

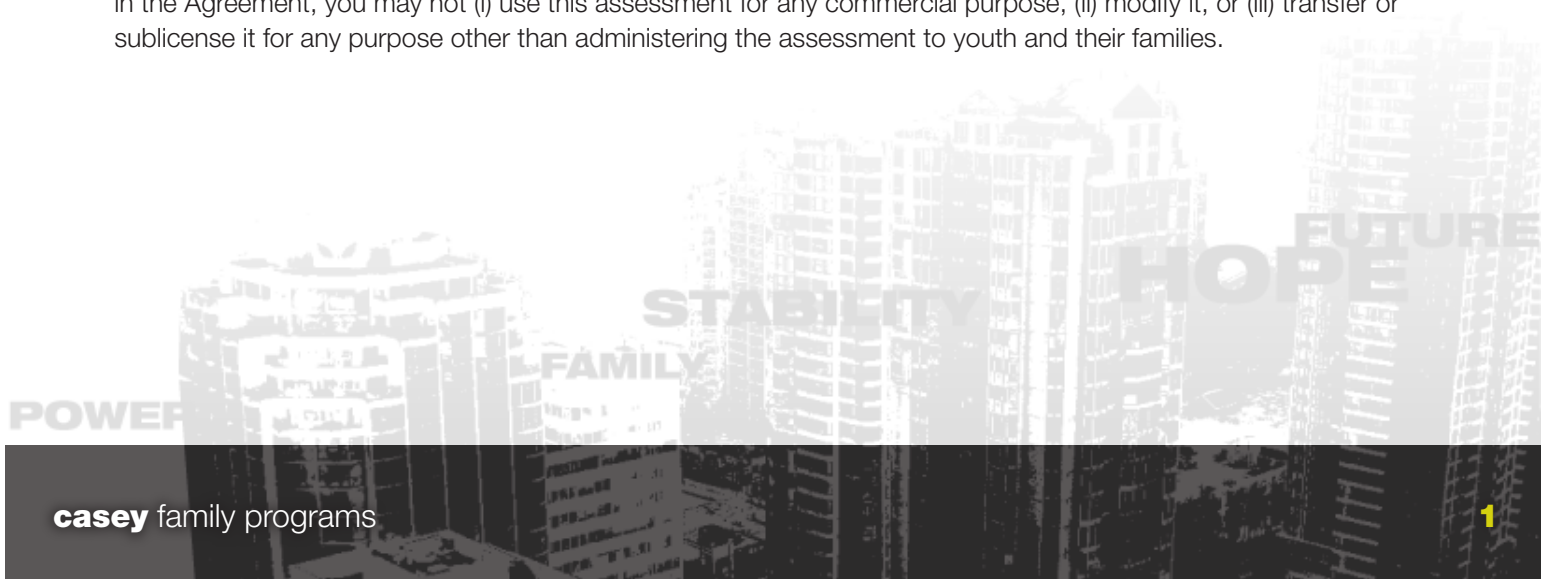


The Casey Life Skills (CLS) is a multiple-choice questionnaire that measures independent living skills in several functional areas for young people. The CLS Supplemental Assessment for Parenting Infants has 7 sections that assesses caregivers' skills in (i) goals, (ii) health, (iii) safety and well-being, (iv) child growth and development, (v) child care, (vi) nutrition, and (vii) nurturing.

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/

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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 |
|------------------------------|-----------------------------|--|



GOALS

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I know how to budget to buy things that my child needs.					
2.	I understand how access to good education and knowledge prepares me to be a good parent.					
3.	I understand why spending quality time with my child every day is important for both my child and me.					

HEALTH

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I make sure my child gets the right shots on time.					
2.	I make sure my child sees a doctor or nurse regularly.					
3.	I know how to reschedule a missed doctor's appointment if I need to.					
4.	I ask questions of my baby's doctor when I don't understand their instructions.					
5.	I know when to call 911 if my child is sick or is in danger.					
6.	I know what to do when my child is vomitng.					
7.	I can use a thermometer to take my baby's temperature.					
8.	I have the phone number of the poison control center handy.					
9.	I know how to take care of my baby's first set of teeth.					

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
10.	I know the safe body temperature for a baby.					
11.	I know what to do if my baby gets a diaper rash.					
12.	I know the symptoms of an ear infection.					
13.	I listen to my doctor's advice more than my friends' about my baby's health.					

SAFETY AND WELL-BEING

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I have made our home safe for the baby.					
2.	I remove unsafe and dangerous items from places my child can go or reach.					
3.	I do not smoke cigarettes when I'm in the same room as my child.					
4.	I keep our living space clean.					
5.	I know how to manage my anger.					
6.	I know one adult I can count on if I need help or support.					
7.	I know how to wash my child's clothing.					
8.	I make sure my child is dressed comfortably whether it is cold or hot outside.					
9.	I know what Sudden Infant Death Syndrome (SIDS) is and how to help prevent it.					

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
10.	I understand why it is not OK to use illegal drugs around a child.					
11.	I know where to seek help if I feel depressed.					
12.	I know how to get help if I or my child is in danger.					
13.	I can explain post-partum depression and how it affects a person.					
14.	I know how to safely secure a car seat for an infant.					
15.	I know how to safely place an infant in a car seat.					
16.	I never leave my baby in the car alone, even for a few minutes.					
17.	I know what positions are safest when a baby is sleeping.					
18.	I can explain what toys and bedding are safe when a baby is in a crib.					
19.	I let my baby play in a swimming pool or bath only when I am watching closely.					
20.	I know how to perform CPR on an infant.					
21.	I know how to find shelter or safety in an emergency.					

CHILD GROWTH AND DEVELOPMENT

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I read to my child every day.					
2.	I do not let my baby watch TV.					

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
3.	I have books and toys that are appropriate for my child's age.					
4.	I make time to play with my child every day.					
5.	I set correct limits for my child's behavior.					
6.	I know how to toilet train my child.					
7.	I know the right age to toilet train my child.					
8.	I can tell what my baby needs by how he or she cries or behaves.					
9.	I talk to my baby frequently during the day.					
10.	I encourage my child's speech development.					
11.	I know how old most babies are when they start to crawl.					
12.	I know how old most babies are when they start to walk.					

CHILD CARE

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I know how to choose good child care for my baby.					
2.	I leave my child with a trusted adult when I need to be away.					
3.	I know how to keep my baby safe from household hazards.					
4.	I know how to change a diaper.					

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
5.	I would not leave my infant home alone for any reason.					
6.	I know how to get financial help to pay for good child care.					
7.	I know what clothing and food to bring to my child's babysitter or child care.					
8.	I know how to safely bathe my baby.					
9.	I change my child's diaper as soon as it is wet or soiled.					
10.	I have an emergency child care plan if I am not able to take care of my child.					

NUTRITION

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I give my baby healthy foods or milk every day.					
2.	I know how to hold my baby when bottle or breast feeding.					
3.	I know when to start my baby on solid foods.					
4.	I know how often I need to feed my child during the day.					



NURTURING

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I know how to comfort my baby when they are crying.					
2.	I know that infants and toddlers need constant care.					
3.	I touch and hold my baby every day.					
4.	I speak to my child in a calm voice even when my child upsets me.					
5.	I spend time and talk with my baby even when I'm tired.					
6.	I have set times each day for me to read to my child.					
7.	I have set times each day for me to feed my child.					
8.	I have set times each day for me to put my child to bed.					
9.	I can explain why it's not OK to hit my baby.					
10.	I can describe the different needs of an infant and a toddler.					
11.	I know that it's normal for my child to cry when I leave them with another caregiver.					

