11 Appendices

The forms on the following pages were used during FY 2015 to collect juvenile evaluation data. These forms are modified periodically; therefore, the most recent version of each form is presented rather than including every version that was in use for the duration of this report's data.

Additionally, the references cited throughout the report can be found in Appendix I.

Appendix A: Offense History Data Form

Department of Juvenile Justice
DIVISION OF OPERATIONS
OFFENSE HISTORY DATA

Juvenile Name: _____ _____ _____ _____
Last First Middle DOB

Juvenile No.: _____ Race: _____ Sex: _____ DOC: _____

Number this Commitment: _____ Number of Suspended Commitments: _____

Court Service Unit: _____ *(use three digit locality codes)* ____

____ Committed Under ***16.1-285.1*** or ***16.1-269.1*** **1 = Yes 2 = No** If **(1 = Yes)**, Sentence: _____ months

____ Determinate Sentence by **0** = Neither, **1** = J&DR, **2** = Circuit, **3** = Both

____ Adult time pending? **1 = Yes 2 = No**

COMMITTING OFFENSES:

Date	Offense Code
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —

PRIOR OFFENSES:

Date	Offense Code
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —

Appendix A, cont.: Offense History Data Form

Department of Juvenile Justice
DIVISION OF OPERATIONS
OFFENSE HISTORY DATA

Juvenile Name: _____ _____ _____ _____
Last | First | Juvenile Number | DOC

PRIOR OFFENSES: ***(Continued)***

Date	Offense Code
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —

ACTIVE DOC/JAIL OFFENSES:

Date	Offense Code
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —
/ /	— —

Level of Most Serious Current Offense ____ Level of Most Serious Prior Offense _____

Chronicity Score ___ Initial LOS _____ to _____

PROBLEM ONSET

____ **1.** Age of first behavioral problems ____ **2.** Age at first community intervention ____ **3.** Age at first criminal adjudication

ESCAPE/A.W.O.L. HISTORY **0** = No **1** = Yes **2** = Multiple **3** = Information not provided

____ **4.** From a secure facility or custody ____ **5.** From a group or foster home

____ **6.** From home

STAFF RESPONSIBLE FOR FORM COMPLETION:

Name: _____ _____ **Contact Number:** ( ) ____ -_____
Last First

I have filled out and reviewed this form and the information contained within is accurate and complete.

Signature: _____ **Date:** _____

Page 2 of 2 **Offense History DIS-047: Revised July 1, 2013**

Appendix B: Social History Information Form

Department of Juvenile Justice
DIVISION OF OPERATIONS
RECEPTION & DIAGNOSTIC CENTER
Social History Information

Juvenile Name: _____ _____ _____ _____
Last First Middle DOC

Juvenile No.: _____ Race: _____ Sex: _____

LIVING SITUATIONS

1. Living Situation Immediately Prior to Detention/Incarceration (check ONE)

☐ Both Biological Parents	☐ Grandparent(s)	☐ Other Family member
☐ One Parent + One Step-Parent	☐ Adoptive Parent(s)	☐ AWOL
☐ Mother Only	☐ Foster Home	☐ Other
☐ Father Only	☐ Group Home/ Crisis Shelter	
☐ Step-Parent Only	☐ Psychiatric Placement	

2. Prior Living Situations (check all that apply)

☐ Both Biological Parents	☐ Grandparent(s)	☐ Other Family member
☐ One Parent + One Step-Parent	☐ Adoptive Parent(s)	☐ AWOL
☐ Mother Only	☐ Foster Home	☐ Other
☐ Father Only	☐ Group Home/ Crisis Shelter	
☐ Step-Parent Only	☐ Psychiatric Placement	

MENTAL HEALTH/SUBSTANCE ABUSE (MH/SA) TREATMENT SERVICES

3. Inpatient/Residential Treatment (indicate number of placements)

_____ Psychiatric Placement
_____ Residential Treatment Facility (not primarily substance abuse)
_____ Substance Abuse Treatment Facility
_____ Therapeutic Foster Care

4. Outpatient MH/SA Services (check all that apply)

☐ Home-Based Services
☐ Counseling
☐ Medication Management

FAMILY HISTORY

5. Indicate applicable <u>parental</u> history:

0=No **1=**Mother **2=**Father **3=**Other Female Parental Figure **4=**Other Male Parental Figure **5=**Multiple Parties

_____ Domestic Violence (perpetrator)
_____ Criminal Activity
_____ Incarceration
_____ Substance Abuse
_____ Psychiatric Hospitalization
_____ Outpatient Mental Health Treatment
_____ Abandonment/Rejection of juvenile
_____ Death

6. Sibling Criminal Activity? ☐ **YES** ☐ **NO**

Appendix B, cont.: Social History Information Form

Department of Juvenile Justice
DIVISION OF OPERATIONS
RECEPTION & DIAGNOSTIC CENTER
Social History Information

Juvenile Name: _____ _____ _____ _____
Last First Middle DOC

Juvenile No.: _____ Race: _____ Sex: _____

SPECIAL POPULATION

7. Socio-Economic Status (check all that apply)

- ☐ Ever received free/reduced school lunch
- ☐ Ever used food stamps
- ☐ Past or current foster placement

8. Juvenile Parenting Status (check all that apply)

- ☐ Currently a single parent
- ☐ Currently pregnant

9. Migratory Worker (check all that apply)

- ☐ Ever been an agricultural migratory worker
- ☐ Parents ever been agricultural migratory workers

10. Is English the resident's native language?

☐ **YES** ☐ **NO**

If NO, does the resident have a limited ability in speaking, reading, writing, or understanding English?

☐ **YES** ☐ **NO**

SASSI

11. Indicate S/A Category:

_____ **0=**Low probability **1=**Abusive **2=**Dependent **3=**Invalid

---

STAFF RESPONSIBLE FOR FORM COMPLETION:

Name: _____ _____ _____ _____
Last First Middle Initials

Contact Number: ( ) _____ - _____

I have filled out and reviewed this form and the information contained within is accurate and complete.

Signature: _____ **Date:** _____

Page 2 of 2 **Social History Information DIS-050: Revised July 1, 2013**

Appendix C: Psychological Information Form

Department of Juvenile Justice
DIVISION OF OPERATIONS
PSYCHOLOGICAL INFORMATION

Juvenile Name: _____ _____ _____ _____
Last First Middle DOC

Juvenile No.: _____ Race: _____ Sex: _____

ASSESSMENT OF RISKS AND NEEDS

1. Special Considerations:	
☐ Indications of neglect	☐ Pattern of non-suicidal SIB
☐ Documented Homicidal Ideation/Intent	☐ History of suicide attempts
☐ History of harming animals	☐ Current Suicidal Ideation/Intent
☐ History of fire setting	

2. Substance Use*:	
☐ Occasional drug use	☐ Chronic alcohol use
☐ Chronic drug use	☐ Substance abuse interferes with life
☐ Occasional alcohol use	☐ Substance use linked to offense(s)

***Chronic=weekly or more frequently**
Occasional=less than weekly use

Appendix C, cont.: Psychological Information Form

Department of Juvenile Justice
DIVISION OF OPERATIONS
PSYCHOLOGICAL INFORMATION

Juvenile Name: _____ _____ _____ _____
Last First Middle DOC

Juvenile No.: _____ Race: _____ Sex: _____

ASSESSMENT OF SUBSTANCE USE

3. Substances:	**Age of First Use** **N/A=0** **15-18 yo=1** **12-14 yo=2** **<12 yo=3**	**Current Exposure*** **None=0** **Experimentation=1** **Use Disorder (Mild, Moderate, Severe)=2** ***Based on DSM criteria**
Tobacco		
Alcohol		
Marijuana		
Inhalants		
Ecstasy		
Crack/Cocaine		
Methamphetamine		
Prescription stimulants (Adderall, Ritalin, etc.)		
Sedatives, Anxiolytics, and Hypnotics		
Hallucinogens		
Opiates		
Synthetic Marijuana (K-2, Spice, etc.)		
Other prescription drugs (not elsewhere captured)		
Other non-prescription or other substance (not elsewhere captured)		

PSYCHOTROPIC MEDICATION

4. Psychotropic Medications: Check all that apply	**Psychotropic**	**Sleep**	**Stimulant**
Never Prescribed	☐	☐	☐
Prescribed in the past	☐	☐	☐
Current prescription (prior to commitment)	☐	☐	☐
Newly prescribed at direct care placement	☐	☐	☐

Appendix C, cont.: Psychological Information Form

Department of Juvenile Justice
DIVISION OF OPERATIONS
PSYCHOLOGICAL INFORMATION

Juvenile Name:	_____ Last	_____ First	_____ Middle	_____ DOC
Juvenile No.:	_____	Race: _____	Sex: _____	

ASSAULT HISTORY

5. History of Assaultiveness: 0 = No 1 = Once 2 = Multiple Times/Recurring	
Sexual Assault perpetrated by Resident:	**Physical Assault perpetrated by Resident:**
_____ Against Family Member Younger than Juv.	_____ Against Family Member Younger than Juv.
_____ Against Family Member Older than Juv.	_____ Against Family Member Older than Juv.
_____ Against Acquaintance	_____ Against Acquaintance
_____ Against Stranger	_____ Against Stranger
	_____ Against Authority Figure
	_____ Resulting in Physical Injury Req. Med. Attn.
	_____ Using a Weapon

6. History of Victimization: 0 = No 1 = Once 2 = Multiple Times/Recurring	
Sexual Assault against Resident:	**Physical Assault against Resident:**
_____ Parent/Parental Figure	_____ Parent/Parental Figure
_____ Other Family Member or Trusted Adult	_____ Other Family Member or Trusted Adult
_____ Acquaintance	_____ Acquaintance
_____ Stranger	_____ Stranger

FUNCTIONALITY INFORMATION

7. Intellectual Functioning:	
Testing Instrument: _____ 0=None/Invalid, 1=WASI, 2=WISC, 3=WAIS 4= Other	
FSIQ: _____	

8. Significant Symptoms of:	
☐ Depressive Disorder	☐ ADHD
☐ Anxiety Disorder	☐ Eating Disorder
☐ Bipolar/Cyclothymic Disorder	☐ Oppositional Defiant Disorder
☐ Adjustment Disorder	☐ Conduct Disorder
☐ Dissociative Disorder	☐ Substance Use Disorder, Mild
☐ Psychotic Disorder	☐ Substance Use Disorder, Moderate or Severe
☐ Cluster A Personality Disorder	☐ Intellectual Disability
☐ Cluster B Personality Disorder	☐ Paraphilic Disorder
☐ Cluster C Personality Disorder	☐ Other

Appendix C, cont.: Psychological Information Form

Department of Juvenile Justice
DIVISION OF OPERATIONS
PSYCHOLOGICAL INFORMATION

Juvenile Name: _____ _____ _____ _____
Last First Middle DOC

Juvenile No.: _____ Race: _____ Sex: _____

TRAUMA SYMPTOMS

9. Trauma Symptom Checklist for Children (adolescents through age 16): Circle one 0 = Not Administered 1 = Valid 2 = Invalid
Attach a copy of the Checklist to this Information Form

STAFF RESPONSIBLE FOR FORM COMPLETION:

Name: _____ _____ _____ _____
Last First Middle Initials

Contact Number: ( ) ____ -_____

I have filled out and reviewed this form and the information contained within is accurate and complete.

Signature: _____ Date: _____

Appendix D: Educational Information Form

Department of Juvenile Justice
DIVISION OF OPERATIONS
RECEPTION & DIAGNOSTIC CENTER
EDUCATIONAL INFORMATION

Juvenile Name: _____ _____ _____ _____
Last First Middle DOC

Juvenile No.: _____ Race: _____ Sex: _____

_____ **1.** Last Grade Completed **(K-12)** **13**=Diploma **14**=GED **15**=Ungraded/Alternative **16**=Unknown

_____ **2.** Testing Completed **1**=Community **2**=Previous Staffing **3**=Current Staffing **4**=DJJ-DOE School **5**=No Formal Testing

_____ **3.** Date of Testing **(mm/dd/yyyy)**

WOODCOCK-JOHNSON TEST RESULTS

	Age Equivalency	Grade Equivalency	Standard Score
BROAD READING	__ __ - - __ __ yy mm	__ __ . __	__ __ __
MATH (check one) ☐ 1. Broad ☐ 2. Brief ☐ 3. Single Subtest	__ __ - - __ __ yy mm	__ __ . __	__ __ __
WRITTEN LANGUAGE (check one) ☐ 1. Broad ☐ 2. Brief ☐ 3. Single Subtest	__ __ - - __ __ yy mm	__ __ . __	__ __ __

4. If Brief or Single Subtest options checked above, indicate subtests: (check all that apply)

MATH	**WRITTEN LANGUAGE**	
☐ Calculation	☐ Writing Samples	☐ Understanding Directions
☐ Math Fluency	☐ Writing Fluency	☐ Story Recall
☐ Applied Problems	☐ Spelling	☐ Story Recall-Delayed
☐ Quantitative Concepts	☐ Spelling of Sounds	☐ Picture Vocabulary
	☐ Punctuation and Capitalization	☐ Oral Comprehension
	☐ Editing	

SCHOOL HISTORY **0**=Minimal or No Problem **1**=Minor Problem **2**=Moderate Problem **3**=Severe Problem

_____ **5.** Attendance
_____ **6.** Disruptive Classroom Behavior
_____ **7.** Disruptive Behavior on School Property
_____ **8.** Academic Progress
_____ **9.** Peer Interactions
_____ **10.** Staff Relationships

_____ **11.** Current Status **0**=Diploma/GED, or appropriate attendance **1**=Occasional Truancy **2**=Excessive Truancy **6**=Released from Compulsory Attendance **3**=Dropped out/ Did not attend/ In detention **4**=Suspended **5**=Expelled

Appendix D, cont.: Educational Information Form

Department of Juvenile Justice
EDUCATIONAL INFORMATION

Juvenile Name:	_____	_____	_____	_____
	Last	First	Juvenile Number	DOC

EDUCATIONAL NEEDS **0**=Not a Need **1**=Moderate Priority Need **2**=High Priority

_____ **12.** Employability Skills/Career Education _____ **14.** Parenting Skills _____ **16.** Transition Services

_____ **13.** Vocational Training _____ **15.** Independent Living Skills

_____ **17.** Suggested Educational Placement **1**=General Education Classes **2**=GED Program **3**=Remedial Classes **4**=Special Education Classes **5**=Post GED/Post High School Academic Program **6**=All Day Work/Vocational Education Program

SPECIAL EDUCATION CLASSIFICATION (Use numbers from the list below)

_____ **18.** Special Education Status Determined **0**=N/A **1**=In Community **2**=At Previous Staffing **3**=At Current Staffing **4**=DJJ-DOE School

_____ **19.** Primary Classification Code _____ **20.** Secondary Classification Code _____ **21.** Related Services Code

Primary & Secondary Classification Codes

0	N/A	**10**	Other Health Impairment (OHI)
3	Multiple Disabilities (MD)	**12**	Deaf-Blindness (DB)
4	Orthopedic Impairment (OI)	**13**	Autism (AUT)
5	Visual Impairment (VI)	**14**	Traumatic Brain Injury (TBI)
6	Hearing Impairment (HI)	**15**	Qualified Individual under Section 504 of the Rehabilitation Act (504)
7	Specific Learning Disability (SLD)	**16**	Developmental Delay (DD)
8	Emotional Disability (ED)	**19**	Intellectual Disabilities (ID)
9	Speech or Language Impairment (SLI)		

Related Services Codes

0	N/A	**3**	Related Services for OT/PT
1	Related Services for Speech/Language	**4**	Related Services for Transportation
2	Related Services for Counseling	**5**	Related Services for *(any other service needed)*

REFERRALS FOR FURTHER ASSESSMENT **0**=No **1**=Yes **2**=Assessment Deferred

_____ **22.** Speech _____ **23.** Language _____ **24.** Vocational

STAFF RESPONSIBLE FOR FORM COMPLETION:

Name: _____ _____ **Contact Number:** ( ) ____ -_____
Last First

I have filled out and reviewed this form and the information contained within is accurate and complete.

Signature: _____ **Date:** _____

Page 2 of 2 **Educational Information DIS-055: Revised July 1, 2013**

Appendix E: Medical History Form

Virginia Department of Juvenile Justice
Medical History

Mark boxes where indicated.

Current Medical Problems:

Yes	*No*	*Unknown*	**Allergies:**
☐	☐	☐	1. Medication and Reactions:_____
☐	☐	☐	2. Environmental and Reactions:_____
☐	☐	☐	3. Food(s) and Reactions: _____
☐	☐	☐	4. TB or Positive PPD: _____Was it Treated:_____ Date:_____ Medications:_____ CXR: _____
☐	☐	☐	5. Asthma:_____ Peak Flow:_____ Last Symptoms: _____ Hospitalizations:_____ Last Date:_____ Medications:_____
☐	☐	☐	6. Diabetes:_____ Age or Year Diagnosed: _____ Medications/Complications: _____
☐	☐	☐	7. Hepatitis: _____
☐	☐	☐	8. Heart Problem:_____
☐	☐	☐	9. Sickle Cell Anemia/Trait: _____
☐	☐	☐	10. Orthopedic Problem: _____
☐	☐	☐	11. Glasses: _____
☐	☐	☐	12. Other Assistive Devices Needed for Care: _____
☐	☐	☐	13. Current Psychiatric Problems:_____
☐	☐	☐	14. Physical Disabilities: _____

Vulnerability Factors:

Yes	*No*	*Unknown*	
☐	☐	☐	15. Small Physical Stature: _____
☐	☐	☐	16. Developmental/Mental/Physical Disability: _____
☐	☐	☐	17. Presents as Lesbian, Gay, Bisexual, Transgender, Gender Identity Issues:_____
☐	☐	☐	18. History of Sexual Victimization: _____
☐	☐	☐	19. History of Sexual Activity While in Custody:_____

Place ID Sticker Here Revised: July 1, 2013 DIS-056 Page 1 of 6

Appendix E, cont.: Medical History Form

Virginia Department of Juvenile Justice
Medical History

Past Medical History:

Yes No Unknown

☐ ☐ ☐ 20. Chicken Pox: _____Other Childhood Diseases: _____

☐ ☐ ☐ 21. Head Injury: _____
Where Treated? _____

☐ ☐ ☐ 22. Loss of Consciousness: _____ How Long? _____

☐ ☐ ☐ 23. Fractures: _____

☐ ☐ ☐ 24. Seizures: _____

☐ ☐ ☐ 25. Gunshot Wounds: _____
Bullet or Fragments Retained: _____

☐ ☐ ☐ 26. Stab Wounds: _____

☐ ☐ ☐ 27. Medical Hospitalizations: Where? When? Why? _____
_____
_____

☐ ☐ ☐ 28. Psychiatric Hospitalizations: Where? When? Why? _____
_____
_____

☐ ☐ ☐ 29. Surgery/Operations/Procedures: _____
_____

Females Only: *(leave blank if male)*

☐ ☐ ☐ 30. Pregnancy: G ____ P ____ AB ____
Induced:_____ Spontanaeous:_____
Last Pregnancy/Delivery: _____ Vaginal: _____ C-Section: _____
Complications: _____

☐ ☐ ☐ 31. Menstrual Cycle/Pap Smears: _____
Last Period: _____ ☐ N ☐ Abn _____
Problems with Periods: _____
Last Pap Smear:_____ ☐ N ☐ Abn_____

Appendix E, cont.: Medical History Form

Virginia Department of Juvenile Justice
Medical History

STIs:

Yes	*No*	*N/A*	*Unknown*	
☐	☐	☐	☐	32. Chlamydia:_____
☐	☐	☐	☐	33. Gonorrhea: _____
☐	☐	☐	☐	34. Syphilis: _____
☐	☐	☐	☐	35. Herpes:_____
☐	☐	☐	☐	36. Venereal Warts: _____
☐	☐	☐	☐	37. Genital Sores:_____
☐	☐	☐	☐	38. HPV: _____
☐	☐	☐	☐	39. Pediculosis: _____
☐	☐	☐	☐	40. Trichomonis: _____

Medications:
(check if yes)

☐ 41. Medical: Name? Dose? Frequency? Indication? _____
_____
_____
Birth Control for Females:_____

☐ 42. Psychotropics: _____
(check all that apply)

	Psychotropic	Sleep	Stimulant
Never Previously Prescribed	☐	☐	☐
Prescribed in the Past	☐	☐	☐
Current Prescription (prior to arrival at RDC)	☐	☐	☐
Newly Prescribed at RDC	☐	☐	☐

Current: (Name? Dose? Frequency? Indication?)_____
_____
_____
Previous: Psychotropic(s), if applicable: _____
_____

Physician:

Yes	*No*	*Unknown*	
☐	☐	☐	44. Family Doctor or Clinic: _____ Address: _____
			Psychiatrist: _____ Address: _____
			OB/Gyn: _____ Address: _____

Family History:

Yes	*No*	*Unknown*	
☐	☐	☐	45. TB: Who?_____
☐	☐	☐	46. Heart Problems: Who?_____
☐	☐	☐	47. High Blood Pressure: Who? _____
☐	☐	☐	48. Blood Sugar Problems: Who? _____
☐	☐	☐	49. Asthma: Who? _____
☐	☐	☐	50. Other: _____

Place ID Sticker Here Revised: July 1, 2013 DIS-056 Page 3 of 6

Appendix E, cont.: Medical History Form

Virginia Department of Juvenile Justice
Medical History

Social History:
(check all that apply)

Substance abuse:	Frequency of Use	Age of First Use
☐ 51. Cigarettes	_____	_____
☐ 52. Alcohol	_____	_____
☐ 53. Marijuana	_____	_____
☐ 54. Cocaine	_____	_____
☐ 55. Crack	_____	_____
☐ 56. Heroin	_____	_____
☐ 57. Hallucinogens	_____	_____
☐ 58. Inhalants	_____	_____

☐ 59. Other Illicit/ 'Designer'/ Prescription Drugs:_____
_____

High Risk Behavior/ Sexual History:
(check if applicable)

☐ 60. Have you had sex? Yes ☐ No ☐
☐ 61. Was it consensual? Yes ☐ No ☐
If nonconsensual, did you report it to anyone? Yes ☐ No ☐
Who? _____
☐ 62. Age at first sexual intercourse (not abuse): _____
☐ 63. Have you ever been forced or pressured into doing something sexual that you didn't want to do? No ☐ Yes ☐_____
☐ 64. IV drug use? Yes ☐ No ☐
☐ 65. History of blood transfusion or blood product administration? Yes ☐ No ☐
☐ 66. Trading sex for money or drugs? Yes ☐ No ☐
☐ 67. How many sexual partners have you had in the past year? _____
Past 3 years? _____
How many (lifetime)? _____
☐ 68. Were your sexual partner(s): Male ☐ Female ☐ Both ☐
☐ 69. High risk sexual partner (promiscuous/IV drug use/prostitution):_____
☐ 70. Condom use: No ☐ Yes ☐ If yes, sometimes ☐ or every time ☐
☐ 71. Multiple tattoos: _____

Family:

Lives with: _____ Phone #: _____
☐ 72. Number of children you have (include age/sex): _____

Appendix E, cont.: Medical History Form

Virginia Department of Juvenile Justice
Medical History

Review of Systems: (Current Only)

Constitutional: ☐ Insomnia ☐ Night Sweats ☐ Recent Weight Loss (>10lbs Past Month)

_____

HEENT: ☐ Headaches ☐ Nasal Congestion/Sneezing ☐ Nose Bleeds ☐ Blurry Vision

_____

Respiratory: ☐ Cough ☐ Shortness of Breath (Exertional?) ☐ Chest Pain

_____

Cardiac: ☐ Palpitations ☐ Blackout Spells

_____

Gastrointestinal: ☐ Nausea ☐ Abdominal Pain ☐ Diarrhea ☐ Heartburn ☐ Constipation

_____

Genitourinary: ☐ Trouble Voiding ☐ Bedwetting ☐ Urethral Discharge (Males)
☐ Vaginal Discharge:_____

Skin: ☐ Acne ☐ Athlete's Foot ☐ Jock Itch ☐ Rashes ☐ Open Lesions/Wounds

_____

Musculoskeletal: ☐ Joint Pain Which joint(s)?_____
☐ Muscle Pain Where? _____
☐ Back Pain _____
☐ Recent Injuries When? _____ How? _____

_____

Psychiatric: ☐ Depressed: _____
☐ Thoughts or plans of hurting/killing oneself or others: _____

_____

Signature and Credentials: _____ Date: _____

Place ID Sticker Here Revised: July 1, 2013 DIS-056 Page 5 of 6

Appendix E, cont.: Medical History Form

Virginia Department of Juvenile Justice
Medical History

Tuberculosis Risk Assessment

The United States Public Health Service and the Center for Disease Control and Prevention recommends that tuberculosis (TB) skin testing be performed on all individuals who may be at risk of TB. To assist us in determining your risk level, please answer the following questions:

1. Were you born in a country outside of the United States?
   ☐ No ☐ Yes What Country? _____
2. Have you received vaccinations in a country other than the United Stated?
   ☐ No ☐ Yes What Country? _____
3. Have you spent three or more consecutive months in a foreign country in the past 5 years?
   ☐ No ☐ Yes What Country? _____
4. Have you been exposed or had contact with a person with active TB in the two last years?
   ☐ No ☐ Yes Whom? _____ Relationship?_____
5. Have you been homeless or have you lived in a shelter during the last two years?
   ☐ No ☐ Yes
6. Do you have any of the following? (check all that apply)
   ☐ Fatigue ☐ Weight loss ☐ Chills ☐ Night sweats ☐ Productive cough
   ☐ Persistent cough (how long _____) ☐ Coughing up blood ☐ Loss of appetite
   ☐ Fever for more than one week ☐ Unexplained weight loss ☐ None of the above
7. Are you currently taking oral steroid (other than inhalers) or cancer treating drugs?
   ☐ No ☐ Yes What? _____
8. Are you currently taking medications for Rheumatoid Arthritis such as Humira, Remicade or Enbrel?
   ☐ No ☐ Yes What? _____
9. Have you ever had a positive TB skin test or taken any treatment for TB disease or a positive TB test?
   ☐ No ☐ Yes
   Where and when were you treated (city/state/county):_____
   (Month/year): _____
   Did you complete the medication? ☐ No ☐ Yes
   If no, how long did you take the medications (Months): _____
   Explain:_____
10. Do you have any of the following medical conditions? (Check all that apply)
    ☐ Diabetes ☐ Malnutrition ☐ Cancer ☐ Chronic kidney failure
    ☐ Congenital or Acquired Immunodeficiency ☐ Other _____ ☐ None of the above

To the best of my knowledge the above information is correct and complete.

Signature: _____ Date: _____

Reviewed by: _____ Date: _____

Place ID Sticker Here Revised: July 1, 2013 DIS-056 Page 6 of 6

Appendix F: Physical Examination Form

Virginia Department of Juvenile Justice
Physical Examination

Mark boxes when indicated.

Vital Signs: Weight: _____lbs Height: _____ feet _____ inches BMI: _____
Temp: _____ Heart rate: _____ per/min Resp: _____ per/min
BP: _____/_____

Hearing Screening: Pass ☐ Fail ☐ _____

Vision Screening: Pass ☐ Fail ☐ _____

Allergies: Yes ☐ No ☐ _____

General Appearance:_____

Skin: ☐ Checked ☐ Not Checked _____
(check all that apply below)

☐ Birthmarks _____
☐ Skin marks (scars, tattoos, carvings) _____
☐ Acne _____
☐ Fungal infections _____
☐ Other skin infections _____
☐ Signs of recent trauma _____
☐ Other_____

HEENT: ☐ Checked ☐ Not Checked ☐ Under Investigation

Head: N ☐ Abn ☐ _____
Eyes: N ☐ Abn ☐ _____
Ears: N ☐ Abn ☐ _____
Nose: N ☐ Abn ☐ _____
Throat: N ☐ Abn ☐ _____
Neck: N ☐ Abn ☐ _____

Pulmonary: N ☐ Abn ☐ _____
Cardiovascular: N ☐ Abn ☐ _____
Chest: N ☐ Abn ☐ _____
Breast exam for females (if indicated): N ☐ Abn ☐ _____
Abdomen: N ☐ Abn ☐ _____
Musculoskeletal: N ☐ Abn ☐ _____
Neurological: N ☐ Abn ☐ _____

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Appendix F, cont.: Physical Examination Form

Virginia Department of Juvenile Justice
Physical Examination

Genital Exam: ☐ Conducted ☐ Not Conducted ☐ Under Investigation/Results not Available
(choose one below)

Males
Ext. genitalia: N ☐ Abn ☐ _____
Circumcised: Yes ☐ No ☐ _____
Hernia: Yes ☐ No ☐ _____
Testicles/scrotum: N ☐ Abn ☐ _____
Tanner Stage: _____

Females
Ext. genitalia: N ☐ Abn ☐ _____
Vagina: N ☐ Abn ☐ _____
Cervix: N ☐ Abn ☐ _____
Uterus: N ☐ Abn ☐ _____
Adnexae: N ☐ Abn ☐ _____
Rectovaginal: N ☐ Abn ☐ _____
Tanner Stage:
☐ PID:

LAB: ☐ Conducted ☐ Not Conducted ☐ Under Investigation/Results not Available

GC: Neg: ☐ Pos ☐ Chlamydia: Neg ☐ Pos ☐ HIV: Neg ☐ Pos ☐
Hgb/Hct: N ☐ Abn ☐ _____ BS: N ☐ Abn ☐ _____
UA: N ☐ Abn ☐ _____
UPT: Neg ☐ Pos ☐ _____
Other: _____

Assessment:
_____
_____
_____

Apparently free from communicable disease: Yes ☐ No ☐ _____

Handicaps: Yes ☐ No ☐ _____

Medical Status Changes: Yes ☐ No ☐ _____

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Appendix F, cont.: Physical Examination Form

Virginia Department of Juvenile Justice
Physical Examination

Plans/Recommendations:
(check all that apply)

☐ Psychotropic medications: _____
_____

☐ Other medications: _____
_____

☐ Referral w/in DJJ: ☐ Optometrist ☐ Dental ☐ BSU ☐ Other _____

☐ Referral outside of DJJ: ☐ Dermatology ☐ Orthopedics ☐ Neurology ☐ Cardiology
☐ Urology ☐ OB/Gyn ☐ ENT ☐ Nephrology ☐ Audiology
☐ PT/OT ☐ Ophthalmology ☐ Hematology ☐ Surgery _____

☐ Diagnostic tests: ☐ X-ray _____ ☐ EKG ☐ Lab(s) _____
☐ Other _____

☐ Prosthetic device or equipment: _____

☐ Patient education discussed: _____
_____

Immunizations: ☐ No records
(check one) ☐ DJJ records only
☐ Records from schools, family, and other non-DJJ source

Signature: _____ Date: _____

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Appendix G: LOS Determination Form

Department of Juvenile Justice
DIVISION OF OPERATIONS
Length of Stay (LOS) Determination
Mandatory and Recommended Treatment Needs

Juvenile Name: _____ _____ _____ _____
Last First Middle DOC

Juvenile No.: _____ Race: _____ Sex: _____

Most Serious Instant Offense: Level _____ Most Serious Prior Offense Level _____ Chronicity Score _____

LOS increased due to chronicity? _____ **0** = No, **1** = by 3 months, **2** = by 6 months

*(Exception: For residents in an 18 to 36 months category, the maximum **LOS** is 24 to 36 months)*

Forwarded to ICRC due to exceptional circumstances ? _____ **0** = No **1** = Staffing Team **2** = Casework Supervisor **3** = Court Service Unit

Assigned LOS: _____ to _____ Months **(** from date of commitment **)**

NOTE: *Final **LOS** may be affected by whether resident has completed treatment needs (see below)*
or whether resident is serving an institutional sanction

Special Categories: Determinate Sentence? _____ **(0** = No**, 1** = Yes) If yes, _____ Months, ***or*** ☐ Until Age 21

Blended Sentence? _____ **(0** = No, **1** = Yes)

Treatment Needs which may affect LOS : **M** = Mandatory **R** = Recommended **X =** Not Applicable

_____ Aggression Management _____ Substance Abuse _____ Sex Offender

☐ CYT 12 ☐ CYT 5

My length of stay and my treatment needs have been explained to me. I am aware that failure to complete Mandatory treatment need(s) can affect my length of stay. I am also aware that I have the right to appeal the Mandatory status of any treatment need(s) that are based ***only*** upon information supplied by me and not based upon my offense history or institutional behavior.

_____ _____
Resident Signature Date

LOS Determination DIS-049A: Revised July 1, 2013

Appendix H: Initial Custody Designation Form

INITIAL CUSTODY DESIGNATION FORM

SECTION A	DEMOGRAPHIC DATA
1. ASSESSMENT DATE: MM-DD-YYYY	2. COMMITMENT DATE: MM-DD-YYYY
3. LAST NAME	4. FIRST NAME / 5. MIDDLE INITIAL / 60 SUFFIX
7. BIRTH DATE: MM-DD-YYYY	8. JUVENILE #
9. SEX: M=MALE F=FEMALE	10. COUNSELOR / 11. COMMITTING COURT (FIPS)

SECTION B	CLASSIFICATION SCORING	Points
1. SEVERITY OF CURRENT OFFENSE Most serious current offense (***according to the scale shown on the right, with "Person Felony" being the most serious)*** for which the resident has been adjudicated guilty, including any detainers	500 = Person Felony or any Juvenile Sentenced with Active Adult Time 250 = Weapons Felony, or Circuit Court Commitment for Non-Person Felony 150 = Person Misdemeanor (with or without injury) 100 = Other Felony 50 = Non-Person Misdemeanor Offense 25 =Parole Violation	
2. PRIOR OFFENSE HISTORY Most serious prior offense (***according to the scale shown on the right, with "Person Felony" being the most serious***) for which the resident has been adjudicated guilty	250 = Person Felony 150 = Weapons Felony, or Circuit Court Commitment for Non-Person Offense 100 = Person Misdemeanor (with or without injury) 75 = Other Felony 25 = Non-Person Misdemeanor Offense 0 = Traffic Offense, Status Offense, or None	
3. PRIOR COMMITMENTS	25 = More than One Prior Commitment to DJJ 15 = One Prior Commitment to DJJ 0 = No Prior Commitments	
4. ESCAPE OR RUNAWAY HISTORY	350 = Escape or Attempt to Escape, With Force Against a Person, from Any Facility or Police Custody 250 = More than One Escape or Attempt to Escape from a Secure Facility or Police Custody 175 = One Escape or Attempt to Escape from a Secure Facility or Police Custody 50 = One or More Escapes or Runaways from Non-secure Facility or Home 0 = None	
5. ASSAULTIVE BEHAVIOR DURING PRIOR COMMITMENTS TO DJJ OR IN SECURE DETENTION Assaultive behavior refers to unprovoked assaults, not fights. Frequent fights may indicate a pattern of aggressive behavior. Does not include detention immediately preceding current commitment.	350 = More than One Instance of Assaultive Behavior with Injury 250 = One Instance of Assaultive Behavior with Injury 175 = More than One Instance of Assaultive Behavior without Injury 50 = One Instance of Assaultive Behavior without Injury, or a Pattern of Aggressive Behavior 0 = None or No Prior Commitments	
6. INSTITUTIONAL ADJUSTMENT (RDC/DETENTION) RDC Staffing Team Assessment Includes time at RDC and time in detention immediately preceding current commitment	350 = Serious Threat to Institutional Security/Safety (pattern of predatory behavior; attempts to strong-arm/ harass/bully peers; assaultive with potential for injuries) 250 = Moderate Threat to Institutional Security/Safety (multiple fights or simple assaults without a clear pattern of predatory behavior; overly resistant to authority with a pattern of verbal abuse towards staff) 175 = Minor Threat to Institutional Security/Safety (pattern of oppositional/defiant behaviors but no pattern of predatory behavior; occasional mild reactive aggression whether verbal or physical) 50 = Frequent Compliance Problems, Not a Threat to Institutional Security/Safety 25 = Some Compliance Problems (slow to comply with authority) 0 = Good Adjustment	
7. CUSTODY TOTAL	SUM OF ITEMS 1 thru 6	
8. ASSIGNED CUSTODY LEVEL (Form-assigned)	I = Less than 150 Points II = 155-245 Points III = 250-495 Points IV = 500 or More Points	

SECTION C	PLACEMENT CONSIDERATIONS
1. STATURE: ☐ EXTRA SMALL ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ EXTRA LARGE	
2. SPECIAL MANAGEMENT CONCERNS – MARK "X" FOR ALL THAT APPLY: ☐ NONE ☐ PENDING CHARGES ☐ INSTITUTIONAL PREDATORY OFFENSE ☐ KNOWN MANAGEMENT PROBLEM ☐ LOW FUNCTIONING ☐ MENTAL HEALTH RISK/ DISABILITY ☐ EDUCATION _____ ☐ ESCAPE RISK _____ ☐ SIB RISK _____ ☐ GANG MEMBER _____ ☐ PHYSICAL IMPAIRMENT _____ ☐ SPECIAL MEDICAL NEEDS _____ ☐ ENEMIES – INSTITUTION _____ ☐ KNOWN ASSOCIATES – INSTITUTION _____ ☐ OTHER _____	3. RECOMMEND OVERRIDE OF FORM-ASSIGNED CUSTODY LEVEL ☐ NO ☐ YES – CUSTODY LEVEL (AFTER OVERRIDE) _____ – REASON (REQUIRED) ☐ Criminal Investigation Ongoing ☐ Pending Court Charges ☐ Active Gang Activities ☐ Predatory/Manipulative Behavior Resulting in the Form of Mental or Physical Abuse of Others ☐ Crime More Serious than Indicated by Charge ☐ Crime Less Serious than Indicated by Charge ☐ Other _____ – COMMENT (REQUIRED) _____ 4. CLASSIFICATION INDICATED INSTITUTION: TREATMENT TEAM RECOMMENDED INSTITUTION: COMMENT IF DIFFERENT:
5. COUNSELOR SUPERVISOR _____ PRINT _____ SIGNATURE	

DIS-042: Revised October 15, 2013

Appendix I: References

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