

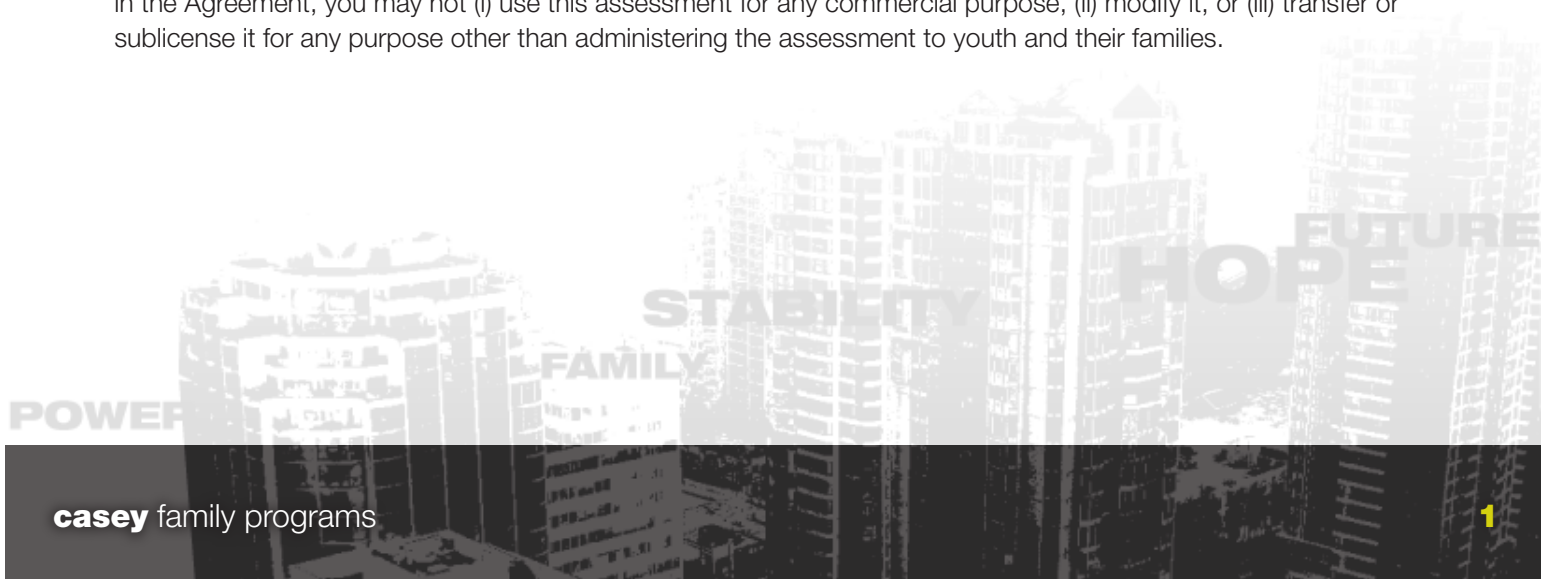


The Casey Life Skills (CLS) is a multiple-choice questionnaire that measures independent living skills in several functional areas for young people. The CLS Supplemental Assessment for Parenting Young Children has 7 sections that assesses caregivers' skills in (i) goals, (ii) health, (iii) safety and 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.					
4.	I understand why talking, hugging, listening and paying attention to my child every day is important for both my child and me.					
5.	I help my child with homework.					

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 child's doctor when I don't understand their instructions.					
5.	I know when my child should start having dental appointments.					
6.	I know how often my child should see a dentist.					
7.	I know how to get my child's vision checked.					

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
8.	I know how to get my child's hearing checked.					
9.	I know when to call 911 if my child is sick or in danger.					
10.	I know what to do if my child gets sick.					
11.	I can use a thermometer to take my child's temperature.					
12.	I know what the safe body temperature is for my child.					
13.	I listen to my doctor's advice more than my friends' about my child's health.					

SAFETY AND WELL-BEING

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I make sure my child gets at least 8 hours of sleep at night.					
2.	I have put unsafe and dangerous items where my child cannot reach them.					
3.	I know how to safely install a car seat for a child.					
4.	I know how to safely secure a child in a car seat.					
5.	I ensure that my child's home is free from violence.					
6.	I make sure my child is supervised in and around water.					

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
7.	I do not smoke cigarettes when I'm in the same room as my child.					
8.	I know how to perform CPR on a child.					
9.	I keep our living space clean.					
10.	I know how to wash my child's clothing.					
11.	I never leave my child in the car alone, even for a few minutes.					
12.	I make sure my child is dressed to be comfortable whether it's cold or hot outside.					
13.	I can explain why it's not OK to use illegal drugs around a child.					
14.	I know how to get help if I or my child is in danger.					
15.	I know how to find shelter or safety in an emergency.					
16.	I know how to perform CPR on a child.					
17.	I let my child play in a swimming pool or bath only when I am watching closely.					
18.	I know how to perform CPR on an infant.					
19.	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 limit the amount of screen time my child can have.					
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 let my child make some choices to help develop thinking skills.					
6.	I set clear limits for my child.					
7.	I can explain why it is not OK to hit a child.					
8.	I know the age most children start to read.					
9.	I make sure my child gets to school or day care on time.					
10.	I know how my child is doing in school or day care.					
11.	I know the age most children start to make friends with other children.					

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 child.					
2.	I leave my child with a trusted adult while I work or take care of other responsibilities.					

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
3.	I know how to keep my child safe.					
4.	I know what clothing and food to bring to my child's babysitter or child care.					
5.	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 child healthy foods every day.					
2.	I know my child's eating habits and favorites.					
3.	I know if my child has any food allergies.					
4.	I give my child the right amount of food every day-not too much and not too little.					



NURTURING

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I know how to comfort my child.					
2.	I know that children need daily attention and love.					
3.	I talk with my child even when I'm tired.					
4.	I have a daily routine for my child.					
5.	I understand why it is not OK to hit, shake or pull on my child.					
6.	I understand my child gets upset at me sometimes.					
7.	I know how to support my child when they get upset.					
8.	I know how important it is to attend to my child's needs every day.					
9.	I know how important it is to hug my child every day.					

