

**State of Connecticut
Department of Children and Families
Learning Inventory of Skills Training (L.I.S.T.)
Summary Form**

Instructions

Save the attachment to your local drive. Fill out the LIST data Next fill the form out completely for each child/youth assessed. When you're done, click File, SAVE AS and give the new file a name that includes the LINK Person ID#, Youth initials and Date of Assessment. Create an email to DCF.LIST@ct.gov; attach both the summary LIST form as well as the detailed LIST assessment and any written documentation that reflects the progress the youth is making. On the CC list please include the S.W and S.W.S working on the case.

Note: Please do not scan or send word document copies to the email. It must be in a PDF form.

Scoring A numerical score helps us track what adolescents are learning, progress being made in each domain and helps identify what areas of learning are still required. **Baseline Score** is the initial score first time LIST assessment is completed. This score never changes. **Current Score** is reassessed every 6 months. This is the score that consistently changes. **Discharge Score** is completed at the time of DCF discharge and not your program. Only filled out when you know the adolescent is leaving DCF services.

Directions: First conduct a baseline assessment of all 21 domains. Add up the scores and divide by 21. At the six (6) month interval (current) reassess only the domains being worked on (with active skills teaching) (replace the new scores of active skill teaching domain add the old (basic) scores and divide by 21) Annually assess all 21 domains then update the "current".

Alternate the process there after every 6 months. Only complete the discharge score when youth is leaving DCF care, not your service.

Scoring: Each skill level has been assigned a numerical value as indicated below. These number should be totaled and averaged to indicate an overall.

Pre-Basic = 1 Basic = 2 Intermediate = 3 Advanced = 4 Independent = 5

Cover Sheet (must be completed)

Name:	DOB:	DCF AO:	DCF LINK Case#:	DCF LINK Person ID#:
DCF Legal Status:	Date of Assessment:	Placement (time of evaluation):	Baseline Score	Current Score Discharge Score
Provider/Program Name (ex. Marrakech-CBLS)		Provider ID:	Provider Service Types:	

Order to complete skill attainment: This section should be completed by the individual; the order in which they prioritize the skill areas is the order in which facilitation of skill building should occur.

- 1.
- 2.
- 3.

No. Previous Out of Home Placements (do not leave blank):

No. of Previous Psychiatric Hospitalizations (do not leave blank):

Domain	Level of Skills Attained	Frequency of Applying Skills
	1-Pre-Basic 2-Basic 3-Intermediate 4-Advanced 5-Independent	1-Never/Rarely 2-Sometimes 3-Often/Always
A. Money Management		
B. Food Management		
C. Personal Appearance & Hygiene		
D. Home Management		
E. Housing		
F. Transportation		
G. Emergency & Safety Skills		
H. Health & Wellness		
I. Educational Planning		
J. Job Seeking Skills		
K. Job Maintenance Skills		
L. Knowledge of Community Resources		
M. Interpersonal Skills		
N. Legal Skills		
O. Coping Skills		
P. Anger Management		
Q. Relationships		
R. Pregnancy Prevention		
S. Parenting and Childcare		
T. Medication Management		
U. Permanency		