

## THE MISSOURI JUVENILE NEEDS ASSESSMENT

JUVENILE NAME \_\_\_\_\_ JUVENILE ID \_\_\_\_\_

JUVENILE DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: \_\_\_\_ M \_\_\_\_ F SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

JUVENILE ACTIVE CASE ID \_\_\_\_\_

**Behavior Problems**

No significant behavior problem.....-1  
 Moderate behavior problem..... 2  
 Severe behavior problem ..... 4

**Attitude**

Motivated to change/accepts  
 responsibility..... 0  
 Generally uncooperative,  
 defensive, not motivated to change..... 1  
 Very negative attitude, defiant,  
 and resistant to change..... 3

**Interpersonal Skills**

Good interpersonal skills .....-1  
 Moderately impaired interpersonal  
 skills ..... 1  
 Severely impaired interpersonal  
 skills ..... 2

**Peer Relationships**

Neutral influence..... 0  
 Negative influence ..... 1  
 Strong negative influence ..... 2

**History of Child Abuse or Neglect**

No prior child abuse or neglect..... 0  
 Prior abuse and neglect ..... 1

**Mental Health**

(see DSM-IV diagnosis)  
 No mental health disorder ..... 0  
 Mental health disorder with  
 treatment ..... 2  
 Mental health disorder with no  
 treatment ..... 4

**Substance Abuse**

No apparent problem..... 0  
 Moderate alcohol and/or drug  
 abuse problem ..... 1  
 Severe alcohol and/or drug  
 problem/dependence ..... 2

**School Attendance/Disciplinary**

No or only minor problems.....-1  
 Moderate problems ..... 0  
 Severe problems..... 1

**Academic Performance**

Passing without difficulty .....0  
 Functioning below average.....1  
 Failing.....3  
 (If subject is 16 and not enrolled in  
 school, score as 0)

**Learning Disorder**

(see DSM-IV diagnosis)  
 No diagnosed learning disorder .....0  
 Diagnosed learning disorder .....1

**Employment**

Full-time employment .....0  
 Part-time employment .....1  
 Unemployed .....2  
 Not Applicable.....0  
 (Score only if subject is 16 and not  
 enrolled full-time in school, vocational  
 training, or other education program.)

**Juvenile's Parental Responsibility**

No children .....0  
 One child .....1  
 Two children.....2  
 Three or more children .....3

**Health/Handicaps**

No health problems or physical  
 handicaps .....0  
 No health problems/handicaps  
 but limited access to health care ..... 1  
 Mild physical handicap or  
 medical condition .....2  
 Pregnancy .....3  
 Serious physical handicap or  
 medical condition .....5

**Parental Management Style**

Effective management style.....0  
 Moderately ineffective management  
 style .....1  
 Severely ineffective management  
 style .....2

**Parental Mental Health**

(see DSM-IV diagnoses)  
 No parental history of mental  
 health disorder .....0  
 Parental history of mental health  
 disorder .....1

**Parental Substance Abuse**

No parental substance abuse.....0  
 Parental substance abuse ..... 1

**Social Support System**

Strong support system .....-2  
 Limited support system, with  
 one positive role model .....0  
 Weak support system; no positive  
 role models ..... 1  
 Strong negative or criminal influence ..3

**TOTAL NEEDS SCORE:**


Initials: \_\_\_\_\_

**Check all the services you used:** These  
 should be added as services within JIS

\_\_\_\_\_ None

**Prevention & Education Programs**

\_\_\_\_\_ G.E.D. classes  
 \_\_\_\_\_ Tutoring  
 \_\_\_\_\_ Mentoring  
 \_\_\_\_\_ Vocational training  
 \_\_\_\_\_ Shoplifters' program  
 \_\_\_\_\_ Drug & alcohol  
 awareness programs

**Intervention Programs**

\_\_\_\_\_ Family counseling  
 \_\_\_\_\_ Individual counseling  
 \_\_\_\_\_ Substance abuse groups  
 \_\_\_\_\_ Sex offender programs  
 \_\_\_\_\_ Other: \_\_\_\_\_

**Custody to:**

Division of Family Services  
 \_\_\_\_\_ Residential  
 \_\_\_\_\_ Foster Care

**Services from:**

Department of Mental Health  
 \_\_\_\_\_ Residential  
 \_\_\_\_\_ In-home Services  
 \_\_\_\_\_ Other: \_\_\_\_\_