ART 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

SAMPLE