

CASII WORKSHEET

Rater Name _____ Date: _____

Please check the applicable ratings within each dimension and record the score in the lower right hand corner. Total your score and determine the recommended level of care using either the Placement Grid or the Decision Tree.

<p>I. Risk of Harm</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Low Potential for Risk of Harm <input type="checkbox"/> 2. Some Potential for Risk of Harm <input type="checkbox"/> 3. Significant Potential for Risk of Harm <input type="checkbox"/> 4. Serious Potential for Risk of Harm <input type="checkbox"/> 5. Extreme Potential for Risk of Harm <p style="text-align: right;">Score _____</p>	<p>IV. B. Recovery Environment - Environmental Support</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Highly Supportive Environment <input type="checkbox"/> 2. Supportive Environment <input type="checkbox"/> 3. Limited Support in Environment <input type="checkbox"/> 4. Minimally Supportive Environment <input type="checkbox"/> 5. No Support in Environment <p style="text-align: right;">Score _____</p>
<p>II. Functional Status</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Minimal Functional Impairment <input type="checkbox"/> 2. Mild Functional Impairment <input type="checkbox"/> 3. Moderate Functional Impairment <input type="checkbox"/> 4. Serious Functional Impairment <input type="checkbox"/> 5. Severe Functional Impairment <p style="text-align: right;">Score _____</p>	<p>V. Resiliency & Treatment History</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Fully Resiliency and/or Response to Treatment <input type="checkbox"/> 2. Significantly Resiliency and/or Response to Treatment <input type="checkbox"/> 3. Moderate or Equivocal Resiliency and/or Response to Treatment <input type="checkbox"/> 4. Poor Resiliency and/or Response to Treatment <input type="checkbox"/> 5. Negligible Resiliency and/or Response to Treatment <p style="text-align: right;">Score _____</p>
<p>III. Co-Morbidity: Developmental Medical, Substance Use, and Psychiatric</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. No Co-Morbidity <input type="checkbox"/> 2. Minor Co-Morbidity <input type="checkbox"/> 3. Significant Co-Morbidity <input type="checkbox"/> 4. Major Co-Morbidity <input type="checkbox"/> 5. Severe Co-Morbidity <p style="text-align: right;">Score _____</p>	<p>VI. A. Child/Adolescent: Treatment, Acceptance and Engagement</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Optimal <input type="checkbox"/> 2. Constructive <input type="checkbox"/> 3. Obstructive <input type="checkbox"/> 4. Adversarial <input type="checkbox"/> 5. Inaccessible <p style="text-align: right;">Score _____</p>
<p>IV-A. Recovery Environment - Environmental Stress</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Minimally Stressful Environment <input type="checkbox"/> 2. Mildly Stressful Environment <input type="checkbox"/> 3. Moderately Stressful Environment <input type="checkbox"/> 4. Highly Stressful Environment <input type="checkbox"/> 5. Extremely Stressful Environment <p style="text-align: right;">Score _____</p>	<p>VI. B. Parent/Primary Caretaker: Treatment, Acceptance and Engagement</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Optimal <input type="checkbox"/> 2. Constructive <input type="checkbox"/> 3. Obstructive <input type="checkbox"/> 4. Adversarial <input type="checkbox"/> 5. Inaccessible <p style="text-align: right;">Score: _____</p>
<p>Composite Score _____</p>	<p>Level of Care Recommendation _____</p>