



Initial Assessment Screening Tool (Revised 3/29/2023)

Potential Client Name

Medical Questions	Yes	No	Comments
1. Does potential resident have any life-threatening illnesses?			
2. Does potential resident have any ambulation concerns?			
3. Does the potential resident have full use of arms and legs?			
4. Does the potential resident have any cognitive disabilities?			
5. Is potential resident's aptitude currently on grade level for their age?			
6. Does the resident have inhalers for Asthma or a breathing disorder?			
7. Does the potential resident have a good appetite?			
8. Does the potential resident have any diagnosis of any impulsive or explosive type disorders? Please share.			

Behavioral Questions	Yes	No	Comments
1. Does potential resident have a history of physical aggression?			
2. Does potential resident have any history of elopement?			
3. Does the potential resident have behavioral concerns at school or home?			
4. Does the potential resident have any sexualized behaviors? If so, elaborate in detail.			
5. Does the potential resident have any past history of gang activity or family members involved in gangs?			
6. Does the potential resident have any pending charges and/or DJJ Involvement?			
7. Does the potential resident have a history of fire starting? Or Arson type behaviors?			
8. Does the potential resident have any history of "Bullying" others?			
9. Does the potential resident have issues with staff prompts and following basic house rules?			
10. Does the potential resident have therapeutic activities that work to calm their behaviors?			
11. Does the potential resident have any video game or internet related addictions or behaviors?			
12. Does the potential resident have any history of abuse to animals?			



Hygiene Questions	Yes	No	Comments
1. Does potential resident present a clean appearance?			
2. Does potential resident have any concerns with taking proper and daily showers?			
3. Does the potential resident keep the personal space in neat and tidy?			
4. Does the potential resident have dental concerns or concerns with proper oral hygiene?			
5. Would potential resident have concerns with toileting?			
6. Does the resident have any past issues with "bed wetting"?			

Future Goals Questions	Yes	No	Comments
1. Did the potential resident pass or fail the previous school year?			
2. What type of school does the potential resident attend?			
3. Does the potential resident have future plans or career goals? Please share			
4. Does the potential resident have an interest in participating in sports?			
5. Does the potential resident have hobbies they are interested in?			

Professional Review

"Based on the questions above, the resident **HAS / HAS NOT** passed our Initial Review for placement consideration"

Qualified Professional Date

Forwarded for document review----->

Clinical Document Description	YES	NO	Clinician Signature
Comprehensive Clinical Assessment (Minimum of last 12 months)			<i>After review the client meets criteria for acceptance to into the Clear Sky Behavioral residential program</i> YES <input type="checkbox"/> NO <input type="checkbox"/>
Comprehensive Clinical Assessment Addendum (Recommending Level of Care within 30 Days)			
Person Centered Plan with Signed Service Order			
CALOCUS (Within 2 Weeks)			

Licensed Clinician Date

Forwarded for Meet and Greet----->

Accepted YES NO

Behavioral Health Director Date