

Home, School, Community Tool Version 2.1

Illinois Statewide Technical Assistance Center (ISTAC)
Systematic Information Management for Educational Outcomes (SIMEO)

Time 1/Baseline Collected no later than 30 days from referral and before first meeting	Time 2 Collected at a maximum of once a month from the point of initial assessment to a minimum of once at three months after initial assessment, or before school year ends	Time 3 Collected at a maximum of once a month from the point of Time 2 assessment to a minimum of once at six months after initial assessment, or before school year ends	Time 4 Collected at a maximum of once a month from the point of Time 3 assessment to a minimum of once at nine months after initial assessment, or before school year ends
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How to complete this form:

- Answers to the survey should reflect the team's experience over the past month or past three months, depending on frequency of assessment
- Youth's facilitator and parent or caregiver completes the form together during the initial conversation or the initial child and family meeting
- Youth's school teacher is asked to provide input for completing school section of needs and strengths

Student Name: _____ **Student ID:** _____

Please identify the period of assessment:

<input type="checkbox"/> Time 1/Baseline	<input type="checkbox"/> Time 2	<input type="checkbox"/> Time 3	<input type="checkbox"/> Time 4	<input type="checkbox"/> Time 5
<input type="checkbox"/> Time 6	<input type="checkbox"/> Time 7	<input type="checkbox"/> Time 8	<input type="checkbox"/> Time 9	<input type="checkbox"/> Time 10
<input type="checkbox"/> Time 11	<input type="checkbox"/> Time 12	<input type="checkbox"/> Time 13	<input type="checkbox"/> Time 14	<input type="checkbox"/> Time 15
<input type="checkbox"/> Time 16	<input type="checkbox"/> Time 17	<input type="checkbox"/> Time 18	<input type="checkbox"/> Time 19	<input type="checkbox"/> Discharge

1) Date Tool Completed: _____

2) Who filled out this tool: Individual Team

3) If an individual, indicate role:

- Parent/Caregiver Teacher ISTAC Coordinator Wrap Facilitator
 Family Focus Facilitator-Autism PBIS Coach Other (*please specify*): _____

Use the following rubric when identifying needs and strengths:

High Need = Student demonstrates significant and/or extreme challenge and need in this area of functioning, potentially leading to failure of the home, school, and/or community placement.

Somewhat Need = Student demonstrates challenge and need in this area of functioning but not enough to warrant failure of home, school, and/or community placement.

Somewhat Strength = Student demonstrates growth and maturation in this area of functioning, and at times still needs guidance and direction.

High Strength = Student demonstrates above average or excellent growth and maturation in this area of functioning requiring no additional guidance or direction.

Needs/Strengths	HOME				SCHOOL				COMMUNITY			
	Need		Strength		Need		Strength		Need		Strength	
	high 1	some- what 2	some- what 3	high 4	high 1	some- what 2	some- what 3	high 4	high 1	some- what 2	some- what 3	high 4
Safety/Medical/Basic Needs												
4) Health does not limit child's activity												
5) Sees a doctor or nurse when needed												
6) Is safe from violence/crime												
7) Has adequate/safe physical environment												
8) Has life/survival skills												
9) Has enough to do (age-appropriate activities)												
10) Has enough to eat (well-balanced meals)												
11) Has transportation												

Needs/Strengths	HOME				SCHOOL				COMMUNITY			
	Need		Strength		Need		Strength		Need		Strength	
	high 1	some- what 2	some- what 3	high 4	high 1	some- what 2	some- what 3	high 4	high 1	some- what 2	some- what 3	high 4
Social Relationships												
12) Has friends												
13) Is accepted by other children												
14) Gets along with children												
15) Gets along with adults												
16) Respects adults in authority												
Emotional Functioning												
17) Controls his/her anger												
18) Feels that he/she belongs												
19) Knows when to ask for help												
20) Knows how to ask for help												
21) Handles disagreements												
22) Responds like other youth to emotional situations												
Behavioral Functioning												
23) Seeks attention in appropriate ways												
24) Follows rules												
25) Controls him/herself												
26) Cares for own personal safety												
27) Participates in activities												
28) Is usually on time												
29) Accomplishes chores/assignments/ jobs/tasks on time												
30) Accomplishes chores/assignments successfully												
31) Pays attention to directions												
32) Works independently												
33) Behaves appropriately in unsupervised settings												
34) Likes to get better at the things he/she does												
Cultural/Spiritual												
35) Cultural needs are met												
36) Spiritual needs are met												
37) Feels accepted												