e.g., shows excitement in anticipation of being fed)
By 9 Months	• Mouths or bangs objects • Tries to get objects that are out of reach • Looks for things they see others hide (e.g., toy under a blanket)
By 12 Months	• Watches the path of something as it falls • Has favorite objects (e.g., toys, blanket) • Explores objects and how they work in multiple ways (e.g., mouthing, touching, dropping) • Fills and dumps containers • Plays with two objects at the same time
By 15 Months	• Imitates complex gestures (e.g., signing) • Finds hidden objects easily • Uses objects for their intended purpose (e.g., drinks from a cup, smooths hair with a brush) [continues]

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DEVELOPMENTAL/INTELLECTUAL continued

By 18 months	• Enacts play sequences with objects according to their use (e.g., pushing a dump truck and emptying its cargo) • Shows interest in a doll or stuffed animal • Points to at least one body part • Points to self when asked • Plays simple pretend games (e.g., feeding a doll) • Scribbles with crayon, marker, and so forth • Turns pages of book • Recognizes self in mirror
By 2 Years	• Finds things even when hidden under two or three covers or when hidden in one place and moved to another • Begins to sort shapes and colors • Completes sentences and rhymes from familiar books, stories, and songs • Plays simple make-believe games (e.g., pretend meal) • Builds towers of four or more blocks • Follows two-step instructions (e.g., "Pick up your shoes and put them in the closet")
By 3 Years	• Labels some colors correctly • Plays thematic make-believe with objects, animals, and people • Answers simple "Why" questions (e.g., "Why do we need a coat when it's cold outside?") • Shows awareness of skill limitations • Understands "bigger" and "smaller" • Understands concept of "two" • Enacts complex behavioral routines observed in daily life of caregivers, siblings, and peers • Solves simple problems (e.g., obtains a desired object by opening a container) • Attends to a story for 5 minutes • Plays independently for 5 minutes
By 4 Years	• Names several colors and some numbers • Counts to five • Has rudimentary understanding of time • Shares past experiences • Remembers part of a story • Engages in make-believe play with capacity to build and elaborate on play themes • Connects actions and emotions • Responds to questions that require understanding of "same" and "different" • Draws a person with two to four body parts • Understands that actions can influence others' emotions (e.g., tries to make others laugh by telling a joke) [continues]

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DEVELOPMENTAL/INTELLECTUAL continued

By 4 Years continued	• Waits for turn in simple game • Plays board or card games with simple rules • Describes what is going to happen next in a book • Talks about right and wrong
By 5 Years	• Counts to 10 or more things • Tells stories with beginning, middle, and end • Draws a person with at least six body parts • Acknowledges own mistakes or misbehaviors and can apologize • Distinguishes fantasy from reality most of the time • Names four colors correctly • Follows rules in simple games • Knows functions of every day household objects (e.g., money, cooking utensils) • Attends to group activity for 15 minutes (e.g., circle time, storytelling)

MEDICAL/PHYSICAL

This indicator describes both health problems and chronic/acute physical conditions or impediments.

Questions to Consider:

- Is the child generally healthy?
 - Does the child have any medical problems?
 - Does the child's doctor have concerns about the child's health?
 - How much does the health or medical issue interfere with the child's life?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence that the child has any medical or physical problems, and/or child is healthy.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child has mild, transient, or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child has serious medical or physical problems that require medical treatment or intervention. Or child has a chronic illness or a physical challenge that requires ongoing medical intervention.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child's safety, health, and/or development.

Supplemental Information: Most transient, treatable conditions would be rated as a '1.' Most chronic conditions (e.g., diabetes, severe asthma) would be rated a '2.' The rating '3' is reserved for life-threatening medical conditions or children with chronic illness or physical challenges that, if not sufficiently managed, pose an imminent danger to the child's safety, health and/or development, and require ongoing intervention.

Understanding medical health status in early childhood: If a child is experiencing any medical conditions, obtaining information regarding the impact to the child and the impact to the caregiver in monitoring and treating this condition are both needed to make the assessment of how to rate this indicator. A child may have a medical condition that is considered a chronic condition, but this is managed well by the child and family and therefore not causing problems in their functioning. A child's nutritional and physical condition should be considered in this rating as well. A child may not have a medical condition but appears tired, reports feeling badly or misses school frequently.

[continues]

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MEDICAL/PHYSICAL

Assessment of physical abilities in early childhood: If a child is experiencing any physical health limitations, obtaining information regarding the impact to the child and the family are both needed to make the assessment of how to rate this indicator. A child may have a physical health limitation that is considered “disabling,” but it may be managed well by the family and therefore not causing problems in their functioning.

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SLEEP (AGES 12+ MONTHS)

This indicator rates the child's sleep patterns. This indicator is used to describe any problems with sleep regardless of the cause, including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues. **The child must be 12 months of age or older to rate this indicator.**

Questions to Consider:

- Does the child appear rested?
 - What are the child's nap and bedtime routines?
 - How does the child's sleep routine impact the family?
-

Ratings and Descriptions

- | | |
|-------|---|
| 0 | <i>No evidence of any needs; no need for action.</i>
Child gets a full night's sleep each night. |
| <hr/> | |
| 1 | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.</i>
Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening, bedwetting, or having nightmares. |
| <hr/> | |
| 2 | <i>Need is interfering with functioning. Action is required to ensure that the identified need is addressed.</i>
Child is having problems with sleep. Sleep is disrupted often, and child seldom obtains a full night of sleep. |
| <hr/> | |
| 3 | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i>
Child is generally sleep deprived. Sleeping is almost always difficult, and the child is not able to get a full night's sleep. |
-

Supplemental Information: If the child is younger than 12 months (1 year) of age, use '0.'

Understanding sleep behaviors in early childhood: Sleep is one of the primary reasons that families seek intervention. This is often due to the impact that this has on parents/caregivers and siblings. The bedtime routine and actual amount of time spent asleep may be of concern to caregivers. Sleep habits can be influenced by several different factors, including family and community culture, individual temperament, environmental factors, and developmental stage (Grow by WebMD, 2020). Changes in sleep habits are common when young children are growing physically or developmentally, such as when they are learning a new skill, like walking or talking (ZTT, ND). [continues]

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SLEEP continued

Age	Typical Sleep Patterns
1-4 Weeks	Newborns typically sleep about 15 to 18 hours a day, but only in short periods of two to four hours. Premature babies may sleep longer, while colicky babies may sleep less. Since newborns do not yet have an internal biological clock, or circadian rhythm, their sleep patterns are not related to the daylight and nighttime cycles. In fact, they tend not to have much of a pattern at all.
1-4 Months	By 6 weeks of age, babies are beginning to settle down a bit, and more regular sleep patterns may emerge. The longest periods of sleep run four to six hours and now tend to occur more regularly in the evening.
4-12 Months	While up to 15 hours is ideal, most infants up to 11 months old get only about 12 hours of sleep. Babies typically have three naps and drop to two at around 6 months old, at which time (or earlier) they are physically capable of sleeping through the night. Establishing regular naps generally happens at the latter part of this time frame, as the biological rhythms mature.
1-3 Years	As children move past the first year toward 18-21 months of age, they will likely lose their morning and early evening nap and nap only once a day. While toddlers need up to 14 hours a day of sleep, they typically get only about 10. Most children from about 21 to 36 months of age still need one nap a day, which may range from one to three and a half hours long.
3-6 Years	Children at this age typically get 10-12 hours of sleep a day. At age 3, most children are still napping, while at age 5, most are not. Naps gradually become shorter, as well.

Assessing sleep in early childhood: Sleep problems that may present in young children include (ZTT, 2016):

- **Hyposomnia:** sleeping too little.
- **Sleep refusal**
- **Sleep disturbances,** including:
 - Difficulty falling asleep: child requires more than 30 minutes to fall asleep.
 - Night waking: multiple or prolonged awakenings, accompanied by signaling.
 - Nightmares: bad dreams or sudden awakenings with distress that occur most often in the second half of the sleep period. The child may or may not recall or report content.
 - Sleep terrors: recurrent episodes of sudden arousals from sleep, although not to a fully awakened state. Episodes are associated with screaming and signs of distress, and usually occur within the first few hours of sleep. Children do not readily respond to efforts to arouse them.
 - Sleepwalking: episodes of arising from bed and walking around home.

Source: Zero to Three. (2016). DC:0-5: Diagnostic classification of mental health and developmental disorders of infancy and early childhood. For the most up-to-date information, please refer to resources that can be found on the Zero to Three website: <https://www.zerotothree.org/our-work/learn-professional-development/dc0-5-manual-and-training/>.

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AGE 0-5 CHILD STRENGTHS

For the **Age 0-5 Child Strengths Domain**, use the following categories and action levels:

- 0 Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
- 1 Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
- 2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
- 3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

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FAMILY STRENGTHS

This indicator refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with family functioning, the definition of family comes from the child's perspective (i.e., who the child describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child is still in contact.

Questions to Consider:

- Does the child have good relationships with anyone in the family?
 - Is there potential to develop positive family relationships?
 - Is there a family member the child can go to for support? That can advocate for child?
-

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong, loving relationship with the child and can provide significant emotional or concrete support. Child is fully included in family activities.

- 1 *Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Family has some good relationships and good communication. Family members can enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child and can provide limited emotional or concrete support.

- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Family needs some assistance in developing relationships and/or communications. Family members are known but, currently, none can provide emotional or concrete support.

- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

Family needs significant assistance in developing relationships and communications, or child has no identified family. Child is not included in normal family activities.

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INTERPERSONAL

This indicator is used to identify a child's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

Questions to Consider:

- How does the child interact with other children and adults?
 - How does the child do in social settings?
-

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*
Child has a prosocial or “easy” temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.
-
- 1 *Identified and useful strength. Strength will be used, maintained, or built upon as part of a plan. May require some effort to develop strength into a centerpiece strength.*
Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social interactions initiated by adults but may not initiate such interactions by themselves.
-
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
Child may be shy or uninterested in forming relationships with others, or – if still an infant - child may have a temperament that makes attachment to others a challenge.
-
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
Child does not exhibit any age-appropriate social gestures (e.g., social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here. Child with no known interpersonal strengths.
-

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PLAYFULNESS

This indicator rates the degree to which a child is given opportunities for and participates in age-appropriate play. Play should be understood developmentally. When rating this indicator, you should consider if the child is interested in play and/or whether the child needs adult support while playing. Problems with either solitary or group (e.g., parallel) play could be rated here.

Questions to Consider:

- Is the child easily engaged in play?
 - Does the child initiate play? Can the child sustain play?
 - Does the child need adult support in initiating and sustaining play more than what is developmentally appropriate?
-

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

The child consistently demonstrates the ability to make use of play to further their development. Their play is consistently developmentally appropriate, spontaneous, self-initiated, and enjoyable.

1 *Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

The child demonstrates play that is developmentally appropriate, self-initiated, spontaneous, and enjoyable much of the time. Child needs some assistance making full use of play.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

The child demonstrates the interest in and ability to play and uses it to support their development some of the time.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

The child does not demonstrate the ability to play in a developmentally appropriate or quality manner.

Supplemental Information: Understanding recreation and play in early childhood: Playtime is an important part of childhood development. During play, children are uniquely engaged and motivated, often exploring the edges of their knowledge and abilities. This makes play a unique and powerful learning tool. The first year of life typically involves sensory play. At this stage, children also develop an understanding of cause and effect and begin to grow their social skills through imitation. Play in the second year of life often involves pretend play with a toy and parallel—but not collaborative—play with other children. In the third year of life, play expands their social and motor skills.
[continues]

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PLAYFULNESS continued

Play now often includes turn-taking and cooperative play. From three to five years of life, play becomes more complex: children coordinate many physical actions, imagination, and rules in coordinated social play with others (NCECDLT, 2017).

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RESILIENCY: PERSISTENCE & ADAPTABILITY

This indicator refers to how the child reacts to new situations or experiences, how they respond to changes in routines, as well as their ability to keep trying a new task/skill even when it is difficult for them.

Questions to Consider:

- Does the child show ability to hang in there even when frustrated by a challenging task?
 - Does the child routinely require adult support in trying a new skill/activity?
 - Can the child easily and willingly transition between activities?
 - What type of support does the child require to adapt to changes in schedules?
-

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

The child consistently has a strong ability to adjust to changes and transitions and continue an activity when challenged or meeting obstacles. This supports further growth and development and can be incorporated into a service plan as a centerpiece strength.

1 *Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Child with good curiosity and some ability to continue an activity that is challenging. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented with them, would be rated here. The child demonstrates a level of adaptability and ability to continue in an activity that is challenging. The child could benefit from further development in this area before it is considered a significant strength.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

The child shows some ability to continue a challenging task although this needs to be more fully developed. Parents and caregivers need to be the primary support in this area.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

Child's difficulties coping with challenges places their development at risk. Child may seem frightened of new information, any changes, or new environments.

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AGE 6-21 CHILD FUNCTIONING

For the **Age 6-21 Child Functioning Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.
- 2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

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SOCIAL FUNCTIONING

This indicator rates social skills and relationships. It includes age-appropriate behavior and the ability to make and sustain relationships.

Questions to Consider:

- Does the child have positive relationships?
 - Does the child have frequent conflict in social relationships?
 - How is the child received by others in social settings?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of needs and/or child has age-appropriate social functioning.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

There is a history or suspicion of needs in social relationships. Child is having some difficulty interacting with others and building and/or maintaining relationships.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child is having some problems with their social relationships that interfere with functioning in other life domains.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child is experiencing significant disruptions in social relationships. Child may have no friends, have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child's social relationships presents imminent danger to the child's safety, health, and/or development.

Supplemental Information: A child who socializes with primarily younger or much older individuals than themselves would be identified as having needs on this indicator. A child who has conflictual relationships with peers also would be described as having needs. An isolated child with no same age friends would be rated '3.'

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MEDICAL/PHYSICAL

This indicator includes both health problems and chronic/acute physical conditions or impediments.

Questions to Consider:

- Does the child have any medical or physical conditions that limit their physical activities? How much does this interfere with the child's life?
 - Does the child's doctor have concerns about the child's health?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence that the child has any medical or physical problems and/or they are healthy.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child has mild, transient, or well-managed physical or medical problems. These include well-managed chronic conditions like diabetes or asthma.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child has serious medical or physical problems that require medical treatment or intervention. Or child has a chronic illness or a physical challenge that requires ongoing medical intervention.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child's safety, health, and/or development.
-

Supplemental Information: Most transient, treatable conditions would be rated as a '1.' Most chronic conditions (e.g., diabetes, severe asthma) would be rated a '2.' The rating '3' is reserved for life-threatening medical conditions or children with chronic illness or physical challenges that are not sufficiently managed or that pose an imminent danger to the child's safety, health, and/or development and requires ongoing intervention.

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SLEEP

This indicator rates the child's sleep patterns. This indicator is used to describe any problems with sleep, regardless of the cause, including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues.

Questions to Consider:

- Does the child appear rested?
 - Are they often sleepy during the day?
 - Do they have frequent nightmares or difficulty sleeping?
 - How many hours does the child sleep each night?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of problems with sleep. Child gets a full night's sleep each night and feels rested.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week, problems arise. This may include occasionally awakening, bed wetting, or having nightmares. Sleep is not restful for the child.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child is having problems with sleep. Sleep is often disrupted, and child seldom obtains a full night of sleep and doesn't feel rested. Difficulties in sleep are interfering with their functioning in at least one area of their life.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child is generally sleep deprived. Sleeping is almost always difficult, and the child is not able to get a full night's sleep and does not feel rested. Child's sleep deprivation is dangerous and places them at risk.
-

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DEVELOPMENTAL/INTELLECTUAL

This indicator describes the child's development as compared to standard developmental milestones, as well as rates the presence of developmental delays (motor, social, and speech) or impairment associated with specific childhood-onset disorders including intellectual disability (e.g., Intellectual Disability Disorder (IDD)) and neurodevelopmental disorders (e.g., Autism Spectrum Disorder). Rate the indicator depending on the significance of the disorder(s) and associated level of impairment in personal, social, family, or school functioning.

Questions to Consider:

- Does the child's growth and development seem age appropriate?
 - Does the child's doctor have concerns about the child's development or intellect?
 - Has anyone ever mentioned that the child may have developmental problems?
 - Has the child developed like other same age peers?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of developmental delays, and/or child has no developmental problems or intellectual disability.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

There are concerns about possible developmental delay. Child may have low IQ, a documented delay, or documented borderline intellectual disability (i.e., FSIQ 70-85). Mild deficits in adaptive functioning may also be indicated.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder (IDD). (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or neurodevelopmental disorders (e.g., Autism Spectrum Disorder) with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation, and independent living across multiple environments.

Supplemental Information: All developmental disabilities occur on a continuum; a child with Autism Spectrum Disorder may be designated a '0,' '1,' '2,' or '3' depending on the significance of the disability and the impairment. Learning disability is not rated on this indicator. A child with suspected low IQ or developmental delays and who has not been previously diagnosed and/or assessed would be rated here and a referral for assessment would be recommended.

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SEXUAL DEVELOPMENT

This indicator looks at broad issues of sexual development including developmentally inappropriate sexual behavior or sexual concerns, and the reactions of others to any of these factors. The child's sexual orientation, gender identity and expression (SOGIE) could be rated here only if they are leading to the child experiencing internal difficulties or struggles. Others' reactions to the child's SOGIE are rated elsewhere. Sexually abusive behaviors are also rated elsewhere.

Questions to Consider:

- Are there concerns about the child's healthy sexual development?
 - Is the child sexually active?
 - Does the child struggle with their sexual development? Are these internal or external factors?
-

Ratings and Descriptions

- | | |
|-------|---|
| 0 | <i>No evidence of any needs; no need for action.</i>
No evidence of issues with sexual development. |
| <hr/> | |
| 1 | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.</i>
History or suspicion of problems with sexual development that does not interfere with functioning in other life domains. May include the child's concerns about SOGIE or anxiety about the reaction of others. |
| <hr/> | |
| 2 | <i>Need is interfering with functioning. Action is required to ensure that the identified need is addressed.</i>
Moderate to serious problems with sexual development that interfere with the child's life functioning in other life domains. |
| <hr/> | |
| 3 | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i>
Severe problems with sexual development. This would include very frequent risky sexual behavior or victim of sexual exploitation. |
-

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SCHOOL

This indicator refers to the child's status with school. This indicator reflects school achievement, attendance and behavior.

Questions to Consider:

- How is the child doing in school?
 - Is the child experiencing any difficulties related to academic progress or behavioral problems?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

There is no evidence that the child is experiencing school problems. Child has good educational functioning. Child is meeting or exceeding educational expectations in an age-expected grade level.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child is functioning adequately at school, mostly meeting educational expectations in an age-expected grade level.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child is functioning below educational expectations and/or requires a specialized educational setting in order to learn at an adequate level. Child has been truant at some point during the school year.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child has significant difficulties with educational functioning. Child has significant educational problems, including some behavioral problems related to academic difficulties (e.g., chronic truancy, suspensions, expulsions, being held back, etc.). Child may be placed in a specialized educational setting but remains unable to learn at an adequate level. Child is not placed in the appropriate educational setting or receiving the appropriate supports in school setting.

Supplemental Information: If the child is not in school due to their young age or has completed their schooling (e.g., already graduated) then use '0.' If child has dropped out without completing then use a '3.'

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BEHAVIORAL/MENTAL HEALTH NEEDS

This indicator is used to describe the child's current mental health and substance use needs. A formal mental health diagnosis is not required to score this indicator.

Questions to Consider:

- Does the child have any mental health-related conditions or concerns (e.g., depression, anxiety, substance use, psychosis, anger)?
 - Do the mental health-related conditions or concerns interfere with the child's functioning?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No mental health challenges. Child has no signs of any notable mental health conditions.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
History of mental health challenges. Or, child may have problems with adjustment and may be somewhat depressed, withdrawn, irritable, or agitated, but this does not interfere with functioning.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Evidence of mental health challenge or a diagnosable mental health condition that interferes with child's functioning.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child has a dangerous or disabling serious psychiatric disorder.
-

Supplemental Information: Any mental health need would be indicated here regardless of its specific symptom presentation. This indicator combines depression, anxiety, substance use, adjustment to trauma or disruptive behavior into a single indicator of any need to connect with specialty mental health treatment.

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RISK BEHAVIORS

This indicator is used to describe the child's current behaviors that could get them into serious trouble or put them in danger of harming themselves or others.

Questions to Consider:

- Is the child in danger of harming themselves (e.g., suicidal thoughts or actions, self-injury, reckless behavior) or others (e.g., physical harm, fire setting, sexual aggression, bullying)?
 - Do these behaviors interfere with functioning?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of current behaviors that could get child in trouble or put them in danger of harming themselves or others.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child has a history of risk behaviors or is displaying some behaviors that are not yet interfering with child's functioning such as verbal threats of aggression or running away, sexually inappropriate but not harmful behavior or socially inappropriate behavior, or status offenses.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Evidence of current risk behaviors that interfere with child's functioning. This may include suicidal ideation without a plan, self-injurious behavior not requiring medical attention, harm to others, recent running away, or fire-setting or delinquent behavior that did not harm others.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Dangerous or disabling risk behaviors that put child or others in immediate danger. This may include current suicidal ideation or attempt, physical harm to others (including battery or rape), or reckless or risk-taking behavior that puts a child in harm's way.

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AGES 6-21 CHILD STRENGTHS

For the **6-21 Child Strengths Domain**, use the following categories and action levels:

- 0 Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
- 1 Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
- 2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
- 3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

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FAMILY STRENGTHS

This indicator refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with family functioning, the definition of family comes from the child's perspective (i.e., who the child describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child is still in contact.

Questions to Consider:

- Does the child have good relationships with any family member?
 - Is there potential to develop positive family relationships?
 - Is there a family member that the child can go to in time of need for support? That can advocate for the child?
-

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong, loving relationship with the child and can provide significant emotional or concrete support. Child is fully included in family activities.

- 1 *Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Family has some good relationships and good communication. Family members can enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child and can provide limited emotional or concrete support.

- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Family needs some assistance in developing relationships and/or communications. Family members are known but currently none can provide emotional or concrete support.

- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

Family needs significant assistance in developing relationships and communication, or child has no identified family. Child is not included in normal family activities.

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INTERPERSONAL

This indicator is used to identify a child's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

Questions to Consider:

- Is the child able to make and maintain relationships with adults and or other children?
 - How does the child do in social settings?
-

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Significant interpersonal strengths. Child has well-developed interpersonal skills and healthy friendships.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Child has good interpersonal skills and has shown the ability to develop healthy friendships.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Child requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child requires significant help to learn to develop interpersonal skills and healthy friendships.

Supplemental Information: Interpersonal skills are different from social functioning. A young person may have strong interpersonal skills but may have poor social functioning due to temporary circumstances such as having moved to a new neighborhood or school. Additionally, remember that strengths provide individuals with meaning and well-being. Some relationships or friendships that do not provide well-being to the child would not be rated as a strength.

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TALENTS AND INTERESTS

This indicator refers to hobbies, skills, artistic interests, and talents that are positive ways that children can spend their time, and also give them pleasure and a positive sense of self.

Questions to Consider:

- What does the child do with free time?
 - What does the child enjoy doing?
 - Is the child engaged in any pro-social activities?
 - What are the things that the child does particularly well?
-

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*
Child has a talent that provides pleasure and/or self-esteem. A child with significant creative/artistic/athletic strengths would be rated here.
-
- 1 *Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
Child has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child with a notable talent. For example, a child who is involved in athletics or plays a musical instrument would be rated here.
-
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
Child has expressed interest in developing a specific talent, interest, or hobby even if that talent has not been developed to date or whether it would provide them with any benefit.
-
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
There is no evidence of identified talents, interests, or hobbies at this time and/or child requires significant assistance to identify and develop talents and interests.
-

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COMMUNITY LIFE

This indicator reflects the child's connection to people, places, or institutions in their community. This connection is measured by the degree to which the child is involved with institutions of that community that might include (but are not limited to) community centers, little league teams, jobs, after-school activities, religious groups, etc. Connections through specific people (e.g., friends, family) could be considered an important community connection if many people who are important to the child live in the same neighborhood.

Questions to Consider:

- Does the child feel like they are part of a community?
 - Are there positive activities that the child does in the community?
-

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*
Child is well integrated into their community. The child is a member of community organizations and has positive ties to the community. For example, child may be a member of a community group (e.g., Girl or Boy Scouts) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.
-
- 1 *Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
Child is somewhat involved with their community. This level can also indicate a child with significant community ties although they may be relatively short term.
-
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
Child has an identified community but has only limited or unhealthy ties to that community.
-
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
There is no evidence of an identified community of which child is currently a member.
-

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OPTIMISM

This indicator should be rated based on the child's sense of self in their own future. This rates the child's future orientation.

Questions to Consider:

- Does the child have a generally positive outlook on things; have things to look forward to?
 - How does the child see themselves in the future?
 - Is the child forward looking/sees themselves as likely to be successful?
-

Ratings and Descriptions

- | | |
|-------|--|
| 0 | <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i>
Child has a strong and stable optimistic outlook for their future. |
| <hr/> | |
| 1 | <i>Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i>
Child is generally optimistic about their future. |
| <hr/> | |
| 2 | <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i>
Child has difficulty maintaining a positive view of themselves and their life. Child's outlook may vary from overly optimistic to overly pessimistic. |
| <hr/> | |
| 3 | <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i>
There is no evidence of optimism at this time and/or child has difficulties seeing positive aspects about themselves or their future. |
-

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RESILIENCY

This indicator refers to the child's ability to recognize both their internal and external strengths and use them in managing daily life.

Questions to Consider:

- Is the child able to recognize their skills as internal strengths?
 - Is the child able to identify factors in their environment that are strengths to them?
 - Is the child able to use their internal and external strengths to problem solve and address difficulties or challenges?
-

Ratings and Descriptions

- | | |
|-------|---|
| 0 | <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i>
Child can both identify and use internal and external strengths to better themselves and successfully manage difficult challenges. |
| <hr/> | |
| 1 | <i>Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i>
Child can identify most of their internal and external strengths and is able to partially utilize them. |
| <hr/> | |
| 2 | <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i>
Child can identify strengths but is not able to utilize them effectively. Child may be able to identify either internal or external strengths, but not both, or may identify both types of strengths but not utilize one type. |
| <hr/> | |
| 3 | <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i>
Child is not yet able to identify either internal or external personal strengths. |
-

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