**DIRECTIONS:** Please complete the chart below after evaluating your new resident during their first 5 days at Grace House. Chart should be completed and turned in by 3:00 PM on the 5th day. If the 5th day falls on a weekend, turn the completed chart in at 9:00 AM that following Monday.

Before completing chart, please discuss with all House Parents that have directly engaged/supervised new resident in order to ensure an overall scoring.

* Does Well – Resident has demonstrated an ability to apply/complete skill in a correct, timely and healthy way. Resident does not currently need assistance in this area.
* Does Poorly – Resident has demonstrated slight-great difficulty in applying/completely skills in a correct, timely and healthy way. Resident is in need of little-much assistance in this area.
* Not At All – Resident has demonstrated no understanding or no desire to apply/complete skill. Resident must be taught how/why skill is needed and important.
* Unable to Determine: Resident has not been in a position or needed to demonstrate skill. More time is needed to assess this area. **(This option should be last resort and not used frequently).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BEHAVIOR/ACTIVITY: | DOES WELL: | DOES POORLY: | NOT AT ALL: | UNABLE TO DETERMINE: |
| Personal Growth & Social Development |  | | | |
| Follows Rules/Instructions | □ | □ | □ | □ |
|  |  |  |  |  |
| Respectful of Peers/Staff | □ | □ | □ | □ |
|  |  |  |  |  |
| Gets Along w/Peers | □ | □ | □ | □ |
|  |  |  |  |  |
| Behaves on Outings/Events | □ | □ | □ | □ |
|  |  |  |  |  |
| Can Self-Soothe/De-Escalate | □ | □ | □ | □ |
|  |  |  |  |  |
| Appears Happy | □ | □ | □ | □ |
|  |  |  |  |  |
| Appears Comfortable, Relaxed & Safe | □ | □ | □ | □ |
|  |  |  |  |  |
| Can Manage Stress | □ | □ | □ | □ |
|  |  |  |  |  |
| Appropriately Regulates Mood | □ | □ | □ | □ |
|  |  |  |  |  |
| Healthy Expression of Emotions/Feelings | □ | □ | □ | □ |
|  |  |  |  |  |
| Demonstrates Good Self-Esteem | □ | □ | □ | □ |
|  |  |  |  |  |
| Demonstrates Good Self-Confidence | □ | □ | □ | □ |
|  |  |  |  |  |
| Demonstrates Good Self-Control | □ | □ | □ | □ |
|  |  |  |  |  |
| Easily Redirected | □ | □ | □ | □ |
|  |  |  |  |  |
| Accepts Constructive Feedback | □ | □ | □ | □ |
|  |  |  |  |  |
| Communicates Appropriately | □ | □ | □ | □ |
|  |  |  |  |  |
| Appropriately Resolves Conflict/Problems | □ | □ | □ | □ |
|  |  |  |  |  |
| Refrains from Drama and Gossip | □ | □ | □ | □ |
|  |  |  |  |  |
| Able to Compromise | □ | □ | □ | □ |
|  |  |  |  |  |
| Makes Healthy Decisions | □ | □ | □ | □ |
|  |  |  |  |  |
| Admits and Apologizes when Wrong | □ | □ | □ | □ |
|  |  |  |  |  |
| Can Decipher Right from Wrong | □ | □ | □ | □ |
|  |  |  |  |  |
| Consistently Honest | □ | □ | □ | □ |
|  |  |  |  |  |
| Willing to Ask for Help | □ | □ | □ | □ |
|  |  |  |  |  |
| Active Listening Skills | □ | □ | □ | □ |
|  |  |  |  |  |
| Able to Identify Personal Needs | □ | □ | □ | □ |
|  |  |  |  |  |
| Advocates for Self | □ | □ | □ | □ |
|  |  |  |  |  |
| Dresses Appropriately | □ | □ | □ | □ |
|  |  |  |  |  |
| Respects Personal Space | □ | □ | □ | □ |
|  |  |  |  |  |
| Understanding of Consequences | □ | □ | □ | □ |
|  |  |  |  |  |
| Uses Healthy/Positive Coping Skills | □ | □ | □ | □ |
|  |  |  |  |  |
| Future Focused/Goal-Oriented | □ | □ | □ | □ |
|  |  |  |  |  |
| Prioritizes Needs vs. Wants | □ | □ | □ | □ |
|  |  |  |  |  |
| Religious/Spiritual | □ | □ | □ | □ |
|  | | | | |
| Family Support & Healthy Relationships |  | | | |
| Ability to Maintain Relationships | □ | □ | □ | □ |
|  |  |  |  |  |
| Identify/Create Support System | □ | □ | □ | □ |
|  |  |  |  |  |
| Effectively Restore Relationships | □ | □ | □ | □ |
|  |  |  |  |  |
| Establish New Relationships | □ | □ | □ | □ |
|  |  |  |  |  |
| Trusts Others | □ | □ | □ | □ |
|  |  |  |  |  |
| Appropriate Use of Social Media | □ | □ | □ | □ |
|  |  |  |  |  |
| Appropriate Use of Electronics/Cell Phone | □ | □ | □ | □ |
|  |  |  |  |  |
| Demonstrates Appropriate Boundaries | □ | □ | □ | □ |
|  | | | | |
| Health Education & Risk Prevention |  |  |  |  |
| Healthy Eating Habits | □ | □ | □ | □ |
|  |  |  |  |  |
| Healthy Sleep Habits | □ | □ | □ | □ |
|  |  |  |  |  |
| Exercises Regularly | □ | □ | □ | □ |
|  |  |  |  |  |
| Presents w/ Good Hygiene | □ | □ | □ | □ |
|  |  |  |  |  |
| Understands Basic First Aid | □ | □ | □ | □ |
|  |  |  |  |  |
| Medication Management | □ | □ | □ | □ |
|  |  |  |  |  |
| Understands Personal Identify/Sexuality | □ | □ | □ | □ |
|  |  |  |  |  |
| Understands Safe Sex Practices | □ | □ | □ | □ |
|  |  |  |  |  |
| Drug-Free Lifestyle | □ | □ | □ | □ |
|  |  |  |  |  |
| Aware of Personal Mental Health Status | □ | □ | □ | □ |
|  |  |  |  |  |
| Knows How/Where to Access Resources | □ | □ | □ | □ |
|  |  |  |  |  |
| Understands/Applies Healthy Risk Taking | □ | □ | □ | □ |
|  |  |  |  |  |
| Appropriate/Safe Emergency Response | □ | □ | □ | □ |
|  |  |  |  |  |
| Practices Preventative Care | □ | □ | □ | □ |
|  | | | | |
| School Skills & Support |  | | | |
| Good School Attendance | □ | □ | □ | □ |
|  |  |  |  |  |
| Good Grades | □ | □ | □ | □ |
|  |  |  |  |  |
| Completes all Homework Assignments | □ | □ | □ | □ |
|  |  |  |  |  |
| Prioritizes Study Time | □ | □ | □ | □ |
|  |  |  |  |  |
| Behaves at School | □ | □ | □ | □ |
|  | | | | |
| Daily Living Skills |  | | | |
| Completes Household Chores | □ | □ | □ | □ |
|  |  |  |  |  |
| Can Complete Laundry | □ | □ | □ | □ |
|  |  |  |  |  |
| Can Cook Meals | □ | □ | □ | □ |
|  |  |  |  |  |
| Cleans Up After Self | □ | □ | □ | □ |
|  |  |  |  |  |
| Maintains a Tidy Personal Space | □ | □ | □ | □ |
|  |  |  |  |  |
| Budgets/Saves Money | □ | □ | □ | □ |
|  | | | | |

Additional Current Concerns/Issues:

\_\_\_ Aggression \_\_\_ Agitation \_\_\_ Intense Fear

\_\_\_ Depression \_\_\_ Disinterest \_\_\_ Defiance

\_\_\_ Bed Wetting \_\_\_ Excessive Talking \_\_\_ Impulsivity

\_\_\_ Profanity \_\_\_ Hoarding \_\_\_ Grief

\_\_\_ Isolation/Withdrawal \_\_\_ Inflated Confidence \_\_\_ Excessive Crying

\_\_\_ Obsessive Thoughts \_\_\_ Self-Injury \_\_\_ Bullying

\_\_\_ Stealing \_\_\_ Forgetful \_\_\_ Manipulative

\_\_\_ Over-Eating \_\_\_ Tics/Fidgets \_\_\_ Promiscuity

\_\_\_ Negative Interaction \_\_\_ Impatient \_\_\_ Secretive

\_\_\_ Anxiety/Worry \_\_\_ Excessive Clinging \_\_\_ Physical Symptoms

Of the items selected, which behaviors have affected the resident’s wellbeing?

Please describe the extent to which they affect the resident’s wellbeing.

When did the behaviors start/stop? Do you know what caused the change?

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature Date