

Social-Emotional Screening Tool-R Children Birth to 5 Years

Referral Information

Date	
Referring Agency Information	
Person Making Referral	
Telephone/Fax	
Agency	↑ Social Services ↑ Health ↑ Head Start/Early Childhood
	↑ Other:
Child Information	
Child Name	
Date of Birth	
Child SSN#	
Child Current Residence	↑ Shelter ↑ YRC ↑ Relative ↑ Foster Care ↑ Home ↑ Other
Child Current Address	
Child Current Telephone	
Caregiver/Contact Person	
Respondent for Information	
Child Ethnicity (if known)	↑ White ↑ Hispanic ↑ Black/African American ↑ American Indian/Alaskan Native ↑ Asian ↑ Native Hawaiian or Pacific Islander ↑ Other Race ↑ Two or More Races
Child Primary Language	↑ English ↑ Non-English (Specify):

Signature: _____

Date: _____

The original Mental Health Screening tool (MHST 0-5) was developed by a multi-agency workgroup in California consisting of participants with expertise in early infant health, mental health, developmental disabilities and childcare services. The California Institute for Mental Health (CIMH) designed and completed the project, which was funded by a grant from the Zellerbach Family Fund.

SOCIAL/EMOTIONAL SCREENING TOOL-R SCREENING REFERRAL INFORMATION

Instructions: Please check applicable boxes. Examples of behaviors or problems that would require a “YES” check follow each question. **Please check any that apply.** This list is not exhaustive. If you have a question about whether or not to check “YES,” please offer relevant information in the COMMENTS section. **If question # 1 and any of the questions #2- #4 are checked “YES,” refer this child to the local CMHC or the early childhood program, (Infant/Toddler or tiny-k) in the community. If all questions answered “no”, re-screen required only if child’s behavior or circumstances change and re-screen is warranted.**

YES	NO	UNKNOWN	HISTORY
↑	↑	↑	1. Has this infant/child experienced severe physical and/or sexual abuse, extreme or chronic neglect, or been exposed to extreme violent behavior or trauma? <i>Examples of experiences that may qualify as severe include: severe bruising in unusual areas, forced to watch torture or sexual assault, witness to murder, etc., rarely held or responded to.</i>
YES	NO	UNKNOWN	BEHAVIOR
↑	↑	↑	2. Does this child exhibit unusual or uncontrollable behavior?
			0-18 mos. <i>Crying that is excessive in intensity or duration; persistent arching, “floppiness,” or stiffening when held or touched; cannot be consoled by caregiver; cannot initiate or maintain sleep without extensive assistance in the absence of stressors such as noise or illness</i>
			18-36 mos. <i>Any of the behaviors above; extremely destructive, disruptive, dangerous or violent behavior; excessive or frequent tantrums; persistent and intentional aggression despite reasonable adult intervention; excessive or repetitive self-injurious behavior (e.g. head banging) or self-stimulating behavior (e.g. rocking, masturbation); appears to have an absence of fear or awareness of danger</i>
			3-5 yrs. <i>Any of the behaviors above; frequent night terrors; excessive preoccupation with routine, objects or actions (e.g. hand washing – becomes distraught if interrupted, etc.); extreme hyperactivity; excessively “accident-prone;” repeated cruelty to animals; lack of concern or regard for others; severe levels of problem behavior in toileting (e.g. encopresis, smearing) and aggression (e.g. biting, kicking, property destruction)</i>
↑	↑	↑	3. Does this child seem to be disconnected, depressed, excessively passive, or withdrawn?
			0-18 mos. <i>Does not vocalize (e.g. “coo”), cry or smile; does not respond to caregiver (e.g. turns away from his/her face; makes or maintains no eye contact; interaction with others does not appear to be pleasing); does not respond to environment (e.g. motion, sound, light, activity, etc.); persistent and excessive feeding problems.</i>
			18-36 mos. <i>Any of the above; fails to initiate interaction or share attention with others with whom s/he is familiar; unaware or uninvolved with surroundings; does not explore environment or play; does not seek caregiver/adult to meet needs (e.g. solace, play, object attainment); few or no words; fails to respond to verbal cues.</i>
			3-5 yrs. <i>Any of the above; does not use sentences of 3 or more words; speech is unintelligible; excessively withdrawn; does not play or interact with peers; persistent, extremely poor coordination of movement (e.g. extremely clumsy); unusual eating patterns (e.g. refuses to eat, overeats, repetitive ingestion of nonfood items); clear and significant loss of previously attained skills (e.g. no longer talks or is no longer toilet trained).</i>
YES	NO	UNKNOWN	PLACEMENT, CHILDCARE, EDUCATION STATUS
↑	↑	↑	4. Does this infant/child exhibit behaviors that may not allow him/her to remain in his/her current living, preschool and/or childcare situation?

			<i>The infant/child's behaviors, and/or the caregiver's inability to understand and manage these behaviors, threaten the child's ability to benefit from a stable home environment, or preschool or childcare situation.</i>
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COMMENTS:

