

Student Assistance Services Corporation

OASAS ASSESSMENT FORM 2021 - 2022

Month Submitted: _____ -OR- Resubmitted (After disposition): _____ 1st "2" initials student's first/last name: ___ - ___

Counselor: _____

Location/School: _____

1. Target Population: Circle One
<input type="checkbox"/> Abusers <input type="checkbox"/> Abusers/COSAPs <input type="checkbox"/> COA <input type="checkbox"/> Neither <input type="checkbox"/> Users <input type="checkbox"/> Users/COSAPs <input type="checkbox"/> Sibling <input type="checkbox"/> Other

2. Participant Identification Code (PIC #):

(Student retains PIC from the previous school year)

3. Sex at Birth (Select 1) Female Male Unknown Not Collected
Gender Identity (Select 1): Don't Know/Not Sure Didn't Answer Not Collected
 Not Transgender Trans M to F Trans F to M Trans Not M or F

Sexual Orientation (Select 1): Don't Know/Not Sure Didn't Answer Not Collected
 Straight Gay Lesbian Bisexual

4. Ethnicity (Select 1): Hispanic/Latino Not Hispanic/Latino Unknown

Race (Select 1): White Black/African American Asian/Asian-American Other Single race
 American Indian Native Hawaiian or Other Pacific Islander Alaska Native
 More than one race Unknown Race

5. Grade: (Select 1): 7th 8th 9th 10th 11th 12th College undergraduate College graduate Not in school / N/A

7. Referral Source: (Select one.)

<input type="checkbox"/> Teacher / Teaching Assistant	<input type="checkbox"/> Coach / Sports	<input type="checkbox"/> Criminal Justice
<input type="checkbox"/> School Administration (Mandated Referral)	<input type="checkbox"/> Peer	<input type="checkbox"/> Community Agency
<input type="checkbox"/> School Administration (Non-Mandated Referral)	<input type="checkbox"/> Parent / Caregiver	<input type="checkbox"/> Self
<input type="checkbox"/> School Counselor / Psychologist / Social Worker	<input type="checkbox"/> Other Family Member	<input type="checkbox"/> Other (specify): _____

8. Presenting Behaviors: (Select the most significant one for this episode.)

<input type="checkbox"/> Alcohol/Substance Use/Abuse	<input type="checkbox"/> Interpersonal Relations
<input type="checkbox"/> Academic/Work Problem(s)	<input type="checkbox"/> COA/COSA (Child of Addiction)
<input type="checkbox"/> Family Problem(s)	<input type="checkbox"/> Behavior Problem
<input type="checkbox"/> Peer Rejection	<input type="checkbox"/> Mental Health Problem
<input type="checkbox"/> Attendance/Tuancy Problem	<input type="checkbox"/> Problem Gambling
<input type="checkbox"/> Crisis	<input type="checkbox"/> Other (specify): _____

A S S E S S M E N T

9. Dates of Assessment: _____ - _____ - _____

10. Date of Disposition of Assessment: _____ - _____ - _____ Total # of Assessment Visits: 1 2 3
(Must be within 20 business days of first assessment)

11. Disposition of Assessment: (Select all that apply)

<input type="checkbox"/> No Further Action	<input type="checkbox"/> Admitted to Prevention Counseling & Referral (w/in or outside of agency)
<input type="checkbox"/> Referral within Agency to Further Prevention Services	<input type="checkbox"/> Admitted to Prevention Counseling Services (OPEN CASE)
<input type="checkbox"/> Referral Outside the Agency for Additional Services	<input type="checkbox"/> Assigned to Early Intervention (Teen intervene, BASICS) Services
<input type="checkbox"/> Incomplete Assessment	<input type="checkbox"/> Incomplete due to COVID-19

12. Referral to Services: (Select all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Family Counseling Services
<input type="checkbox"/> Crisis Services	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Developmental Disability Services
<input type="checkbox"/> Other Substance Abuse Intervention	<input type="checkbox"/> Health Care Services
<input type="checkbox"/> Problem Gambling Services	<input type="checkbox"/> Vocational and/or Educational Services
<input type="checkbox"/> Provider-Developed Intervention (e.g.: SAP Groups)	<input type="checkbox"/> HIV/AIDS Education and Risk Assessment

