

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?	<input type="checkbox"/> No language issues detected	<input type="checkbox"/> Yes, language issues were detected	
Does youth have adequate reading level (at least a 5th grade) ability to fully participate in group?	<input type="checkbox"/> Adequate reading level	<input type="checkbox"/> Inadequate reading level detected	
Does youth have adequate physical capabilities to fully participate in group?	<input type="checkbox"/> Adequate physical capabilities	<input type="checkbox"/> Inadequate physical capabilities	
Does youth have any developmental issues that would impede or impair ability to fully participate in group?	<input type="checkbox"/> No developmental issues of concern detected	<input type="checkbox"/> Developmental issues of concern detected	
Does youth have any mental health issues that would impede or impair ability to fully participate in group?	<input type="checkbox"/> No mental health issues of concern detected	<input type="checkbox"/> Mental health issues of concern detected	
Does youth have a history of sexual offending?	<input type="checkbox"/> No sexual offending history detected	<input type="checkbox"/> 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?	<input type="checkbox"/> No moderate to severe difficulties with social communication, social interaction, and/or repetitive behaviors detected	<input type="checkbox"/> 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)?	<input type="checkbox"/> No severe or serious co-morbid psychiatric problems detected	<input type="checkbox"/> Severe or serious co-morbid psychiatric problems of concern detected	

Comments on any areas detected:

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