



**Ohio Department of Youth Services
Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization**

Institution:	Admitted/transferred from:	Adm./Trans. date:	Adm./Trans. Time:
Youth Name:	DYS #:	DOB:	
Interviewer:	Title:	Interview Date:	Time of Interview:

DIR reviewed: Yes No

- Does this youth have a history of assaultive behavior? Yes No
- Does this youth have a history of sexually aggressive behavior? Yes No
- Does this youth have a history of sexual victimization? Yes No

If response to any of these questions is “Yes”, describe the incident(s): _____

Interview

1. Do you have a problem with managing your anger? Yes No
2. What do you do when you are angry? _____
- _____
- _____
3. Have you ever physically assaulted anyone? Yes No
Describe (who, what, when, where, why, how often)
- _____
- _____
- _____
4. Have you ever received counseling or treatment for assaultive behavior? Yes No
If yes, explain (where, when, outcome): _____
- _____
- _____

5. Have you ever touched someone sexually against his or her will or forced anyone into sexual activity? Yes No If yes, explain (what happened, how often, when):

6. Have you ever received treatment/counseling for this? Yes No If yes:
Where? _____
When? _____
What was the outcome? _____

7. Has anyone ever touched you in a way that made you uncomfortable? Yes No If yes:
What happened? _____

When? _____
Was this reported? Yes No To whom? _____

8. Has anyone ever forced you into sexual activity against your will? Yes No If yes:
What happened? _____

When? _____
Was this reported? Yes No To whom? _____

9. Have you ever received treatment/counseling for this? Yes No If yes:
Where? _____
When? _____
What was the outcome? _____

Any unreported allegations of abuse must be reported in accordance with Policy 304.05 Suspected Child Abuse and Neglect Reporting.

Observation:

10. Youth is physically vulnerable? Yes No Describe: _____

11. Youth is intellectually limited and may be a target for victimization? Yes No

Describe how this has been verified: _____

Conclusions:

1. Youth is at risk:

- To be seriously physically assaultive (i.e.-at serious risk to inflict significant bodily harm requiring immediate medical attention) Yes No
- To be sexually aggressive Yes No
- To be sexually victimized (i.e.-small &/or young &/or MR) Yes No
- To be sexually active Yes No

2. Report of abuse using Form 304.05.A is required? Yes No If yes:
Date of report: _____
Person making report: _____

3. Special Housing is recommended: Yes No
Recommendation: _____
If yes, Operations staff/Unit Administrator is to be notified immediately. Who was notified?
Name/Title: _____

4. Follow-up by Psychology staff is recommended: Yes No
Regarding: _____

Signature: _____ Date: _____

ORIGINAL FORM SHALL BE PLACED IN YOUTH FILE

Review of Information upon Transfer

Receiving Institution: _____ Date of Transfer: _____

Form reviewed by: _____ Title: _____

Special Housing required: Yes No If yes, youth assigned to: _____

Referral to Psychology required: Yes No If yes, date/ time psychology notified: _____