

**ADOLESCENT FAMILY LIFE PROGRAM/CAL-LEARN  
COMPREHENSIVE ASSESSMENT  
(Directions for Use)**

Many of the responses require a simple check mark in the spaces provided. Others may simply be circled. Items needing additional explanation have the spaces provided. The form is designed to get the most information as quickly and concisely as possible.

At the top of the page, record the following:

- a. Intake Date
- b. Case Management Counselor (CMC) code
- c. Client Identification number
- d. Client's Social Security number

**PART I**

**1. Demographics**

- Record the client's full name, age, date and place of birth.
- Record the client's living address and mailing address, if different.
- Include the client's phone number, beeper number or the message phone number if applicable.
- Check sex and marital status.
- Record the client's ethnic background and if the client is of Latino origin.
- Record the primary language of the client and household, whether or not they can read and write the primary language and English. Note if an interpreter is needed either by the client or by the household.
- Record who to contact in case of emergency, the relationship, address and phone number.
- List the individuals who live in the home with the client. Include the full name, relationship, and age of individuals. Indicate when the last contact occurred, whether the contact was by phone or in person and the involvement with the client.
- List other individual's whom the client considers a part of her/his support system, the relationship, age, whether or not the individual resides with the client, the last contact with the client and the nature of the involvement (how extensive).
- Describe the kind of housing (house, apartment, etc.), number of times the client has moved in the last six months and length of time at current residence.
- List the name of the client's biological mother and father and the legal guardian. Include the address if different from client.

**PART II**

## 2. General Health

- Record the insurance plan, name of the health care provider and her/his address and phone number.
- Briefly describe the client's medical history, problems and concerns.
- Record the date of the last physical examination and whether or not the client is currently receiving treatment.
- Note hospitalizations and/or emergency room visits. Indicate the approximate date and the reason for the contact.
- Are the immunizations current? If no, state the reason, such as no access, etc. **Complete the attached immunization forms.**
- Record the significant family medical concerns (past or current). This may include family history of diabetes or other special family health concerns.
- Record the dental insurance plan, the dentist's first and last name, address, phone number, date of the last dental visit and any comments relative to the client's dental health.

## 3. Nutrition

### Pregnant Clients Only

- Record the clients pre-pregnant weight and the amount of the expected weight gain throughout the pregnancy.
- Note and record any cravings for substances such as dirt, clay, or ice.
- Circle any problems with nausea, vomiting, constipation, hemorrhoids, or diarrhea.
- Circle the planned feeding method for the index child if appropriate.

### All Clients

- Record the current weight, whether or not the client is currently dieting, and the past history of diets. If the client answers yes to these questions, briefly explain.
- Circle the meals usually eaten. Describe anything significant such as fasting, purging, etc. Describe food sources such as "fast food".
- Circle the food groups and beverages consumed during the 24 hour period. Ask the client to estimate the # of 8 ounce glasses of water consumed. Note any unusual food or beverage consumption described by the client.
- Check whether the client is eligible or enrolled in the Women, Infants and Children (WIC) Program. Indicate the next appointment and the location of the WIC services.
- Record any vitamin, mineral supplements or medications currently being taken.
- Check the use of home or cultural remedies used when ill and whether or not the health care provider has been made aware of such use.

## 4. Family Planning Services

- Record family planning methods used in the past as well as the current method. Note the success of the methods selected, the attitudes and feelings of both the client and her/his partner.
- Describe the educational needs relative to family planning.
- List the provider of family planning.

### **PART III**

### **PREGNANCY, LABOR, BIRTH AND POSTPARTUM**

#### **5. Pregnant Client Only**

- Describe the client's feelings, concerns, medical problems associated with this pregnancy.
- Check boxes stating whether or not this pregnancy was planned and if the father of this pregnancy is supportive.
- Circle the high-risk pregnancy issues that apply.
- State the expected date of birth and the date that prenatal care began.
- Give the name, address and phone number of the medical provider.
- State the date last seen and when the next appointment is due.
- Describe problems accessing prenatal care such as transportation, lack of funds, difficulty finding a provider, etc.
- Ask the client where she intends to give birth. Which hospital has she chosen?
- Ask the client who she would like to be with her when the baby is born. (Mother, Father of the baby (FOB), friend, case manager, etc.)
- Describe the client's perceptions of prenatal and postpartum education needs and issues.

#### **6. Postpartum Health Assessment Non-pregnant Client Only** (COMPLETE IF BIRTH WITHIN THE LAST 3 MONTHS)

- Record the date of birth, date of first examination following birth, and the date of the client's last physical examination.
- Circle the type of birth and note any complications such as bleeding, etc.
- Circle all postpartum issues that apply.
- Circle any/all concerns regarding the client's breasts.

#### **7. Pregnancy History-Ask of all Clients**

- State the total number of pregnancies. Note the live births, miscarriages, and/or stillbirths, etc. List the dates of the occurrences.
- Describe any feelings the client may have about the previous pregnancy outcomes such as unresolved grief, guilt, anger, etc.
- Check whether previous pregnancy was planned or not and the supportiveness or lack of support from the father of the baby.

- Ask the client if she thinks she might be pregnant at this time. If reply is positive, gather more information.
- Explore with the client her parents' feelings about the previous pregnancies and their degree of involvement with her.

## **PART IV**

### **8. Education/Vocation**

- Check if client is currently enrolled in school, note where and which grade or program.
- Note days and hours attending.
- Circle unique educational needs. Include all that apply.
- Check whether or not the client feels safe at school. Note if not attending and record the reason.
- Record the client's perceptions of how she/he is doing in school and any particular feelings about the school experience.
- Record the previous school attended, the last grade attended, the drop out date, if applicable and the reason the client elected to drop out.
- If possible, record the number of credits earned toward a high school diploma and/or the number of General Educational Development (GED) tests already passed.

### **9. Employment/Job Training**

- Is the client a legally emancipated minor. If yes, record the date.
- Check if the client is seeking employment or is currently employed.
- Note the current employer.
- If the client is under 16 yrs., check whether she/he has a work permit.
- Describe any current job training or participation in a Regional Occupation Program (ROP).
- Record the days and hours worked and how long the client has been employed.
- Describe any previous employment, experience, or job training.

### **10. Father of Index Child**

- Check the clients relationship with the father of the index child/baby (FOB). Note the length of the relationship.
- Check if client feels safe with FOB and record any comments about this issue.
- Record the FOB's name, address, age, ethnicity, phone number.
- If possible, record the last grade in school completed and whether or not he is currently enrolled. Check if he is employed and where.

- Is the FOB at risk for gang involvement? Record any comments that may apply.
- Has the FOB had any involvement with the juvenile and/or adult legal system? Record any comments or statements that may apply in the spaces provided.
- Record the client's perceptions of the feelings or concerns associated with this pregnancy or relationship.
- Record the FOB's parent's feelings about this pregnancy and/or their degree of involvement with the client. Note the client's perception in this area.

**11. Current Partner, If Different from Father of Index Child**

- Check the client's relationship with this individual and record the length of the relationship.
- Does the client feel safe with this person? Check yes or no and record any comments.
- Record this partner's name, address, phone number, age, and ethnicity.
- State the last grade completed in school. Check current school status. Check if the current partner is employed and state where he/she works.
- Is the current partner at risk for gang involvement. Record any comments in the spaces provided.
- Has this partner had any involvement with the juvenile and/or adult legal system? Record any comments the client may make in the spaces provided.
- Describe this partner's feelings and concerns associated with this pregnancy and relationship.

**PART V  
PSYCHOSOCIAL**

**12. Basic Needs**

- Describe the food, shelter, and transportation in the spaces provided. Note whether or not these are adequate.

**13. Financial**

- In the spaces provided, write how the client is financially supported and any comments. Include the source of the support, the eligibility worker's name and code and the payee's name.

**14. Drug and Alcohol History**

- Write the age when the client **first** used drugs or alcohol. Indicate when client's last use was, how much, and current use. Provide any comments concerning drug and alcohol use in the spaces provided. Include tobacco use and exposure to second hand smoke.
- Check the space if treatment has been received for drug or alcohol use and the dates of treatment.
- Ask the client to describe the situations in which substances are used such as at parties, when under stress, to lose weight, etc.
- If the client is pregnant, ask if she has used drugs during this pregnancy. If yes, ask when and the amounts.
- Does the current partner use drugs or alcohol? How much, what, and when?
- What is the treatment history of the FOB, current partner, or family members and when did this occur? Write any appropriate comments in the spaces provided.

**15. History of Legal Involvement**

- State if she/he is currently on probation. Write the name of probation officer in space provided. Briefly summarize the client's past and current legal involvement.

**16. Mental Health History**

- Check the appropriate space for counseling or psychotherapy. Indicate the dates this was received and note if client is currently in counseling.
- Check past suicide attempts and suicidal ideation. Note the dates. Is the client currently suicidal? Will she/he contract with the case manager not to harm self?
- Check the appropriate space for psychiatric inpatient and outpatient treatment. This includes day treatment, etc. Write the name of the client's physician (psychiatrist) and/ or therapist in the space provided. Any comments relative to mental health history in space provided.

**PART VI**  
**SAFETY-VIOLENCE-ABUSE**

**17. Environmental Safety**

- Check the spaces provided concerning the client's feelings of safety in the neighborhood, home or with the family. If the client does not feel safe in the environment, record the reason if possible.
- Check if the client has either been a runaway or homeless. Again, try to ascertain why and record the reason stated.

**18. Gang Involvement and Dating Violence**

- The first part of this section attempts to gain knowledge of the client's and the client's family's involvement with gangs. Check the appropriate box and record which gang and which family member(s) belong.
- Has the client been hurt by an intimate partner? Was treatment necessary, counseling or other intervention required and was law enforcement notified? Check the appropriate boxes and explain the incidents if possible.
- This question refers to the client's violent behavior **towards** others. Check the appropriate boxes and record the explanation if possible.

**19. Abuse**

- This section refers to abuse suffered by the client. Check the appropriate boxes, record the dates of the incidents, state who was the abuser and whether or not CPS or law enforcement was notified and/or involved.
- Note age disparity between the FOB or current partner and the client. Record the number of years in the space provided. Check if mandated reporting is required.
- Record any comments relative to abusive situations in this section such as client comments, appropriate interventions, reporting, counseling received, etc.

**PART VII  
INDEX CHILD**

**20. Basic Data**

- Record the basic information in the spaces provided. Be sure to include the current weight and height.
- Record the name of the care giver(s) other than client, such as the grandmother, father, etc.

**21. Health of Index Child**

- Record the medical insurance plan, the pediatrician's name, address, and phone number in the spaces provided.
- Note when last seen by the provider, whether it was a well or sick baby visit, the next appointment date and hospitalization **and/or** Emergency Room visits.
- In the spaces provided, record current medical problems such as recurrent ear infections, and current medications if appropriate.

- Check the appropriate box stating whether or not the immunizations are current. State the reason immunizations are not current. **Complete the attached immunization form.**
- Note any significant past illnesses such as severe diarrhea, projectile vomiting, etc., and/or congenital defects in the spaces provided.

**22. Nutrition of Index Child**

- If the infant is being breast fed record the frequency and how long the child will be breast fed.
- Record any problems with breast feeding such as resistance, lack of satiation, etc.
- If the child is on formula, record the kind, amount taken at the feedings, and how often the child is fed.
- In the appropriate boxes, check whether not the infant is on vitamins and/or fluoride.
- Circle all the foods that apply. Include unusual food sources.
- Check if the child is eligible or enrolled in WIC. Record the date of the next WIC appointment and the location of the services.
- Record any feeding problems the child may have such as medical problems causing feeding difficulties, food allergies, the need for weaning, the risk for bottle mouth or the failure to thrive.
- Record any elimination problems such as constipation, loose stools, or discomfort with expelling stool or urine.

**23. Developmental Screening**

- In the spaces provided record observations of the developmental milestones and check the appropriate box if referral is needed.
- These milestones may be observed by the person completing the assessment or reported by the mother/care giver.

**24. Parenting Education**

- Check if the child(ren) has a car seat. Record whether or not the mother/care giver knows the correct use.
- Check any parent education classes taken by the parent. Note when, where and if an update is needed.
- Record the stated child care needs. Record any barriers to care.
- Ask the parent how she/he plays, comforts, or corrects the baby.
- In the spaces provided, record the information requested on the client's other biological child(ren).
- Ask the client what's the best thing or nicest thing about being a teen parent and what is the most difficult. Record the answers in the spaces provided.

**PART VIII**

**25. Client Goals and Self-Assessment**

- In the spaces provided, record the client's personal and educational goals. Try to be specific in this area. An appropriate question might be "Where would you like to be in five or ten years?"
- Ask the client to assess her/his own strengths. For example, "What do you think you are really good at doing?"

**26. Impressions of the Case Management Counselor**

- Record your impressions of the client's strengths, communication ability, how receptive the client is to the services available, the rapport established with the case manager, and any other significant observations that may be useful in working with this client.