

# Pre-Screen Youth Assessment & Screening Instrument



<b>Name</b>	<b>NC-JOIN ID #</b>	<b>Date Administered</b>
<input style="width: 100%;" type="text"/> <small>Last First</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> MM/DD/YYYY
<b>DOB</b>	<b>Zip Code</b>	<b>Court Counselor</b>
<input style="width: 100%;" type="text"/> MM/DD/YYYY <input type="radio"/> Male <input type="radio"/> Female	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Type:</b>	<input type="radio"/> Probation <input type="radio"/> Diversion <input type="radio"/> Referred to Court (outcome pending) <input type="radio"/> Informal Supervision <input type="radio"/> Protective Supervision <input type="radio"/> Commitment <input type="radio"/> Post Release	

## PS Section 1    Legal History

▶ Enter "0" in the boxes if there were no occurrences of the identified incidents. These items must include information about the current referral/offense or current circumstances.

- No    **1. Previous referrals for delinquent/criminal offenses:** Check **No** if this is the first referral. Check **Yes** if there were any previous referrals that resulted in adjudication/conviction, diversion/station adjustment, deferred adjudication, or continued disposition (regardless of whether successfully completed).
- Yes
- 2. Age at first referral for delinquent/criminal offense:** Include any referrals for delinquent/criminal offenses that resulted in adjudication/conviction, diversion plan/contract, continued adjudication, or continued disposition (regardless of whether successfully completed).
- 3. Number of referrals:** Total number of referrals for any delinquent/criminal offense that resulted in adjudication/conviction, diversion plan/contract, continued adjudication, or continued disposition (regardless of whether successfully completed).
- No    **4. Referrals for felony offenses:** Referrals for felony offenses that resulted in adjudication/conviction, diversion/station adjustment, continued adjudication, or continued disposition (regardless of whether successfully completed).
- Yes
- 5. Transfers to adult Superior court:** Total number of transfers to adult criminal Superior court.
- 6. Weapon offenses:** Total number of referrals for firearm/weapon offenses that resulted in adjudication/conviction, diversion plan/contract, continued adjudication, or continued disposition (regardless of whether successfully completed).
- No    **7. Referrals for offenses against another person:** Total number of referrals for offenses against another person that resulted in adjudication/conviction, diversion plan/contract, continued adjudication, or continued disposition (regardless of whether successfully completed). Includes threats, force, or physical harm to another person such as homicide, murder, manslaughter, assault, any sexual offenses, robbery, kidnapping, domestic violence, coercion, harassment, intimidation, obscene, or harassing phone call, etc.
- Yes
- 8. Referrals for felony offenses against another person:** Referrals for felony offenses against another person that resulted in adjudication/conviction, diversion plan/contract, continued adjudication, or continued disposition (regardless whether successfully completed).
- 9. Placements:** Total number of residential placements that did not occur as a result of a delinquency proceeding.
- 10. Juvenile Detention:** Total number of times youth has been confined in a juvenile detention center *for any reason*.
- 11. YDC Custody:** Total number of times youth has been committed to a YDC facility *for any reason* including evaluations.
- 12. Escapes:** Total number of attempted or actual escapes from detention center or a YDC.
- 13. Failure-to-appear in court:** Total number of failures-to-appear in court (juvenile or adult) that resulted in a Secure Custody Order being issued.
- 14. Number of Motions for Review alleging Violations of Probation or other type of Supervision:** Total number of petitions or requests for petitions for violations of probation or other type of supervision. If any, check all types that apply:     Technical Violation     New Offense     Absconder

**PS Section 2** Family

Check if family items do not apply to this client :

**1. Runaways or times kicked out of home:** Include times the youth did not voluntarily return within 24 hours. Include incidents not reported by or to law enforcement. *Enter 0 if none, up to a maximum of 5.*

Times kicked out/locked out  
 Number of runaways

**2. Has there ever been a family court finding of any child neglect** (relating to a custodial parent):

No  Yes

**3. Compliance with parental rules:**

- Youth usually obeys and follows rules
- Youth sometimes obeys or obeys some rules
- Youth often disobeys rules
- Youth consistently disobeys, and/or is hostile
- No pro-social rules in place
- Not applicable

**4. Circumstances of family members who are living in the household:**

• *Check all that apply.*

	Mother	Father	Step-Parent	Sibling	Other
Non-applicable	<input type="checkbox"/>				
No problems	<input type="checkbox"/>				
Alcohol/Drug problems	<input type="checkbox"/>				
Mental Health Problems	<input type="checkbox"/>				
JD/Criminal Record	<input type="checkbox"/>				
JD/Violent Criminal Record	<input type="checkbox"/>				

**PS Section 3** Basic Needs (No PS Items)

**PS Section 4** School

Check if family items do not apply to this client :

▶ Complete this section based on information from the interview, school records, contacts with the school.

Highest grade completed

**1. Youth's current school enrollment status, regardless of attendance:** If the youth is in home school as a result of being expelled or dropping out, check the expelled or dropped out box, otherwise check enrolled if in home school.

- Graduated, GED
- Enrolled full-time
- Enrolled part-time
- Dropped out
- Suspended
- Expelled
- Not Applicable

**2. Youth's attendance in the last 3 months of school:** Full-day absence means missing majority of classes. Partial-day absence means attending the majority of classes and missing the minority.

- Attends regularly (at least 90% of time)
- Some partial-day unexcused absences
- Some full-day unexcused absences
- Five or more full-day unexcused absences per quarter
- Not Applicable

**3. Youth's conduct in the last 3 months of school.**

- Positive behavioral adjustment
- No problems reported
- Infractions reported
- Intervention by school administration (calls to parents, principal or superintendent involvement, hearing)
- Police reports filed by school
- Not Applicable

**4. Youth's academic performance in the last 3 months of school:**

- B+ or above
- C or better
- C- or lower
- Failing some classes
- Failing most classes
- Not Applicable

## PS Section 5 Community and Peers

1. **Associates the youth spends his/her time with:**  
 • Check all that apply.

- Friends who have a positive pro-social influence
- No friends or companions, no consistent friends
- Friends who have a negative delinquent influence
- Associates or has been seen with gang members
- Family gang members
- Youth is a gang member
- None of the above

## PS Section 6 Alcohol and Drugs

▶ **“Disrupts function”** involves problems in any one of these four life areas: education, family conflict, peer relationships, or health (Disrupted functioning usually indicates that treatment is warranted – refer for further assessment by a qualified professional).

**Alcohol/Drugs contributes to behavior** means that use typically precipitates the commission of crime or other reasons youth’s delinquent/criminal activity is related to alcohol and/or drug use).

### 1. Alcohol and Drug Use

- Yes Alcohol/Drug Use
- No Alcohol/Drug Use

	Ever Used	Times used last 3 months	Disrupts function	Contributes to behavior	Age at 1 <sup>st</sup> use	Attempts to cut back
Alcohol	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Cocaine/crack	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Ecstasy or other club drugs	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Hallucinogens (LSD, Acid)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Inhalants /huffing	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Amphetamines (Speed)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Prescription drug misuse	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

## PS Section 7 Mental Health



Any indications of the following 7 items indicate the need for further assessment by a qualified health professional. Indicators in item 1 should be confirmed by a health care professional.

### 1. Mental Health Problems:

- No Mental Health Problems  
 Mental Health Problems

	Diagnosed	Current Treatment	Past Treatment	Current Medication	Past Medication
Psychoses	<input type="checkbox"/>				
Bi-Polar	<input type="checkbox"/>				
Other Mood/Affective/Disorders	<input type="checkbox"/>				
Schizophrenia	<input type="checkbox"/>				
Thought/Personality Disorders	<input type="checkbox"/>				
Other: _____	<input type="checkbox"/>				
<i>(Exclude substance abuse and special education since those are considered elsewhere. Exclude oppositional defiant and conduct disorders).</i>	<input type="checkbox"/>				

**2. Homicidal Ideation:** Attempts or has thoughts to seriously harm others.

- No indications     Indications

**3. Suicidal Ideation:** Attempts or has thoughts to harm self.

- No indications     Suicidal thoughts     Suicide attempt

**4. Sexual aggression:** Indications of aggressive sex, sex for power, sex with younger children, voyeurism, exposure, etc.

- No indications     Indications



For abuse, include any history that is suspected, whether or not substantiated but exclude reports of abuse proven false.

**5. History of physical or sexual abuse:** Parents include biological parents, stepparents, adopted parents, and legal guardians.

- Check all that apply.

Abused By:	Parent	Sibling	Other Family	Outside Family
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Victimization:** Indications that the youth has been victimized by a peer or older person.

- Check all that apply.

- No indications  
 Sexual vulnerability/exploitation  
 Victim of bullying  
 Victim of physical assault  
 Victim of property theft/vandalization

## PS Section 8 Physical Health (No PS Items)

## PS Section 9 Aggression

**1. Violence:** Indications of any of the following:

- Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> No reports of violence/anger     | <input type="checkbox"/> Assaultive behavior  |
| <input type="checkbox"/> Displaying a weapon              | <input type="checkbox"/> Assault causing serious injury (requiring medical attention) |
| <input type="checkbox"/> Use of a weapon (i.e. illegally) | <input type="checkbox"/> Deliberate fire starting                                     |
| <input type="checkbox"/> Bullying/threatening people      | <input type="checkbox"/> Animal cruelty   |
| <input type="checkbox"/> Violent destruction of property  |   |

## PS Section 10 Attitudes

### 1. Accepts responsibility for anti-social/criminal behavior:

- Voluntarily accepts full responsibility for anti-social/criminal behavior
- Recognizes that he or she must accept responsibility
- Indicates some awareness of the need to accept responsibility
- Minimizes, denies, justifies, excuses, or blames others
- Openly accepts or is proud of behavior

## PS Section 11 Skills

### 1. Consequential thinking skills:

- Acts to obtain good and avoid bad consequences
- Can identify specific consequences of his or her actions
- Understands there are good and bad consequences of actions
- Sometimes confused about consequences of actions
- Does not understand there are consequences of actions

## PS Section 12 Employment and Free Time (No PS Items)