T4C Group Pre-Screening Checklist

Youth Name: _____ Date of Screening: _____

Name of Person Administering Pre-Screening Checklist: _____

PDRA Score of 2 or higher? __ Yes (proceed to next section)

__ No (stop, youth doesn't meet grant funding criteria)

Delinquent Charge: _____ (No CHINS Only Charges)

Group Selection Criteria	**Not Detected**	**Detected** (explain below in comment section)	**Accommodations, Modifications, or Alternative Programming Plan**
Does youth have appropriate language ability to fully participate in group?	☐ No language issues detected	☐ Yes, language issues were detected	
Does youth have adequate reading level (at least a 5th grade) ability to fully participate in group?	☐ Adequate reading level	☐ Inadequate reading level detected	
Does youth have adequate physical capabilities to fully participate in group?	☐ Adequate physical capabilities	☐ Inadequate physical capabilities	
Does youth have any developmental issues that would impede or impair ability to fully participate in group?	☐ No developmental issues of concern detected	☐ Developmental issues of concern detected	
Does youth have any mental health issues that would impede or impair ability to fully participate in group?	☐ No mental health issues of concern detected	☐ Mental health issues of concern detected	
Does youth have a history of sexual offending ?	☐ No sexual offending history detected	☐ Youth has sexual offending history of concern detected	
Does youth have any moderate to severe difficulties with social communication, social interaction, and/or repetitive behaviors?	☐ No moderate to severe difficulties with social communication, social interaction, and/or repetitive behaviors detected	☐ Moderate to severe difficulties with social communication, social interaction, and/or repetitive behaviors of concern detected	
Does youth have any severe or serious co-morbid psychiatric problems (i.e., actively psychotic, diagnosed with schizophrenia, actively homicidal, actively or recently suicidal)?	☐ No severe or serious co-morbid psychiatric problems detected	☐ Severe or serious co-morbid psychiatric problems of concern detected	

Comments on any areas detected:

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_____

_____

Final Disposition: ☐ Accept admission into Group ☐ Reject admission into Group ☐ Accept admission into group with Accommodations, Modifications, or Alternative Programming Plan

Updated 11.8.15