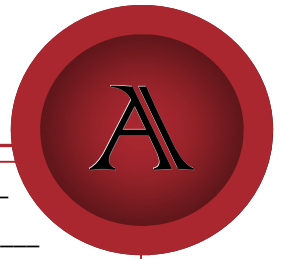


# FASD Screening and Referral Tool for Youth Probation Officers



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.*

