

The following data collection form was developed by Dr. Susan Wagner of Data Driven Enterprises in collaboration with UPLIFT, Wyoming's Federation of Families for Children's Mental Health and Statewide Family Network ([www.upliftwy.org](http://www.upliftwy.org)).

Questions were developed to collect required information and data based on current contracts in addition to paralleling the State of Wyoming Mental Health Statistics Improvement Program (MHSIP) Consumer Survey for consumers and family members accessing services at Community Mental Health Centers.

***Family and Youth Skill Assessment at Intake*** forms are to be completed by families and youth (14 years or older) at the time of intake or at the beginning of your organization's service program. ***Family and Youth Feedback*** forms are to be completed by families and youth (14 years or older) every six months or at case closure. The feedback responses can be matched and compared to the responses at intake to show program outcomes.

This sample form is shared with permission and your organization may customize it to meet your specific data needs.

***For Additional Information Contact:***

**Peggy Nikkel, FREDLA Project Coordinator**  
[pnikkel@fredla.org](mailto:pnikkel@fredla.org)

**OR**

**Data Driven Enterprises**  
**11184 Huron St., Suite 17**  
**Northglenn, Colorado 80234**

[www.datadrivenenterprises.com/](http://www.datadrivenenterprises.com/)



Hope ~ Health ~ Well-Being

# YOUTH SKILL ASSESSMENT AT INTAKE

(Please provide us with the following information.  
We will use it to improve your services.)

## A. BACKGROUND INFORMATION

Your First Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

1. What is your gender:  Male  Female
2. What is your age range?  
 16-18 years  19-21 years  22-24 years  25-26 years
3. Please indicate the type of disability/disorder you have (check all that apply):  
 Emotional  Developmental  Physical  Learning  Other \_\_\_\_\_
4. What is your current living situation?  Independent Apartment/Home  
 Parent/Guardian Home  Relative Home  Foster Care  Treatment Facility  Other \_\_\_\_\_
5. Where are you currently receiving services (check all that apply):  
 School  Family Doctor/Pediatrician  Dentist  
 Private Counselor  Community Mental Health Center  Department of Family Services  
 Substance Abuse  Other \_\_\_\_\_

## B. YOUTH BEHAVIOR

For each of the following skill areas, indicate your current level of skill.

Skill Area	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I have a network of friends (my own age) .....	1	2	3	4	5
2. I interact appropriately with others.....	1	2	3	4	5
3. I get along with family members.....	1	2	3	4	5
4. I am able to cope when things go wrong.....	1	2	3	4	5
5. I can appropriately express feelings in difficult situations.....	1	2	3	4	5
6. I have effective decision-making skills.....	1	2	3	4	5
7. I can control my behavior in difficult situations .....	1	2	3	4	5
8. I follow the rules.....	1	2	3	4	5
9. I am doing well in school and/or work.....	1	2	3	4	5
10. I regularly participate in positive activities outside of school and/or work.....	1	2	3	4	5

## C. FAMILY SKILLS

For each of the following skill areas, indicate your family's current level of skill.

Skill Area	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. My family effectively communicates with each other .....	1	2	3	4	5
2. My family is able to cope when things go wrong.....	1	2	3	4	5
3. My family is able to understand my needs.....	1	2	3	4	5
4. My family advocates for me.....	1	2	3	4	5
5. My family regularly plans/participates in activities together.....	1	2	3	4	5
6. My family is able to access the services we need.....	1	2	3	4	5
7. My family receives the needed supports to help me live independently.....	1	2	3	4	5