NEED TO KNOW FOR YOUTH INITIAL ASSESSMENT V2:

- The New Youth Initial Assessment V2 is 9 Tabs, a total of 19 pages (a reduction of 23-24 pages)!
- There is no bundle; the MSE, DX, & LOCUS are part of the main form.
- The New Youth V2 Assessments now show on the Client Dashboard and Documentation at a Glance!

• You can view & print any previous assessment through Abstracts→Assessments Child/Youth (All) in Chart Review, *or* through Reports, if School Based; you can cut/paste appropriate data into the new Assessments from previous assessments.

TAB 1: Identifying/Legal/CSI Info

You must *first* select the Assessment Type;

- Initial Assessment (Clinician, Casemngr): if the assessment is by a clinician/case manager ONLY.
- **Multi-Discpl. Assessment** (incl MD Eval): if the assessment includes contributions from multidisciplines for example a clinician *and* an MD.
- Physician Initial Eval (MD/NP Only): if the assessment is performed by MD/NP- ONLY.
- **Physician Supplemental Info** (MD Only): <u>will not count as a complete initial assessment</u> but is used if the physician is adding specific information to a PIN and wants to clearly identify that he/she authored the addition. The requirement of most fields will be disabled. (Only Diagnosis & Clinical Formulation/Medical Necessity are required)
- Prenatal to Three Assessment: if you are work in the Pre-To-Three Program and are required to complete the Infant Assessment Info, Tab 6. Once you select this *assessment type*, the fields in Tab 6 become red/required fields.
- School Based Mental Health if you are performing a School Based Mental Health Assessment (was 26.5).

Tab 1; (3 pages)	Identifyi	ing/Legal/CSI Info		Page 1
WAVPMLIVE (LIVE) - TESTONE, TES	т (000930000)/YOUTH	Inital Assessment v2		→
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TESTONE,TEST (000930000) Episode	20 Date Of Birth: 05/08/19	99; Sex: Male; Social Security	Number: 222-55-999P	
5. MSE and Behavioral Observation 1. Identifying/Legal/CSI Info	6. Infant Assessment In 2. Clinical Inform	fo 7. Diagnosis 8. Clini ation 3. Risk ar	cal Formulation / Medical Necessit nd Co-Occurring Information	y 9. Finalize 4. CALOCUS
Select Assessment Type first to dete assessment is started could clear so Assessment Date Assessment Type Initial Assessment (Clinician, Cas Multi-Discpl. Assessment (incl. Mi Physician Initial Eval (MD/NP Only Physician Supplimental Info (MD of Prenatal to Three Assessment 26.5 School Based Mental Parent/Guardian (last, first middle nar Parent/Guardian Contact Information	rmine required fields for th me fields semngr) D Eval)) Dnly) Health me)	Child's/Youth's Age (Ye Current District / Schoo Current Grade Level Child/Youth wants to be Source of Information School Referral Packet Parents/Guardian/C Family/Relative Child Other	completing. Changing this setting ars) Months Placement e called (check all that apply) aretaker Probation Social Services PES ered?	cian
Primary Language of Child/Youth		✓ Other		
Preferred Language of Child/Youth		✓ Other		
Primary Language of Family		✓ Other		
Preferred Language of Family		✓ Other		
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5. MSE and Behavioral Observation 6. Infant Assessment 1. Identifying/Legal/CSI Info 2. Clinical Info	t Info 7. Diagnosis 78. Clinical Formulation / Medical Necessity prmation 3. Risk and Co-Occurring Information	9. Finalize 4. CALOCUS
Additional Parent / Guardian / Foster Parent Info (Indicate wh	o youth lives with, Contact information, Signing Authority) (I.E.P. R	eport)
Referral Reason Out of Home Placement Hospitalization Child/Caretaker Relationship Probs. Trauma Exposure Delay on ASQ (P-3) AOD Exposure (P-3) R/O GORC Referral (P-3) Other	 Relating/Communication Probs. Developmental Probs. Affect/Mood/Anxiety Problems Adjustment Reactions Regulatory/Sleep/Feeding Probs.(P-3) Premature(P-3) CPS 	
Service Strategies (Check all that apply)	Highest School Grade Completed (CSI)	A V
Assertive Community Treatment Urd in Partnership w/ Health Care Urd in Partnership w/ Law Enforcement Urd in Partnership w/ Social Services Urd in Partnership w/ Sub. Abuse Serv Ethnic Specific Service Strategy Family Psychoeducation	Employment Status (CSI)	• •
- Comile Ouwread	Conservatorship / Court status (CSI)	
Number of children under the age of 18 the client cares for or is responsible for at least 50% of the time (CSI)	Number of dependant adults age 18 or older client cares for or is responsible for at least 50% of the time (CSI)	
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Check all Service Strategies to be employed over the year that apply.

Tab 1	Identifying/	Legal/CSI Info)		Pag	ge 3
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5. MSE and Behavioral Observation	6. Infant Assessment Info	7. Diagnosis	8. Clinical Formulation	/ Medical Necessity	9. Finalize	_
Special Education Eligibility Status (chi Autism Hard of Hearing Orthopedically Impaired Specific Learning Disability Visually Handicapped Yes, Unknown Eligibility Special Education Eligibility Special Education Eligibility Des Unknown Eligibility Special Education Eligibility Des Conservatorship Probation (Ward)800 Adoption, Living out of County	eck all that apply) Deaf Other Health Impaired Speech Impaired Not Applicable	d CPS Social Se Probation (Info Voluntary Other	Deaf-Blind Multi-Handicapp Emotionally Dist Traumatic Brain Unknown	ed urbed Injury		11 × 11 × 11 × 1
Other Legal Status, Special Education a	and Admission Details	a the			2 A	1. A
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Tab 2 (3 pages)	Clinical Information		Page 1
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5. MSE and Behavioral Observation 6. In 1. Identifying/Legal/CSI Info	fant Assessment Info 7. Diagnosis 2. Clinical Information	 8. Clinical Formulation / M 3. Risk and Co-Occurring Info 	edical Necessity 9. Finalize prmation 4. CALOCUS
Description of Current Presenting Problems (i	ncl. referral reason, symptoms, behavi	ors, and impairments)(IEP Repo	ort) 🔗 💡
Behavioral / Mental Health History (incl. onset	, severity of stressors, and other cha	nges)(IEP Report)	
Developmental History (incl. pre-natal and pe	ri-natal events; developmental milesto	nes and delays; attachment an	d separation issues)
Current and Past Living Situation / CPS Histo	ry 🔨		
	SpellCheck F7		
	Select All Ctrl-A		
27 2	System Templates Sta	aff Section Identifier	2 PT
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For *any* of the Text Box fields, right click inside the text box, select *System Template* → **Staff Selection Identifier** - **your name** is inserted into the field. (This helps to distinguish a contributing clinician completing that specific area of the assessment). A pop up box will appear asking if you want to "replace or append" what's in the text box. Always select, "APPEND", then add the information.

Tab 2	Clinical Inform	nation			P	age 2
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Youth's Gender Identity? (RESTRICTED) Female Male (Intersex Decline to State (Unknown	Transgender Other	uth's Sexual Orier Heterosexual Questioning Unknown	ntation? (RESTRICTE) Bisexual Decline to state	O) Gay/Les Other	sbian	K
Other	Oth	er				× 1
Youth and Family - Cultural / Spiritual / Accult	uration / Immigration / Family	Constellation, Dvr	namics and History			
Youth and Family Strengths and Assets (incl.	Postive Coping, Functioning,	Strengths, Hobbie	es, Interests, Sources	of Support)	(I.E.P. Report)	
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Education History (I.E.P. REPORT)						
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Medical History/Significant Illness/Chron	c Conditions/Surgeries/Allero	gies (incl. family medica	I and mental health hist	ory)	A. A.
Psychiatric Hospitalization / Residential F	lacement / Day Treatment	History (incl. providers	and dates)	P	The second secon
Outpatient Treatment History (incl. the	rapeutic interventions, past	treatment responses,	providers and dates)	C)	2 FT
Juvenile Justice History (incl. Gang Affili	ation)) (O '		
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Tab 3 (2pages) **Risk and Co-Occurring Information** Page 1 AVPMLIVE (LIVE) - TESTONE, TEST (000930000)/YOUTH Inital Assessment v2 Avatar PM Avatar CWS Avatar MSO Edit Help Page 1 of 2 1 TESTONE, TEST (000930000) Episode: 20 Date Of Birth: 05/08/1999; Sex: Male; Social Security Number: 222-55-999P 5. MSE and Behavioral Observation 6. Infant Assessment Info 7. Diagnosis 8. Clinical Formulation / Medical Necessity 9. Finalize 3. Risk and Co-Occurring Information 4. CALOCUS 1. Identifying/Legal/CSI Info 2. Clinical Information Risk of HARM TO SELF / SUICIDAL Thoughts/Behavior Past HARM TO SELF / SUICIDAL Thoughts/Behavior Ondetermined Unknown Past HARM TO OTHERS/HOMICIDAL Thoughts Current Risk of HARM TO OTHERS/HOMICIDAL Thoughts Yes Denied Undetermined Yes No 🔘 Unknown Current Domestic Violence issues Past Domestic Violence issues Unknown No Onknown Yes O No Yes Access to FIREARMS / WEAPONS Engaged in Violent Acts? (physical, sexual, vandalism) Yes 🔘 No Unknown Yes No Unknown Victim of Violence Does SUBSTANCE USE impact risk? O NO Unknown O No Yes Yes 🔵 Unknown SUBSTANCE USE Issues Known to Impact Client Current Substance Abuse 🔲 Past Substance Abuse Use Impacts Functioning/Presenting Prob Abuse/Misuse of OTC Medications Use of Illicit Drugs Abuse/Misuse of Prescription Drugs Abuse/Misuse of Caffeine Abuse/Misuse of Nicotine Current Subs. Use in Parents/Cargivers Missed School or Impaired by Use Past Subs. Abuse in Parents/Caregivers Family is concerned by Alcohol/Drug Use AOD Exposure in Utero None Unknown Other Other 📰 YOUTH Inital Assessment v2 🛄 Chart Review 2884:SVBHPROD1 06/12/2013 01:53 PM

Tab 3 **Risk and Co-Occurring** Page 2 🔯 AVPMLIVE (LIVE) - TESTONE, TEST (000930000)/YOUTH Inital Assessment v2 File Edit Favorites Avatar PM Avatar CWS Avatar MSO Help Page 2 of 2 1 TESTONE, TEST (000930000) Episode: 20 Date Of Birth: 05/08/1999; Sex: Male; Social Security Number: 222-55-999P 5. MSE and Behavioral Observation 6. Infant Assessment Info 7. Diagnosis 8. Clinical Formulation / Medical Necessity 9. Finalize 1. Identifying/Legal/CSI Info 2. Clinical Information 3. Risk and Co-Occurring Information 4. CALOCUS Child / Youth Trauma History Family Trauma History 🔜 Physical Abuse 📃 Physical Abuse 📃 Sexual Abuse 📃 Sexual Abuse 🔲 Assault 🔜 Assault Domestic Violence Domestic Violence 🔲 Military Combat 🔲 Military Combat Torture 🔲 Torture 🔲 Immigration/Displacement Immigration/Displacement Separation Separation Suspected Suspected Other Other 🔲 Unknown 🔲 Unknown None None Risk Evaluation / Trauma Info (incl. PTSD Symptoms) / AOD Use (Drug Name, Frequency, Age of 1st Use, Date of last use) Complete 📰 Chart Review 2884:SVBHPROD1 06/12/2013 01:54 PM 📰 YOUTH Inital Assessment v2

Right click inside the Text Box to use an optional risk evaluation template

Tab 4

CALOCUS

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5. MSE and Behavioral O	bservation 6. Infant A	ssessment Info 7. Diagnosis	8. Clinical Formul	ation / Medical Necessity 9.	Finalize
1. Identifying/Lega	al/CSI Info 2.1	Clinical Information	3. Risk and Co-Occu	rring Information 4	. CALOCUS
Is Youth Emancipated? Yes	O No				
1. Risk Of Harm 💡 O 1-Low Risk	2-Some Risk	O 3- Significant Risk	4-Serious Risk	O 5-Extreme Risk	
-2. Functional Status 💡 - O 1-Minimal	© 2-Mild	3-Moderate	O 4-Serious	O 5-Severe	E
3. Co-morbidity 💡 O 1-None	2-Minor	3-Significant	O 4-Major	● 5-Severe	
4a. Recovery Environme	nt - Environmental Stress	ors 😵		~	
1-Minimally Stressful	2-Midlly	 3-Moderately 	 4-Highly 	5-Extremely Stress	ful
4b. Recovery Environme	nt - Environmental Suppo	rt@			— 🔨 I
1-Highly Supportive	2-Supportive	3-Limited	🔍 4-Minimally	5-No Support	
5. Resiliency and Treatm	ient History 💡 🔤 👘			- F.	- Y
1-Full	2-Significant	3-Moderate/Equivocal	4-Poor	5-Negligible	
6a. Treatment, Accepta	nce, Engagement - Child/ 2-Constructive	Adolescen@	4-Adversarial	5-Inaccessible	
-6b. Treatment, Aceptan	nce, Engagement - Parent	:/Care-tak@			
🔵 0-N/A 🛛 🔍 1-Optin	nal 🔍 🥥 2-Constructive	3-Obstructive	4-Adversarial	5-Inaccessible	
	Calculate CALO	CUS Score Total Score			X
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Tab 5 (3 pages)	MSE and Behavio	oral Observation		Page 1
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TESTONE,TEST (000930000) Episode: 20 [Date Of Birth: 05/08/1999; Se	ex: Male; Social Security Number:	222-55-999P	
5. MSE and Behavioral Observation 6.	Infant Assessment Info	7. Diagnosis 8. Clinical Formu	lation / Medical Necessity	9. Finalize
1. Identifying/Legal/USI Info	2. Llinical Information	3. Risk and Lo-Ucci	urring Information	4. LALULUS
MUST be reviewed by Licensed/Waivere	ed- MD/NP, MFT/LCSW/#	ASW, Psy(PhD/PyD), RN w/Ps ⁻	ych MS, or Trainee w/co-	signature
Yes No	 Unknown 			
Is GENERAL APPEARANCE Within Normal L	_imits	Is AFFECT Within Normal Limits?	O No	
General Annearance		Affect		
Inappropriate Hygien	ne Problems	Sad Angry	🗌 Anxious 👘 🗌 Flatten	
Disheveled Odd/Ed	ccentric	Withdrawn Incongruent	Labile Other	
General Appearance Comments		Affect Comments		— — — — — — — — — — — — — — — — — — —
	4			-
To CDEECH Within Managel Lineite?				
			O No	
-Speech		-Mood		
Pressured Dute		Uvithin Normal Limits	Depressed	
Poverty of Speech Persev	verative	Anxious	Expansive/Euphoric	
		Other	L Angly	
Speech Comments		Mood Comments		
	7			
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Write any comments in the text box below the MSE category, if applicable

ab 5 MSE and Behavioral Observation				Page 2
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TESTONE,TEST (000930000) Episode: 23	Date Of Birth: 05/08/1999; Se	ex: Male; Social Security Number	: 222-55-999P	
5. MSE and Behavioral Observation	. Infant Assessment Info	7. Diagnosis 8. Clinical Form	ulation / Medical Necessity	9. Finalize
1. Identifying/Legal/CSI Info	2. Clinical Information	3. Risk and Co-Oco	curring Information	4. CALOCUS
Is BEHAVIOR Within Normal Limits?		Is THOUGHT CONTENT With	nin Normal Limits?	
-Behavior		Thought Content	C 140	
Aggressive 🗌 Hostile	🔲 Impulsive	Vis. Hallucinations	🗌 Aud. Hallucinations	
Immature Evasive	Uncooperative	Delusions	Loose Associations	
		Other		
Behavior Comments		Thought Content Comments		
	17			17
Are PHYSICAL and MOTOR Abilities With	in Normal Limits?	Is THOUGHT PROCESS With	in Normal Limits?	
Discol and Mater		They want Drocover		
Increased / Excessive Decr	eased / Slowed	Blocking/Slowed	Racing Thoughts	
Posturing / Repetitive Trem	iors	Impaired Concentration	Poor Insight	
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Physical and Motor Comments		Thought Process Comments		F%
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Tab 5 MS	E and Behavioral Observatio	n	Page 3
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5. MSE and Behavioral Observation 6. Infant #	Assessment Info 7. Diagnosis 8.	Clinical Formulation / Medical Necessit:	9. Finalize
Is COGNITION / INTELLECT Within Normal Limits?	Eormal Montal (Status Obtained	4. CALOCOS
	Yes		
-Cognition / Intellect	-Formal-MSE		
Weak Vocabulary Concrete Thir	iking Impaired S-	T Memory 🛛 🗌 Impaired L-T Memo	ry
Poor Judgement Other	Cant Do Se	rial 7's 📃 Can Do Serial 7's	
	Paucity of Ki	nowledge	
Cognition / Intellect Comments			
	C)		
Other MSE Information			
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Write any comments in the text box below the MSE category, if applicable. Write other MSE Information in the Other MSE Info text box, if applicable

The Infant Assessment Info Tab becomes activated and the fields become red /required when the Pre-To-Three Assessment Type is selected.

Tab 6 (2 pages)	Infant Assessment Info	Page 1
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TESTONE, TEST (000930000) Episode: 23 Date Of	Birth: 05/08/1999; Sex: Male; Social Security Number	: 222-55-999P
5. MSE and Behavioral Observation 6. Infant 1. Identifying/Legal/CSI Info 2.	Assessment Info 7. Diagnosis 8. Clinical Form Clinical Information 3. Risk and Co-Oc	ulation / Medical Necessity 9. Finalize curring Information 4. CALOCUS
Developmental Tools Used FIRST (Under 6 Months) Emotional ASQ PROP (Parent Relationship Questionaire) Other	Ages and Stages (ASQ) CBCL (2-3 y.o.) Sensory Profile	HA HA
Other Tools	Child's Adjusted Age	
Physical Appearance Age Appropriate Fetal Alcohol Syndrome Disheveled Down's Syn	drome	Hygiene Problems
Reaction to New Environment		
Physiologic Development		
Effects of Self-Regualtion on Organized/Disorganized	ed Behaviors	
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Tab 6	Infant Assessmen	t Info		Page 2
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5. MSE and Behavioral Observation	6. Infant Assessment Info 7. I	Diagnosis 👘 8. Clinical Formul	ation / Medical Necessity	9. Finalize
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State Regulation 🖉 🖉	<u>_</u>	<u>_</u>		~
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Clean Cabadula and Concerns (reports	d or observed, exectiver's concerns		Y	
Sleep Schedule and Concerns (reporte	d or observed, caregiver's concerns			
Feeding Schedule and Concerns (reno	rted or observed)			
Describe Sensory Regulation (See Mini	Sensory Profile Scanned)			
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Tab 7 (2 pages)	Diagno	osis			Page 1
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MUST be reviewed by Licensed/Waiv Diagnosis Type Admission Discharge	ered- MD/NP, MFT/LCSW/A	SW, Psy(PhD/Py Trauma (CSI) Yes	/D), RN w/Psych M S	6, or Trainee w/co-	si
Time of Diagnosis	м 🗄 ам/рм 🗎	Has Substance / Yes Substance Abus	Abuse / Dependence No U e / Dependence Diag	Diagnosis (CSI) Inknown / Not Report nosis (CSI)	ed
Diagnosing Practitioner	Process Search que Practitioner ID				
Axis I - 1 (Primary Diagnosis)	Process Search	Axis II - 1 (NO	DIAGNOSIS code as \	(71.09) Process S	earch
					-
Axis I - 2	Process Search	Axis II - 2		Process S	earch
Axis I - 3	Process Search		2		
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The Diagnosis May ONLY be Completed by Licensed Waivered MD/NP, MFT/LCSW/ASW, Psy(PhD/PyD), RN w/Psych MS, or Trainee w Co-Signature.

BHRS must show evidence of a **5** Axis Diagnosis for reimbursement of services. If there is **NO** Axis II Diagnosis, enter V7109. To **DEFER** an Axis II Diagnosis enter V7999. The V must be upper case or Avatar will not accept!

Tab 7	Diagnosis		Page 2
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5. MSE and Behavioral Observation 6. Infan 1. Identifying/Legal/CSI Info	t Assessment Info 7. Diagnosis 8. 2. Clinical Information 3. Ri	Clinical Formulation / Medical Nece sk and Co-Occurring Information	9. Finalize 4. CALOCUS
Alts III - Medical Conditions Altergies Anemia Arterial Sclerotic Disease Arthritis Asthma Bith Defects Blind / Visually Impaired Cancer Carpal Tunnel Syndrome Chronic Pain Cirrhosis Cystic Fibrosis Dear/ Hearing Impaired Diagnosis Comments	Problems Problems Education Occupatio Housing I Economic Problems Other psy None Knd Axis V - GAF Do NOT CHA make a Sub- Primary Diag	With Primary Support Group : related to social environment al problems problems problems swith access to health care s related to legal system/crime rchosocial/environment problems Jown INGE unless the Primary DX is an Ap stance Use DX a Primary DX unless nosis P	xis II DX. Do not there is no other DX Process Search
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Enter any additional diagnoses in the **Diagnosis Comments** text box, if applicable

The Primary Diagnosis automatically fills in; do not change unless the Primary Diagnosis is an Axis II Diagnosis

Tab 8 (2 pages)	s) Clinical Formulation/Medical Necessity			
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TESTONE,TEST (000930000) Episode:	20 Date Of Birth: 05/08/1999; S	ex: Male; Social Security Number:	222-55-999P	
5. MSE and Behavioral Observation 1. Identifying/Legal/CSI Info	6. Infant Assessment Info 2. Clinical Information	7. Diagnosis 8. Clinical Formu 3. Risk and Co-Occu	lation / Medical Neces urring Information	ssity 9. Finalize 4. CALOCUS
May ONLY be completed by Licenced	l/Waivered MD/NP, MFT/LCS	6W, Psy(PhD, PyD), RN w/ Psy	ch. MS, or Trainee v	// Cosignature
As a result of the Primary Diagnosi Treatment is being Provided to addres School/Work Functioning Ability to maintain placement	s, the client has the followir ss , or prevent, significant dete Social Relationships Symptom Manageme	ng impairments: rioration in an important area of lif Daily Livii nt	e functioning ng Skills	THE REAL
A probability the child will not progress Yes	s developmentally as individually	o No		
Clinical Formulation / Summary (incl. Wh	hat Child/Family/School see as su	uccessful outcome, Stage of Chan	ge Details)	y
Additional Factors and Comments				
	~ 7	V 7		
				A_Y
Complete				
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Tab 8	Clinica	al Formulation		Page 2
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SBMH I.E.P. Summary and Reco	ommendations (I.E.P. Report)	<u></u>		
			7	
_SBMH Eligible? (IEP Report) _				
O Yes	O No			
				~~ `
Complete				
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Only complete page 2 for School Based Services

Tab 9

Finalize

Tab 5 Filialize					
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TESTONE,TEST (000930000) Episode: 20 I	Date Of Birth: 05/08/1999; Sex: Male; Soc	ial Security Number: 222-55	5-999P		
5. MSE and Behavioral Observation 6.	Infant Assessment Info 7. Diagnosis	8. Clinical Formulation	/ Medical Necessity	9. Finalize	
I. Identifying/Legal/CSI Info Indicate other staff contributing to th Contributing Practitioner	2. Clinical Information neis assessment and their contribution	3. Risk and Co-Occurring on. g Practitioner	Information Process Sear	rch	
Area of Contribution	Area of Cont	ribution	÷	St. I	
Send To (for "Pending Approval" Co-Signat	ure) Draft / Pen Torat Pending	ding Approval / Final Approval	nal	DR AR	
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Contributing Practitioner

There are now 2 boxes to enter the name of a contributing practitioner and area of their contribution, if applicable.

PENDING Approval now used only by a Trainee or first year resident requiring a Co-Signature. For Pending, select the name of the supervisor from the *Send To* drop down; then enter a message in the Send To Outgoing Comments box.

Draft Save:

- If you *do not require a co-signature* on the assessment, you can save the document as a draft once the the **Type** and **Date of the Assessment is completed**.
- If you require a co-signature, complete the Type and Date of the Assessment, Send To and Send To Outgoing Comments to save as Draft. The assessment will not be sent to your supervisor until you save as Pending!

Final Save:

- If you do not require a co-signature on the assessment, submit the assessment as Final.
- If you *require a co-signature,* send **Pending Approval**. Your supervisor may either approve or return the document as Draft for you to make corrections.

Community Worker/RN without a master's degree in psych must now use DRAFT:

If you are a Community Worker/RN without a master's degree in psych and assist with completing/conducting the assessment COMPLETE ONLY THE FIELDS WITHIN YOUR SCOPE. Then save the document as DRAFT. You will inform the licensed/registered staff that the assessment is ready for completion and to be finalized by sending an Avatar notification, e-mail, phone contact or in person.