

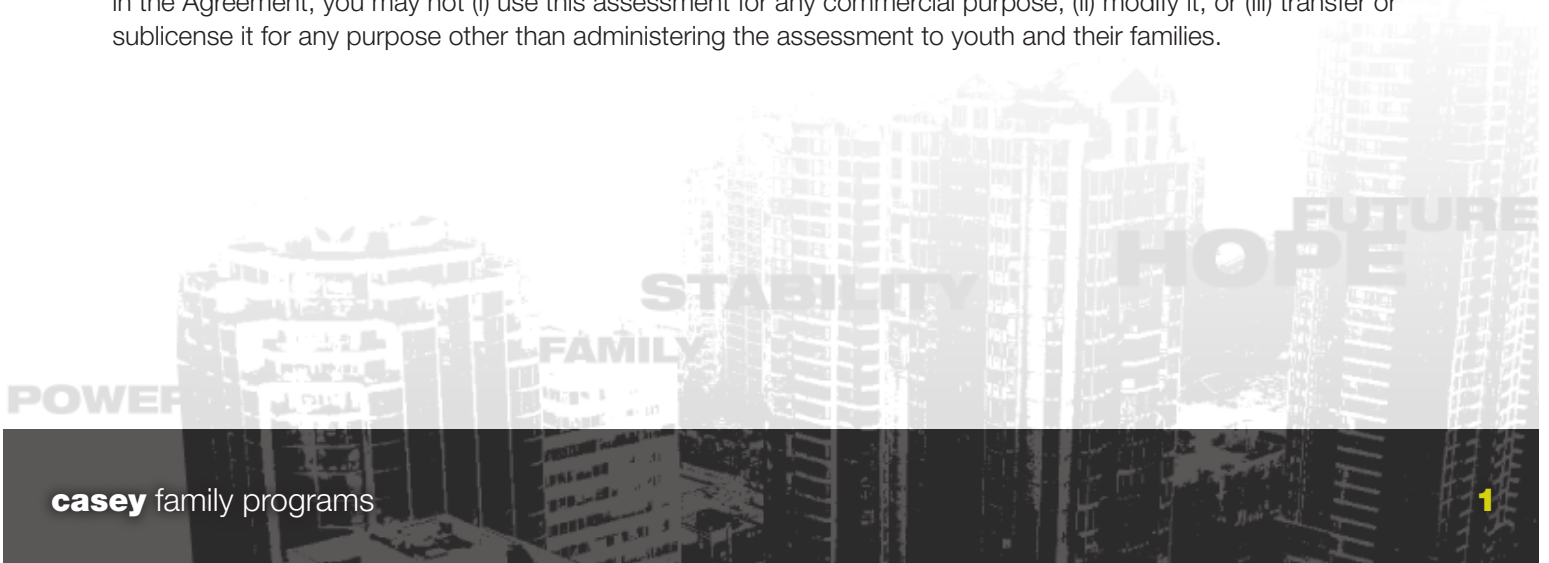


The Casey Life Skills Assessment (CLSA) is a multiple-choice questionnaire that measures independent living skills in a number of functional areas for youth. The CLS Supplement - Youth Assessment Level 2 is designed for middle school youth that are in the age group of 10-14 years. The assessment has five areas (i) Daily Living, (ii) Self Care, (iii) Communication, (iv) Work and Study Skills, and (v) Social Relationships.

The Casey Life Skills Toolkit, which includes the full suite of CLS Assessments, Practitioners Guide and Resources to Inspire Guide, is hosted at:

[www.casey.org/casey-life-skills/](http://www.casey.org/casey-life-skills/)

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Date (mm/dd/yy) \_\_\_\_\_

Name \_\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_

### Gender Identity

- |                                 |   |                                      |
|---------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender Male   | <input type="checkbox"/> Two-Spirit  |
| <input type="checkbox"/> Male   | <input type="checkbox"/> Transgender Female | <input type="checkbox"/> Non-binary  |
|                                 |   | <input type="checkbox"/> Other _____ |

### Sexual Orientation

- |                                  |                                      |  |
|----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Gay     | <input type="checkbox"/> Bisexual    | <input type="checkbox"/> Pansexual             |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Asexual     | <input type="checkbox"/> Heterosexual/Straight |
| <input type="checkbox"/> Queer   | <input type="checkbox"/> Questioning | <input type="checkbox"/> Prefer not to say     |
|                                  |                                      | <input type="checkbox"/> Other _____           |

### Pronouns

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> She, Her, Hers | <input type="checkbox"/> Ze, Hir            | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> He, Him, His   | <input type="checkbox"/> They, Them, Theirs |                                      |

### Race

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> African American/Black         | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> American Indian/ Alaska Native | <input type="checkbox"/> Japanese              | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Asian Indian                   | <input type="checkbox"/> Korean                | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Biracial                       | <input type="checkbox"/> Multiracial           | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Chinese                        | <input type="checkbox"/> Native Hawaiian       | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Filipino                       | <input type="checkbox"/> Other Asian           |   |

**Latinx/Hispanic**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No, Not Hispanic, Latinx                | <input type="checkbox"/> Yes, Salvadoran | <input type="checkbox"/> Yes, Honduran              |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Yes, Dominican  | <input type="checkbox"/> Yes, Ecuadorian            |
| <input type="checkbox"/> Yes, Puerto Rican                       | <input type="checkbox"/> Yes, Guatemalan | <input type="checkbox"/> Yes, Peruvian              |
| <input type="checkbox"/> Yes, Cuban                              | <input type="checkbox"/> Yes, Colombians | <input type="checkbox"/> Yes, Other Hispanic Latino |

**Religious/ Spiritual Affiliation**

- |                                    |                                   |  |
|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu    | <input type="checkbox"/> No religious/ Spiritual affiliation |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> Baha'i   | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Muslim    | <input type="checkbox"/> Atheist  |  |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Agnostic |  |

**Primary Language**

- |                                  |                                   |  |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese  | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> French  | <input type="checkbox"/> Russian  |  |

**Secondary Language**

- |                                  |                                   |  |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese  | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> French  | <input type="checkbox"/> Russian  |  |

**Do you have a documented disability?**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|



## DAILY LIVING SKILLS

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I know how to create, save, and print documents on a computer.					
2.	I know how to open an email account and use it.					
3.	I know how to access information on the internet safely.					
4.	I know the risks of meeting someone in person that I met online.					
5.	I know the risk of sharing private information (e.g., pictures, credit card, address) with someone I have met online.					
6.	If someone sent me a message online that made me feel upset or scared, I know who to reach out to or what to do.					
7.	I know how to buy things at the store by myself.					
8.	I save money for the things I want to buy.					
9.	When I shop, I make a list and compare prices.					
10.	I can fix meals for myself on my own.					
11.	I know how to reheat leftover food using a microwave or stove safely.					
12.	I know how to keep my living space tidy and organized.					
13.	I know how to use a washer, dryer, and detergent to clean my clothes.					
14.	I know how to use a fire extinguisher.					
15.	I can lock doors and windows of where I live.					

**SELF CARE SKILLS**

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I know how to practice personal hygiene (e.g., bathing, brushing, flossing).					
2.	I know how to take care of myself when I am on my menstrual cycle.					
3.	I know how to take care of minor cuts, burns, and flu-like symptoms.					
4.	I know how to access a mental health professional.					
5.	I know how a girl gets pregnant.					
6.	I can explain how to prevent pregnancy.					
7.	I can explain two ways to prevent sexually transmitted diseases (STDs).					
8.	I know where to get reliable information about safe sex and pregnancy.					
9.	I can turn down a sexual advance.					

**COMMUNICATION**

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I ask for help when I need it.					
2.	I explain how I am feeling (angry, happy, worried, or depressed).					
3.	I can deal with hurt and anger without breaking things or hurting anyone.					

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
4.	I ask questions to make sure I understand something someone has said.					
5.	When I disagree with someone, I try to find compromise.					
6.	I accept compliments or praise without feeling embarrassed.					
7.	I talk over problems with a friend.					
8.	I talk with an adult I feel close to.					

## WORK AND STUDY SKILLS

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I use the library, newspaper, computer/ internet, or other resources to get information.					
2.	I get my work done on time.					
3.	I look over my work for mistakes.					
4.	I can explain why job references are important.					
5.	I can describe the steps to reach one of my goals.					
6.	I think about how my choices affect others.					
7.	I think about more than one choice when I decide something.					
8.	When I am not sure about something, I ask my friends or family for ideas.					
9.	I am comfortable using a computer to finish my work.					

**SOCIAL RELATIONSHIPS**

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I show appreciation for things others do for me.					
2.	I am polite to others.					
3.	I respect other people's things.					
4.	I avoid relationships that hurt or are dangerous.					
5.	I follow the directions of my teachers.					
6.	I get to school on time.					

POWER

FAMILY

STABILITY

HOPE

FUTURE