



The Asante Centre

#103-22356 McIntosh Ave., Maple Ridge, BC V2X 3C1

Tel: 604-467-7101 Fax: 604-467-7102 youthjustice@asantecentre.org

YOUTH JUSTICE FASD PROGRAM

Youth Probation Officer: _____ Date: _____

City: _____ Phone Number: _____

FASD Screening and Referral Tool for Youth Probation Officers

This screening MUST be completed for all individuals on adjudicated youth probation orders. It MAY be completed for individuals on other youth court orders.

1. If the individual does NOT meet the screening criteria for being at risk of having FASD, please complete this page only and submit it to the Asante Centre with no identifying client information.
2. If the individual DOES meet the screening criteria, but you are NOT able to obtain consent for a referral to the Youth Justice FASD Program at the Asante Centre, please complete this page only and submit it to the Asante Centre with no identifying client information.
3. If the individual DOES meet the screening criteria, and you ARE able to obtain consent for a referral to the Program, please complete all sections of this form (pages 1-4) and submit it to the Asante Centre.

Please check all boxes in sections A and B below that apply to the individual.

A. SOCIAL FACTORS:

- Individual is adopted
- Individual currently, or previously, in foster care or involved with child protection services
- Individual has a sibling with a documented diagnosis of FAS/pFAS/ARND (FASD)
- There is documentation that the individual is suspected of having FAS/pFAS/ARND (FASD)
- Individual has a mother with a history of prenatal alcohol use or alcoholism

B. PERSONAL FACTORS:

- Developmental delay in early childhood (i.e. individual received speech-language therapy, occupational therapy, infant development or child development services prior to school entry)
- Learning difficulties (e.g. learning assistance, modified program, school dropout or failure)
- Growth abnormalities (e.g. short in height, appears to have a small head)
- Diagnosis of ADD/ADHD (attention deficit/hyperactivity disorder)
- Mental health diagnosis - please circle all that apply: anxiety, depression, oppositional defiant disorder, conduct disorder, other _____

Using the information in section A and B above: Refer the individual to the Youth Justice FASD Program (as per pages 2-4) **if the individual meets the criteria below:**

- 1** social factor (section A above) PLUS at least **2** personal factors (section B above), **OR**
- 0** social factors (section A above) PLUS at least **3** personal factors (section B above)

If the individual DOES meet the screening criteria but will NOT be referred to the Youth Justice FASD Program, please indicate the reason: Unable to obtain consent Other: _____

If the individual does NOT meet the screening criteria, please indicate reason below:

- Sufficient information to complete screen and individual did not meet the criteria
- Insufficient information to complete screen Date for follow-up: _____
(Keep this page on file with the suggested date for follow-up.)



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REFERRING TO THE YOUTH JUSTICE FASD PROGRAM

Youth Probation Officer Email: _____ Fax: _____

Address: _____

Consent must be received before a referral can be processed.

- Please check this box to indicate that you have received guardian consent or individual consent (if individual is age 18 or older) to refer this individual to the **Youth Justice FASD Program**.
- Alternatively, please check this box to indicate that you were not able to obtain guardian consent but have received youth consent to refer him/her to the Youth Justice FASD Program for a **medical assessment only** (if individual is age 14 -17).

IDENTIFYING CLIENT INFORMATION

Name of individual: _____ Court order expiry date: _____

Date of birth: _____ Age: _____ Sex: Male Female

Ethnicity(ies): _____

Name of legal guardian: _____ Relationship to individual: _____

Phone: _____ Fax: _____

Address: _____

Email: _____

What is the individual's current living situation? _____

Name of caregiver: _____ Phone: _____

Address: _____

Name of ISSP/support worker (if applicable): _____

Agency: _____ Phone: _____

1. Which of the following behaviours characterize this individual? Please check all that apply.

- | | |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Attention seeking, demanding, loud | <input type="checkbox"/> Misuse of alcohol & other drugs |
| <input type="checkbox"/> Easily manipulated and led by others | <input type="checkbox"/> Has a high need for acceptance |
| <input type="checkbox"/> No understanding of personal boundaries | <input type="checkbox"/> Anger control problem |
| <input type="checkbox"/> Socially inept | <input type="checkbox"/> Chronically misses appointments |
| <input type="checkbox"/> Disinhibited about sharing personal information | <input type="checkbox"/> Has trouble following rules or directions |
| <input type="checkbox"/> Concrete and literal thinker | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Poor decision maker, poor problem solver, exhibits lack of insight | <input type="checkbox"/> Does not understand effects of his/her actions on others |
| <input type="checkbox"/> Requires supervision and management of time and money | <input type="checkbox"/> Makes up stories in a grandiose manner |
| | <input type="checkbox"/> Other: _____ |



IDENTIFYING CLIENT INFORMATION *Continued*

2. With what types of offences has the individual been charged? Please check all that apply.

- | | |
|-------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Theft under \$5000 | <input type="checkbox"/> Break and enter |
| <input type="checkbox"/> Theft over \$5000 | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Mischief to property | <input type="checkbox"/> Assault |
| <input type="checkbox"/> Public mischief | <input type="checkbox"/> Assault causing bodily harm/aggravated assault |
| <input type="checkbox"/> Sexual offence | <input type="checkbox"/> Murder/manslaughter |
| <input type="checkbox"/> Possession of break-in instruments | <input type="checkbox"/> Possession/use of a weapon |
| <input type="checkbox"/> Drug charges | <input type="checkbox"/> Possession of stolen property |
| <input type="checkbox"/> Driving offences | <input type="checkbox"/> Uttering threats to cause death/bodily harm |
| <input type="checkbox"/> Fraud | <input type="checkbox"/> Kidnapping |
| <input type="checkbox"/> Solicitation/prostitution | <input type="checkbox"/> Obstruction of justice |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Other: _____ |

3. With how many breaches of court orders has the individual been charged? _____

4. With what types of breaches of court orders has the individual been charged? Please check all that apply.

- | | |
|------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Keep the peace and be of good behaviour | <input type="checkbox"/> Possession of a weapon |
| <input type="checkbox"/> Non-reporting to youth probation officer | <input type="checkbox"/> No contacts |
| <input type="checkbox"/> Fail to reside | <input type="checkbox"/> Area restrictions |
| <input type="checkbox"/> Fail to attend court | <input type="checkbox"/> Substance use |
| <input type="checkbox"/> Fail to attend school | <input type="checkbox"/> Curfew violation |
| <input type="checkbox"/> Fail to attend programming (e.g. counselling) | <input type="checkbox"/> Possession of break-in instruments |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

5. How many breaches of court orders do you *estimate* the individual has committed but where no formal charge has been made? _____ Comments? _____

6. Do you have concerns regarding the individual's substance use? Yes No Not sure

7. If yes, please indicate which substances (check all that apply): Alcohol Marijuana Other drugs

8. Has the individual ever attended programming for substance misuse? Yes No Unknown

9. If yes, please indicate what types of programming (check all that apply): Individual Group Residential

10. How many different services or programs has the individual *attended*? _____

11. How many different services or programs has the individual *completed*? _____

12. Has the individual ever been assessed at any of the following?

- Youth Forensic Psychiatric Assessment—Location(s): _____
- Maples Adolescent Treatment Centre
- Sunny Hill Health Centre for Children
- Complex Developmental and Behavioural Conditions (CDBC) Network
- BC Children's Hospital
- Other—Please explain: _____



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ADDITIONAL INFORMATION *This section is optional; completion is appreciated.*

Any additional information you are able to provide at the time of referral will significantly contribute to the assessment process. Thank you for completing this section as comprehensively as you are able.

8. Where was the individual born? City: _____ Hospital: _____

9. Please list any doctors, clinics (including walk-in), hospitals and/or specialists the individual has received services from since birth:

Name: _____ City: _____

Name: _____ City: _____

Name: _____ City: _____

Name: _____ City: _____

13. Is the individual currently attending school? Yes No

Please list the 2 most recent schools the individual has attended/been registered to attend:

Name of school: _____ City: _____

Name of school: _____ City: _____

Name of school: _____ City: _____

10. Are you aware of any other assessments the individual has been referred for and/or completed, other than those previously mentioned? Please explain.

11. Are you aware of any significant or chronic medical concerns the individual faces currently or in their history? Examples may include birth anomalies, seizures, head injuries, experiences of physical, emotional or sexual abuse, or hearing concerns. Please describe.

12. Youth probation officers are NOT encouraged to question families about the prenatal history of the youth. If you have prior knowledge of any suspected or known alcohol or other substance exposure prenatally or of any other relevant prenatal information, please describe this below including the source of information for Asante Centre follow-up.

**PLEASE SUBMIT THE COMPLETED REFERRAL FORM AS PER THE REFERRAL GUIDELINES TO:
ASANTE CENTRE: PH: 604-467-7101 FAX: 604-467-7102 EMAIL: YOUTHJUSTICE@ASANTECENTRE.ORG**