

# Child and Adolescent Needs and Strengths—New York 2.0 (Ages 6 through 20)

Date: \_\_\_\_\_ Assessor Name (Print): \_\_\_\_\_

Assessment Type: Initial  Reassessment  Major Life Event  Exit/Discharge

Child/Youth's Name: \_\_\_\_\_ Child/Youth's Gender: \_\_\_\_\_

Child/Youth's Race/Ethnicity: \_\_\_\_\_ Child/Youth's Date of Birth: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ Caregiver Relationship to the child/youth: \_\_\_\_\_

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For the **Life Functioning Domain**, use the following categories and action levels:

- 0 No current need; no need for action or intervention.
- 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.

## LIFE FUNCTIONING DOMAIN

Family Functioning	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Living Situation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Social Functioning	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Decision Making	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Sleep	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Recreational	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Legal	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Sexual Development	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
School Behavior	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
School Achievement	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
School Attendance	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Learning Ability	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Medical/Physical [A]	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Developmental/Intellectual [B]	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Self-Care Act. of Daily Living [C]	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Adjustment to Trauma [D]	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

## [A] Medical Health Module

Rate this module when the Medical/Physical item is rated '1', '2', or '3'.

Life Threatening	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Chronicity	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Diagnostic Complexity	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Child/Youth Emotional Resp.	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Impairment in Functioning	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Intensity of Treatment Support	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Organizational Complexity	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

## [B] Developmental Needs Module

Rate this module when the Developmental/Intellectual item is rated '1', '2', or '3'.

Cognitive	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Agitation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Self-Stimulation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Motor	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Communication	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Developmental Delay	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Sensory	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

## [C] Self-Care Activities of Daily Living Module

Rate this module when the Self-Care Activities of Daily Living item is rated '1', '2', or '3'.

Eating	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Elimination and Toileting	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Bathing	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Hygiene	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Dressing	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Mobility	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Positioning	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Transferring	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

**[D] Trauma Module**

Complete this module when the Adjustment to Trauma item is rated '1', '2', or '3'.

For the **Potentially Traumatic/Adverse Childhood Experiences**, use the following categories and action levels:

- NO No evidence of any trauma of this type.
- YES Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

Sexual Abuse	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Physical Abuse	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Emotional Abuse	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Neglect	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Medical Trauma	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Family Violence	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

**Potentially Traumatic/Adverse Childhood Experiences continued**

Community/School Violence	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Victimization/Exploitation	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Natural or Manmade Disaster	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Criminal Activity	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Disruption in Caregiving/ Attachment Losses	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

**Traumatic Stress Symptoms**

Re-experiencing	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Hyperarousal	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Avoidance	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Numbing	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Emotional and/or Physical Dysregulation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Please write a rationale for any item rated actionable ('1', '2', or '3').

For the **Transition to Adulthood 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.

**TRANSITION AGE YOUTH DOMAIN (Age 14+)**

Knowledge of Condition	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Medication Adherence	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Youth Involvement	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Self-Care Management	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Employment Functioning	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Educational Attainment	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Prevocational	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Transportation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Independent Living Skills [E]	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

**[E] Independent Activities of Daily Living Module**

Complete this module when the Independent Activities of Daily Living item is rated '1', '2', or '3'.

Meal Preparation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Shopping	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Housework	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Money Management	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Technology Use	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Please write a rationale for any item rated actionable ('1', '2', or '3') or 'Yes'.

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For the **Behavioral/Emotional Needs Domain**, use the following categories and action levels:

- 0 No current need; no need for action or intervention.
  - 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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**BEHAVIORAL/EMOTIONAL NEEDS DOMAIN**

Psychosis	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Attention/Concentration	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Impulsivity/Hyperactivity	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Depression	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Anxiety	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Oppositional Behavior	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Conduct	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Emotional Control	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Anger Control	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Attachment Difficulties	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Eating Disturbance	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Substance Misuse [F]	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

**[F] Substance Misuse Module**

Complete this module when the Substance Misuse item is rated '1', '2', or '3'.

Severity of Misuse	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Duration of Misuse	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Peer Influences	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Stage of Recovery	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

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Please write a rationale for any item rated actionable ('1', '2', or '3') or 'Yes'.

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For the **Risk Factors & Behaviors Domain**, use the following categories and action levels:

- 0 No current need; no need for action or intervention.
  - 1 Identified need or risk behavior 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 or risk behavior is addressed.
  - 3 Need is dangerous or disabling; requires immediate and/or intensive action.
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**RISK FACTORS & BEHAVIORS DOMAIN**

**Risk Factors**

Substance Exposure 0  1  2  3

Housing Safety and Accessibility 0  1  2  3

**Risk Behaviors**

Suicide Risk 0  1  2  3

Non-Suicidal Self-Injurious Beh. 0  1  2  3

Other Self-Harm (Recklessness) 0  1  2  3

**Risk Behaviors continued**

Danger to Others 0  1  2  3

Fire Setting 0  1  2  3

Sexual Aggression 0  1  2  3

Delinquent Behavior 0  1  2  3

Bullying 0  1  2  3

Runaway 0  1  2  3

Intentional Misbehavior 0  1  2  3

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Please write a rationale for any item rated actionable ('1', '2', or '3').

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

- 0 No current need; no need for action or intervention.
  - 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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**CULTURAL FACTORS DOMAIN**

Language 0  1  2  3   
Cultural Stress 0  1  2  3

Knowledge Congruence 0  1  2  3

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Please write a rationale for any item rated actionable ('1', '2', or '3').

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For the **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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**STRENGTHS DOMAIN**

Family Strengths 0  1  2  3   
Interpersonal 0  1  2  3   
Optimism 0  1  2  3   
Adaptability 0  1  2  3   
Resilience 0  1  2  3

Talents and Interests 0  1  2  3   
Cultural Identity 0  1  2  3   
Spiritual/Religious 0  1  2  3   
Educational Assets 0  1  2  3   
Natural Supports 0  1  2  3

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Please write a rationale for any useful strength ('0' or '1') or strength to build ('2' or '3').

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For the **Caregiver Resources & Needs Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action. This may be a resource for the child/youth.
  - 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.
  - 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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**CAREGIVER RESOURCES & NEEDS DOMAIN**

Medical/Physical	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	Family Stress	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Developmental	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	Residential Stability	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Mental Health	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	Financial Resources	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Substance Use	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	Safety	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Caregiver Adj. to Trauma	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	Informal Supports	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Self-Care/Daily Living	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	Transportation of Child/Youth	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Organization	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	Knowledge of Condition	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Supervision	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	Care/Treatment Involvement	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Resourcefulness	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	Family System Engagement	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Problem Solving	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	Access to Technology	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

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Please write a rationale for any item rated actionable ('1', '2', or '3').