

EARL – V3 Assessment Summary

CHILD'S NAME OR ID #:	_____	DOB:	_____	AGE:	_____
CHILD'S GENDER	☐ Girl	☐ Boy	☐ Non-binary	☐ Other	_____
CAREGIVER NAME OR ID#:	_____				
CHILD'S RACE/ETHNICITY:	_____				

REFERRAL SOURCE:	☐ Caregiver	☐ School	☐ Police	☐ Child Protection	Other: _____
REFERRAL NAME:	_____			Phone:	_____

OVERALL CLINICAL RISK JUDGEMENT	LOW	MOD	HIGH
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CONFIDENCE IN RATING	LOW	MOD	HIGH
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OVERALL CLINICAL RISK JUDEGEMENT RATIONALE:

SUMMARY OF TREATMENT RECOMMENDATIONS:

ASSESSOR'S NAME:	DATE OF ASSESSMENT
AGENCY:	

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ITEM		INDICATORS/MARKERS USED:	RATING (0-1-2)	CRITICAL
FAMILY ITEMS				
F1	Unsafe/Under-resourced Neighborhood			
F2	Disadvantaged Household			
F3	Insufficient Supports			
F4	Stressors			
F5	Caregiver Discontinuity			
F6	Unhealthy Caregiver – Child Relationship(s)			
F7	Maladaptive Parenting Style			
F8	Parental Mental Health Problems			
F9	Antisocial Values and Conduct			
CHILD ITEMS				
C1	Antisocial Attitudes and Thinking			
C2	Antisocial Behavior			
C3	Impaired Emotion Recognition			
C4	Poor Self-Control			
C5	Trauma			
C6	Problems with Sexual Behavior			
C7	Negative Peer Relationships			
C8	Academic Under-Performance			
C9	Perceived as Unlikeable			
BARRIERS TO TREATMENT ITEMS				
B1	Barriers to Treatment – Family			
B2	Barriers to Treatment – Child			
B3	Barriers to Treatment – Community			
Case Specific Factors (specify):				

