

Prevention Counseling Assessment/Admission Form 2016-2017

Month Submitted: _____ -OR- Month Resubmitted (After disposition completed): _____

Counselor: _____ **Reassessment / Readmission** _____

1. Target Population: Circle One		
Abusers	Abusers/COSAPs	COSAPs
Users (<i>Jr. HS only</i>)	Users/COSAPs (<i>Jr. HS only</i>)	Other
2. Referral Sources: (Circle one) Self Peer Teacher Parent Administrator – (<i>mandated Yes__ No__</i>) Other _____		
3. Location: (Name of School) _____		
4. Participant Identifier Code (PIC): <i>Student retains PIC from the previous school year. Fill in all 7 spaces</i>		
<div style="border: 2px solid black; width: 400px; height: 20px; margin: 0 auto;"></div>		
5. Gender:	6. Grade:	7. Race Code (listed at bottom of page):
		8. Age:
		7a. Circle One: Hispanic/Latino OR Not Hispanic/Latino
9. Students Presenting Problem _____		
9a. Presenting Problems: Check all that apply.		
<input type="checkbox"/> Crisis	<input type="checkbox"/> Behavior Problem	<input type="checkbox"/> Family Problem
<input type="checkbox"/> Alcohol Use/Abuse	<input type="checkbox"/> Academic/Work Problem	<input type="checkbox"/> COA/COSAP
<input type="checkbox"/> Other Substance Use/Abuse	<input type="checkbox"/> Truancy/Attendance	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Problem Gambling	<input type="checkbox"/> Interpersonal Relationships	<input type="checkbox"/> Other (specify): _____
10. Date(s) of Assessment: _____		
<i>(Must make a disposition within 20 business days. No more than three sessions.)</i>		
Complete the following ONLY after disposition decision is made (MUST be within 20 business days of 1st assessment session)		
11. Disposition of Assessment:		
<input type="checkbox"/> No Further Action	<input type="checkbox"/> Admission to Prevention Counseling (OPEN CASE)	
<input type="checkbox"/> Referral To Other Service Only <i>(Includes Discussion Group or Alternative to Suspension)</i>	<input type="checkbox"/> Admission and Referral (OPEN CASE)	
12. Referral to Services: (Select all that apply)		
<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Communicable Disease (e.g. HIV and AIDS)	
<input type="checkbox"/> Problem Gambling Treatment	<input type="checkbox"/> Family Counseling	
<input type="checkbox"/> Mental Health/Dev. Disability	<input type="checkbox"/> Other Substance Abuse Prev. Services (Specify): (Discussion Group, Alternative to Suspension)	
<input type="checkbox"/> Educational/Vocational	_____	
<input type="checkbox"/> Health Care	<input type="checkbox"/> Other (specify): _____	
13. Date of Disposition: _____		
14. Has "OTHER" changed to one of the target populations (TP) listed in #1 above?		
<input type="checkbox"/> No <input type="checkbox"/> Yes, if yes circle the new TP		

Race Codes: (1) White or European (2) African American or Black (3) Asian or Asian American
(4) American Indian/Alaska Native (5) Native Hawaiian or Other Pacific Island (6) Multi-racial (7) Other

Counselor: _____ Student Initials: _____

PIC #:

15. Is this Assessment a Crisis Situation Yes (*Describe Below*) No

16. Have there been previous crisis contacts (within this school year)
 Yes (only check "yes" if a previous assessment form was completed this school year, and you checked 'yes' to # 15 above on the previous form).
 No

17. Need for Services (can include services already in place)
a. Does the individual need counseling services? Yes No – (*e.g., check "yes" in program to indicate an open case*)
If Yes, how will counseling be provided?
 In program, specify: _____
 Outside of program (Complete a Referral Record, if applicable)
b. Does the individual need other services? Yes No – (*e.g., check "yes" in program to indicate discussion group*)
If Yes, how will other services be provided?
 In program, specify: _____
 Outside of program (Complete a Referral Record, if applicable)

18. Gambling
a. In the past year (12 months), has the student gambled (bet money or something else of value on sports, a game of chance or skill, cards, dice, a lottery, internet gambling, video poker, bingo, etc.)? Yes No
b. In the LAST 30 DAYS, on how many days (if any) has the student gambled (bet money or something else of value on sports, a game of chance or skill, cards, dice, a lottery, internet gambling, video poker, bingo, etc.)?
 Did not gamble 1 Day 2-3 Days 4-9 Days 10-19 Days 20-29 Days Everyday
c. Did the student ever feel the need to bet more and more money? Yes No
d. Did the student ever lie to important people in his/her life about gambling away valued possessions or money? Y N

19. DISPOSITION SUMMARY (This must be completed once a disposition decision has been made. **Include contact dates.** If you have seen a student two sessions or more include a brief AOD history, COSAP status and absence or presence of a gambling problem in your summary).

Signature of Prevention Specialist: _____ Date: _____

Prevention Counseling Assessment/Admission Form 2016-2017

Month Submitted: _____ Counselor: _____ Student Initials: _____

PIC #: 1st Admission _____ Readmission _____

OASAS COUNSELING CASES

ADMISSION (Complete for "Admitted" OASAS Cases Only)

1. Counseling Admission Criteria: (Select all that apply)
Current Alcohol/Substance Use or Problem Gambling

NUMBER OF DAYS OF USE WITHIN PAST 30 DAYS

- (a) Alcohol Use / Abuse # of days: _____
- (b) Problem Gambling # of days: _____ (c) Other Substance Use/Abuse (Select from next category-1c.)

1c. ALCOHOL, DRUG, TOBACCO USAGE & GAMBLING OCCURRENCE: (Select all that apply)

NUMBER OF DAYS OF USE WITHIN PAST 30 DAYS

- | | |
|---|--|
| <input type="radio"/> Alcohol # Days: _____ | <input type="radio"/> OTC Cough/Cold Medicines # Days: _____ |
| <input type="radio"/> Binge Drinking* # Days: _____ | <input type="radio"/> OTC Stimulants # Days: _____ |
| <input type="radio"/> Cocaine # Days: _____ | <input type="radio"/> Prescription Pain Meds # Days: _____ |
| <input type="radio"/> Crack # Days: _____ | (not prescribed) |
| <input type="radio"/> Ecstasy (MDMA) # Days: _____ | <input type="radio"/> Other Prescription Drugs # Days: _____ |
| <input type="radio"/> Heroin # Days: _____ | (not prescribed: e.g., tranquilizers, sedatives, stimulants) |
| <input type="radio"/> Inhalants # Days: _____ | <input type="radio"/> Other (specify) # Days: _____ |
| <input type="radio"/> LSD (or other Hallucinogen) # Days: _____ | |
| <input type="radio"/> Marijuana/Hashish # Days: _____ | |
| <input type="radio"/> Tobacco/Nicotine # Days: _____ | <input type="radio"/> Gambling # Days: _____ |

• Five or more drinks in one sitting for men, four or more for women within last 30 days (Young Adult Drinking, NIAAA, Alcohol Alert, Number 68, April 2006)

2. Consequences of Substance Use or Gambling: (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Direct Legal Consequence
(e.g., DWI, SUI, possession / sale, arrests) | <input type="checkbox"/> Physical Health / Medical |
| <input type="checkbox"/> Indirect Criminal Justice Involvement
(e.g., secondary substance-related arrest) | <input type="checkbox"/> Mental Health / Emotional |
| <input type="checkbox"/> Violence | <input type="checkbox"/> School / Work |
| <input type="checkbox"/> Physical Injury | <input type="checkbox"/> Family |
| <input type="checkbox"/> Hazardous Behavior | <input type="checkbox"/> Interpersonal |
| | <input type="checkbox"/> Financial |

3. Family History of Substance Abuse: (This risk factor is sufficient for admission. Select all that apply)

- (a) Family History of Alcohol Abuse (b) Family History of Problem Gambling
- (c) Family History of Other Substance Abuse

4. High Risk Status is Assessed (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> (a) Early initiation of substance use | <input type="checkbox"/> (f) Favorable attitudes toward substance use |
| <input type="checkbox"/> (b) Early initiation of gambling | <input type="checkbox"/> (g) Depressive symptoms |
| <input type="checkbox"/> (c) Early initiation of problem behavior
(non-substance related) | <input type="checkbox"/> (h) Family management problems |
| <input type="checkbox"/> (d) Friends engaged in substance use | <input type="checkbox"/> (i) Family conflict |
| <input type="checkbox"/> (e) Friends engaged in gambling | <input type="checkbox"/> (j) Favorable attitudes toward gambling |

Prevention Counseling Assessment/Admission Form

2016-2017

DIRECTIONS

I. If you have started an assessment, but have not made a disposition:

1. Complete #1 through #10 and submit a **copy** with your monthly stats by the 3rd of the month following the **first** session. (*You must make a disposition within 30 days of the first assessment session*)
2. Once you make a disposition see II below.

II. If you have completed an assessment and made a disposition:

1. Complete the Assessment Form (pages 1 and 2)
2. Submit a **copy** of page 1 with your monthly stats by the 3rd of the month following the **first** assessment session. (**Retain the original**)
3. If you are opening a case, see III below.

III. If you are opening a case (*you have made a disposition*), complete pages 1, 2, 3 and 4 for opening a case.

1. Submit a **copy** of Pages 1 & 3 with your monthly stats.
2. The **original** of Pages 1, 2, 3, and 4, and the Personal History Record must be placed in the “Cases to be opened” folder in your school OASAS file by the 3rd of the month. You must file all other OASAS Case record forms (Progress Notes, Initial Service Plans, Updated Service Plans, and 120 Day Form) in the case record.

PLEASE NOTE: if a student returns to see you after a disposition has been made, you re-assess the student and there is a new disposition, you must follow steps I, II, and III above again. In other words, you must complete a new assessment form and submit a copy with your monthly stats; retain the original. Therefore, if you open a case on a student with different disposition earlier in the school year, you must follow steps I, II, and III above.