



Draft

Short Form

Please fax completed instrument to: (916) 654-3178

Section I

Instructions:

Please mark the bubble that corresponds to the designated youth's current level of functioning in each area.

Doing Very Well OK Some Troubles Quite a Few Troubles Extreme Troubles

Table with 20 rows of behavioral items and 5 columns of response options (radio buttons).

Child's Name

Section II

Instructions:

Please rate the degree to which the designated youth has experienced the following problems in the past 90 days.

Not at All Once or Twice Several Times Often Most of the Time All of the Time

Table with 20 rows of behavioral items and 6 columns of response options (radio buttons).

County Client #

Date

Draft

