

# YLS Assessment Summary

Name of Assessed:	Gender:	Age:
Date of Birth:	Date of Assessment:	
Assessment by:		

## Part I: Assessment of Risks and Needs

### 1. Prior and Current Offenses/Dispositions:

- a. Three or more prior convictions
- b. Two or more failures to comply
- c. Prior probation
- d. Prior custody
- e. Three or more current convictions

  
  
  
  

Subtotal for section 1:

**Comments:**  
**Source(s) of Information:**

### 2. Family Circumstances/Parenting:

- a. Inadequate Supervision
- b. Difficulty in controlling behavior
- c. Inappropriate discipline
- d. Inconsistent Parenting
- e. Poor relations (father - youth)
- f. Poor relations (mother - youth)

  
  
  
  
  

Subtotal for section 2:

Strength

**Comments:**  
**Source(s) of Information:**

### 3. Education/Employment

- a. Disruptive classroom behavior
- b. Disruptive behavior on school property
- c. Low achievement
- d. Problems with peers
- e. Problems with teachers
- f. Truancy
- g. Unemployed/not seeking employment

  
  
  
  
  
  

Subtotal for section 3:

Strength

**Comments:**  
**Source(s) of Information:**

### 4. Peer Relations:

- a. Some delinquent acquaintances
- b. Some delinquent friends
- c. No/few positive acquaintances
- d. No/few positive friends

  
  
  

Subtotal for section 4:

Strength

**Comments:**  
**Source(s) of Information:**

Assessment Date:

Print Date:

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## 5. Substance Abuse:

- a. Occasional drug use
- b. Chronic drug use
- c. Chronic alcohol use
- d. Substance abuse interferes with life
- e. Substance use linked to offense(s)


Subtotal for section 5:

Strength

Comments:

Source(s) of Information:

## 6. Leisure/Recreation

- a. Limited organized activities
- b. Could make better use of time
- c. No personal interests


Subtotal for section 6:

Strength

Comments:

Source(s) of Information:

## 7. Personality/Behavior

- a. Inflated self-esteem
- b. Physically aggressive
- c. Tantrums
- d. Short attention span
- e. Poor frustration tolerance
- f. Inadequate guilt feelings
- g. Verbally aggressive, impudent


Subtotal for section 7:

Strength

Comments:

Source(s) of Information:

## 8. Attitudes/Orientation:

- a. Antisocial/procriminal attitudes
- b. Not seeking help
- c. Actively rejecting help
- d. Defies authority
- e. Callous, little concern for others


Subtotal for section 8:

Strength

Comments:

Source(s) of Information:

Assessment Date:

Print Date:

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## Part II: Summary of Risks and Needs

<u>Subscale</u>	<u>Score</u>	<u>Total Risk/Need Level</u>	<u>Strength</u>
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1. Prior and Current Offenses:

2. Family Circumstances/Parenting:

3. Education/Employment:

4. Peer Relations:

5. Substance Abuse:

6. Leisure/Recreation:

7. Personality/Behavior:

8. Attitudes/Orientation:

Total Risk/Need Level

## Part III: Assessment of Other Needs and Special Considerations

### 1. Family/Parents

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> a. Chronic History of Offenses    | <input type="checkbox"/> e. Financial/Accommodation Problems | <input type="checkbox"/> i. Abusive Mother                             |
| <input type="checkbox"/> b. Emotional Distress/Psychiatric | <input type="checkbox"/> f. Uncooperative Parents            | <input type="checkbox"/> j. Significant Family Trauma (specify): _____ |
| <input type="checkbox"/> c. Drug/Alcohol Abuse             | <input type="checkbox"/> g. Cultural/Ethnic Issues           | _____  |
| <input type="checkbox"/> d. Marital Conflict               | <input type="checkbox"/> h. Abusive Father                   | <input type="checkbox"/> Other: _____                                  |

Comments:

### 2. Youth

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> a. Health Problems                 | <input type="checkbox"/> j. Peers Outside Age Range       | <input type="checkbox"/> s. Third Party Threat                      |
| <input type="checkbox"/> b. Physical Disability             | <input type="checkbox"/> k. Depressed                     | <input type="checkbox"/> t. History of Sexual/Physical Assault      |
| <input type="checkbox"/> c. Low Intelligence/Develop. Delay | <input type="checkbox"/> l. Low Self-Esteem               | <input type="checkbox"/> u. History of Assault on Authority Figures |
| <input type="checkbox"/> d. Learning Disability             | <input type="checkbox"/> m. Inappropriate Sexual Activity | <input type="checkbox"/> v. History of Weapons Use                  |
| <input type="checkbox"/> e. Underachievement                | <input type="checkbox"/> n. Racist/Sexist Attitudes       | <input type="checkbox"/> w. History of Fire Setting                 |
| <input type="checkbox"/> f. Poor Problem-Solving Skills     | <input type="checkbox"/> o. Poor Social Skills            | <input type="checkbox"/> x. History of Escapes                      |
| <input type="checkbox"/> g. Victim of Physical/Sexual Abuse | <input type="checkbox"/> p. Engages in Denial             | <input type="checkbox"/> y. Protection Issues                       |
| <input type="checkbox"/> h. Victim of Neglect               | <input type="checkbox"/> q. Suicide Attempts              | <input type="checkbox"/> z. Adverse Living Conditions               |
| <input type="checkbox"/> i. Shy/Withdrawn                   | <input type="checkbox"/> r. Diagnosis of Psychosis        | <input type="checkbox"/> Other: _____                               |

Comments: (Note any special responsibility considerations including the need for culturally specific services)

Assessment Date:

Print Date:

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## Part IV: Your Assessment of the Juvenile's General Risk/Need Level

Taking into account all available information, provide your estimate of the risk level for this case. If your risk estimation differs from that of the inventory, please provide reasons why.

<b>Risk Level:</b>		Reasons: _____
Low	<input type="checkbox"/>	_____
Moderate	<input type="checkbox"/>	_____
High	<input type="checkbox"/>	_____
Very High	<input type="checkbox"/>	_____

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## Part V: Contact Level

Administrative/Paper	<input type="checkbox"/>	_____
Minimum Supervision	<input type="checkbox"/>	_____
Medium Supervision	<input type="checkbox"/>	_____
Maximum Supervision	<input type="checkbox"/>	_____

Probation Officer's Signature/Date	Supervisor's Signature/Date

Assessment Date:  
Print Date: