

DATE: START TIME: : : END TIME: : :
AC_MO AC_DY AC_YR AC_START AC_END

MOTHER'S ID# CHILD'S ID#
AC_MOM AC_CHLD

EVALUATION PHASE: Intake 1 3-months 3 6-months 4 Discharge 6
AC_INTERVIEW_TYPE

PERSON COMPLETING GRANT# **TI**
AC_INTERVIEWER AC_SITE

ADOLESCENT CHILDHOOD DEVELOPMENTAL ASSESSMENT GUIDE
ASSESSING ACHIEVEMENTS FOR ADOLESCENT CHILDHOOD (AGES 11-17)

Please check YES or NO to indicate the correct response.

1. Responsibility for Good Health Habits

		<u>Yes</u>	<u>No</u>	<u>N/A</u>
AC_01A	a. Does the adolescent practice good personal hygiene?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_01B	b. Does the adolescent eat more fruits, nuts, grains, and vegetables than fast foods?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_01C	c. Does the adolescent have regular doctor visits?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_01D	d. Does the adolescent have regular dentist visits?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_01E	e. Does the adolescent exercise regularly or play sports?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1

2. Physical, Emotional, Sexual Growth and Development

AC_02A	a. Can the adolescent identify expected body changes?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_02B	b. Can the adolescent share feelings about mother being in treatment?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_02C	c. Is the adolescent able to discuss concerns regarding sexuality (body development)?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1

3. Social and Conflict Resolution Skills

AC_03A	a. Does the adolescent spend time with at least two other people each day?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_03B	b. Can the adolescent state what things they do to solve disagreements between themselves and others, or between two other people?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1

4. Good Peer Relationships with the Same and Opposite Sex

AC_04A	a. Is the adolescent comfortable with peers of the same sex?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_04B	b. Is the adolescent comfortable with peers of the opposite sex?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_04C	c. Does the adolescent state they can make decisions without responding to pressure from peers/friends?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1

5. Capacity for Intimacy

AC_05A	a. Does the adolescent express 'special feelings' for someone else?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_05B	b. Does the adolescent state that they are capable of sharing certain conversation and secrets with someone else?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1

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		<u>Yes</u>	<u>No</u>	<u>N/A</u>
6.	Sexual Identity and Responsible Sexual Behavior			
AC_06A	a. Does the adolescent state they have sexual thoughts and dreams?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_06B	b. Does the adolescent state their sexual impulses are under control?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_06C	c. Does the adolescent practice no sex or safe sex with condoms?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
7.	Coping Skills and Strategies			
AC_07A	a. Can the adolescent identify what stresses them out?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_07B	b. Can the adolescent identify what they do that is positive, healthy, legal, and/or safe to deal with feelings or situations?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_07C	c. Can the adolescent identify what they do to cope with their mother's addiction?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
8.	Appropriate Level of Autonomy			
AC_08A	a. Does the adolescent state that they are allowed to make choices regarding their behavior?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_08B	b. Does the adolescent state that they are given a range of choices by their parents from which to choose?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_08C	c. Does the adolescent make decisions and choices for themselves, their siblings, and their addicted parents?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
9.	Personal Value System			
AC_09A	a. Is the adolescent able to identify what things are valuable to them?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_09B	b. Is the adolescent able to identify what has shaped or helped to determine what they value?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
10.	Progression from Concrete to Abstract Thinking			
AC_10A	a. Can the adolescent identify who the current President and Vice President of the United States are?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_10B	b. Can the adolescent identify the importance of voting?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
11.	Academic and Career Goals			
AC_11A	a. Does the adolescent know what the highest grade of education is that they want to complete?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_11B	b. Does the adolescent know what they want to 'be' when they grow up, or what they want to do as a job?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
12.	Educational or Vocational Competence			
AC_12A	a. Is the adolescent currently enrolled in school?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_12B	b. Is the adolescent in the correct grade for their age?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_12C	c. Is the adolescent receiving As, Bs, or Cs in school?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_12D	d. If not in school, is the adolescent being successful in a vocational training program?.....	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1
AC_12E	e. Is the report of the adolescent's conduct in the educational setting satisfactory?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0	N/A <input type="checkbox"/> -1

Please count the number of items on which child has a YES response.....

AC_TOTAL_YES

SUMMARY SCORE

Please put a check mark by ONE of the following categories that appears to best describe this child's achievements.

	Score	Number of domains having at least one YES response
AC_SCORE	<input type="checkbox"/> 1	1-4 Child approaching accomplishment of 1/3 of the 12 developmental achievements listed.
	<input type="checkbox"/> 2	5-7 Child approaching accomplishment of 1/2 of the 12 developmental achievements listed.
	<input type="checkbox"/> 3	8 Child accomplishing 2/3 of the 12 developmental achievements listed.
	<input type="checkbox"/> 4	9-11 Child approaching accomplishment of almost all of the developmental achievements listed.
	<input type="checkbox"/> 5	12 Child accomplishing all of the developmental achievements listed.

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