

Edgewood Children's Center
330 North Gore Avenue
Saint Louis, MO 63119

Respite Home Assessment Form

Child's Name: _____ Assessment Date: _____

Are there hygiene problems?

Is your child affected by heat, cold, dark, rain, storms, etc?

Does your child have any allergies?

Is your child working at grade level in school?

Does your child have an IEP?

What are some of the child's strengths?

What support systems does the parent have?

What are the family's strengths?

Have you utilized other services at Edgewood Children's Center?

Risk Assessment Form

Risk Factors:

Assaultive Potential	Low		Moderate		High		None		Unknown	
Running Away	Low		Moderate		High		None		Unknown	
Sexual Offending	Low		Moderate		High		None		Unknown	
Fire Setting	Low		Moderate		High		None		Unknown	
Delinquency	Low		Moderate		High		None		Unknown	
Drug/Alcohol Abuse	Low		Moderate		High		None		Unknown	
Possession of Weapons	Low		Moderate		High		None		Unknown	
Masturbation	Low		Moderate		High		None		Unknown	
Inappropriate Dressing	Low		Moderate		High		None		Unknown	
Intimidation of Peers	Low		Moderate		High		None		Unknown	
Intimidation because race	Low		Moderate		High		None		Unknown	
Intimidation by racial conflict	Low		Moderate		High		None		Unknown	
Instigating Fights	Low		Moderate		High		None		Unknown	
Kicking, biting, hitting peer	Low		Moderate		High		None		Unknown	
Head banging	Low		Moderate		High		None		Unknown	
Excessive cursing	Low		Moderate		High		None		Unknown	
Excessive lying	Low		Moderate		High		None		Unknown	
Manipulation of situations	Low		Moderate		High		None		Unknown	
Wetting themselves	Low		Moderate		High		None		Unknown	
Screaming	Low		Moderate		High		None		Unknown	
Involuntary tics	Low		Moderate		High		None		Unknown	
Animal teasing or abuse	Low		Moderate		High		None		Unknown	
Running Away	Low		Moderate		High		None		Unknown	

Depression and Anxiety:

Anger and Rage	Low		Moderate		High		None		Unknown	
Anxiety and Fear	Low		Moderate		High		None		Unknown	
Shame and Guilt	Low		Moderate		High		None		Unknown	
Hopelessness	Low		Moderate		High		None		Unknown	
Inability to trust others	Low		Moderate		High		None		Unknown	
Feelings of inferiority	Low		Moderate		High		None		Unknown	
Depression	Low		Moderate		High		None		Unknown	
Sadness, hurt feelings	Low		Moderate		High		None		Unknown	
Need to be in control	Low		Moderate		High		None		Unknown	
Fear of failure	Low		Moderate		High		None		Unknown	
Fear of success	Low		Moderate		High		None		Unknown	

Suicide Risk Factors:

Current wish/plan/intent	Yes		No	Impulsivity	Yes		No
Suicidal Ideation	Yes		No	Social Isolation	Yes		No
Family History Suicide	Yes		No	History of Self-Harm	Yes		No
Recent Suicide in Fam	Yes		No	Feeling Worthless	Yes		No
Prior Attempt	Yes		No	Depressive Symptoms	Yes		No
Access to weapons/pills	Yes		No	Past History Psychiatric	Yes		No
Feelings of Hopelessness	Yes		No	Current Mental Illness	Yes		No

Abuse and Neglect:

Sexual	Yes		No	Unknown	
Physical	Yes		No	Unknown	
Neglect	Yes		No	Unknown	

History of Perpetration:

Sexual	Yes		No	Unknown	
Physical	Yes		No	Unknown	
Neglect	Yes		No	Unknown	

Speech Skills:

Normal	
Pressured	
Slow	
Delayed Response	
Loud	
Soft	
Mute	
Slurred	
Verbal	
Nonverbal	

Motor Skills:

Posturing	
Pacing	
Picking at Skin or Clothes	
Pulling Hair	
Unusual Gait	
Catatonic	
Hand Wringing	
Lethargic	
Waxy Flexibility	
Catatonic	