

**MDHS/DYS Oakley Youth Development Center
Intake Psychological Checklist – XIII.3.B**

Name: _____ County of Origin: _____

Admission Date: _____ Admission Time: _____

SCREENING		
	<u>Date Administered</u>	<u>Time Administered</u>
MAYSI	_____	_____
YASI	_____	_____
How I Think Questionnaire	_____	_____
RISK/NEED (Low, Medium, High)		
Legal _____	Alcohol/Drug _____	Attitude/Behavior _____
Family _____	Mental Health _____	Skills _____
School _____	Comm./Peer _____	Violence/Aggression _____
		Free Time/Employment _____
SUBSEQUENT TESTING (When need is identified)		
	Date Complete	
Physical/Sexual Abuse – Trauma Symptom Checklist	_____	
Substance Abuse – Substance Abuse Assessment Protocol	_____	
Mental Health (Anger/Aggression) – Adolescent Anger Scale	_____	
Mental Health (Suicide) – Beck Hopelessness and Interview	_____	
Mental Health (Sexual) – Estimate of Risk of Sexual Offense	_____	
Mental Health (Psychiatric) – Evaluation by Psychiatrist	_____	
Education – Referred to education staff	_____	
Other – As deemed appropriate by QMHP	_____	
Programming Needs Assessment		
Date Completed: _____	Signed: _____	