

Sample Screening Instrument to Identify Target Population Eligibility

_____ COUNTY TARGET POPULATION SURVEY FOR CHILDREN'S SYSTEM OF CARE

NAME OF CHILD/ADOLESCENT: _____

SEX: MALE FEMALE

AGE: _____

ETHNICITY (Use Code): _____

- | | | |
|---------------------|------------------------------|-------------|
| 1. WHITE | 4. ASIAN/PACIFIC | 7. FILIPINO |
| 2. SPANISH/HISPANIC | (EXCEPT SOUTHEAST) | 8. OTHER |
| 3. AFRICAN AMERICAN | 5. AMERICAN IND/ESKIMO/ALEUT | 9. UNKNOWN |
| | 6. SOUTHEAST ASIAN | |

SIGNIFICANT MEDICAL PROBLEMS (Describe): _____

I. **DIAGNOSTIC IMPRESSION** (DSM-IV or describe symptoms & behaviors that support diagnosis):

II. **IMPAIRMENT**

AS THE RESULT OF A MENTAL DISORDER, DOES THIS CHILD/ADOLESCENT HAVE SUBSTANTIAL IMPAIRMENT IN ANY OF THE FOLLOWING AREAS? (check as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> SELF CARE | <input type="checkbox"/> SCHOOL PERFORMANCE |
| <input type="checkbox"/> FAMILY RELATIONSHIPS | <input type="checkbox"/> ABILITY TO FUNCTION IN THE COMMUNITY |

AS THE RESULT OF A MENTAL DISORDER, ARE ANY OF THE FOLLOWING TRUE? (check as many as apply)

- THE CHILD/ADOLESCENT IS AT RISK OF REMOVAL FROM HOME
- THE CHILD/ADOLESCENT HAS BEEN REMOVED FROM HOME
- THE MENTAL DISORDER AND IMPAIRMENTS HAVE BEEN PRESENT FOR MORE THAN 6 MONTHS
- THE MENTAL DISORDER AND IMPAIRMENTS ARE LIKELY TO CONTINUE FOR MORE THAN ONE YEAR WITHOUT TREATMENT

III. **SYMPTOMS & RISK FACTORS**

AS THE RESULT OF A MENTAL DISORDER, DOES THE CHILD/ADOLESCENT DISPLAY ONE OR MORE OF THE FOLLOWING CHARACTERISTICS? (check as many as apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> PSYCHOTIC FEATURES | <input type="checkbox"/> RISK OF SUICIDE | <input type="checkbox"/> RISK OF VIOLENCE |
|---|--|---|

IV. **SPECIAL EDUCATION ELIGIBILITY**

DOES THIS CHILD/ADOLESCENT MEET THE SPECIAL EDUCATION ELIGIBILITY REQUIREMENTS UNDER CHAPTER 26.5 OF DIVISION 7 OF TITLE 1 OF THE GOVERNMENT CODE?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

Staff Signature/Discipline: _____ Date: _____

*Copy of Release of Information Form must be attached