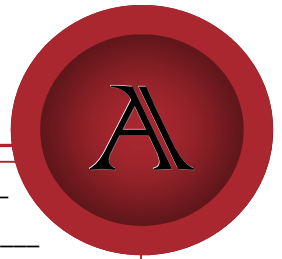


FASD Screening and Referral Tool for Youth Probation Officers



Name of Probation Officer: _____ Date: _____

Phone #: _____ Fax #: _____

Address: _____

Email: _____

Received mandatory guardian consent to refer youth for an FASD assessment

Background Information

Name of Youth: _____

Date of birth: _____ Age _____ Male Female

Ethnicity: Caucasian Aboriginal Asian South Asian Black Other: _____

Has the youth been assessed at any of the following?

	Name of agency	Date of Assessment
Psychoeducational assessment	_____	_____
Hospital/private psychiatric assessment	_____	_____
Youth Forensic psychiatric assessment	_____	_____
Mental health assessment	_____	_____
Other specialized facility	_____	_____

Legal Guardian:

Birth Parent(s) Adoptive Parent(s) Social Worker Other: _____

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Youth currently resides with:

Birth Mother Birth Father Adoptive Parent(s) Foster Parent

Group Home Custody Centre Other _____

Name of caregiver: _____

Address: _____

Phone #: _____ Fax #: _____



Screening Checklist

Please check all boxes in sections A and B that apply to this youth.

A. SOCIAL FACTORS

- Youth is adopted
- Youth has been in foster care or involved with child protection services
- Youth has a sibling with a documented diagnosis of FAS/pFAS/ARND
- There is documentation that youth is *suspected* of having FAS/pFAS/ARND
- Youth's mother has a history of alcoholism or known prenatal alcohol use

B. PERSONAL FACTORS

- Developmental delay in early childhood (e.g., required speech/language therapy, occupational therapy or child development services prior to school entry)
- School learning difficulties (e.g., required learning assistance, modified or special program, school failure or drop-out for academic reasons)
- Growth deficiency (i.e., short height or low weight)
- Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD or ADD)
- Other mental health diagnosis
 - Anxiety
 - Depression
 - Conduct Disorder
 - Attachment Disorder
 - Other _____
 - Post Traumatic Stress Disorder
 - Oppositional Defiant Disorder
 - Substance Misuse Disorder
 - Unknown

Using the information in A and B previous, refer for an FASD assessment if youth meets the following criteria:

- One Social Factor (Section A) PLUS at least Two Personal Factors (Section B) **OR**
- No Social Factors (Section A) PLUS at least Three Personal Factors (Section B)

Is there documentation in medical, social service, and or court records that the youth already has a diagnosis of FAS/pFAS/ARND or FAE.

- Yes
- No

If yes, who made the diagnosis: _____

Date of diagnosis: _____

Location: _____



Case Management

Has youth been in custody: Yes No

Date of next court appearance: _____

Probation expiry date: _____

What offences has the youth committed (Please check all that apply and date):

- | | |
|--|--|
| <input type="radio"/> Break and enter | <input type="radio"/> Theft under \$5000 |
| <input type="radio"/> Robbery | <input type="radio"/> Theft over \$5000 |
| <input type="radio"/> Assault | <input type="radio"/> Murder/manslaughter |
| <input type="radio"/> Possession/use of a weapon | <input type="radio"/> Possession of stolen property |
| <input type="radio"/> Dangerous driving offence | <input type="radio"/> Solicitation/prostitution |
| <input type="radio"/> Sexual offence | <input type="radio"/> Mischief to property |
| <input type="radio"/> Arson | <input type="radio"/> Public mischief |
| <input type="radio"/> Fraud | <input type="radio"/> Breach/failure to comply |
| <input type="radio"/> Kidnapping | <input type="radio"/> Obstruction of justice |
| <input type="radio"/> Assault causing bodily harm/aggravated assault | <input type="radio"/> Possession of break-in instruments |
| <input type="radio"/> Drug charges | <input type="radio"/> Theft of a vehicle |
| <input type="radio"/> Uttering threats to cause death/bodily harm | <input type="radio"/> Other: _____ |

Does youth have an Intensive Support and Supervision Program (ISSP) worker or other one-to-one worker:

Yes No

Name of worker: _____

Agency: _____ Phone #: _____

Does youth have a non-guardian social worker: Yes No

Name of social worker _____ Phone # _____

Is youth currently attending school: Yes No

If yes, does the youth attend:

Regular School Alternate School Home School

Has youth received alcohol and drug treatment Yes No

Has youth received mental health counseling Yes No

Is youth currently taking medications: Yes No

If yes, please list: _____



Behaviour Checklist:

Which of the following behaviours characterize this youth (Please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Attention seeking, demanding, loud | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Misuse of alcohol and other drugs | <input type="checkbox"/> Anger control problem |
| <input type="checkbox"/> Easily manipulated and led by others | <input type="checkbox"/> Socially inept/immature |
| <input type="checkbox"/> Has a high need for acceptance | <input type="checkbox"/> Concrete and literal thinker |
| <input type="checkbox"/> Poor understanding of personal boundaries | <input type="checkbox"/> Chronically misses appointments |
| <input type="checkbox"/> Disinhibited about sharing personal information | <input type="checkbox"/> Has trouble following rules or requirements |
| <input type="checkbox"/> Poor decision maker, poor problem solver, lacks insight | |
| <input type="checkbox"/> Does not understand effects of his/her actions on others | |
| <input type="checkbox"/> Requires supervision and management of time and money | |

Name of Person Completing Form (If different from Youth Probation Officer):

_____ Date: _____

Phone #: _____ Fax #: _____

Address: _____

Referral for an FASD assessment

Agency: _____

Contact: _____

Date referral was sent: _____

Nothing contained in this document is or should be used as a substitute for medical advice, diagnosis or treatment from a licensed health care professional. This document does not constitute the practice of medicine nor is it medical, nursing or other professional health care advice, diagnosis or treatment.

