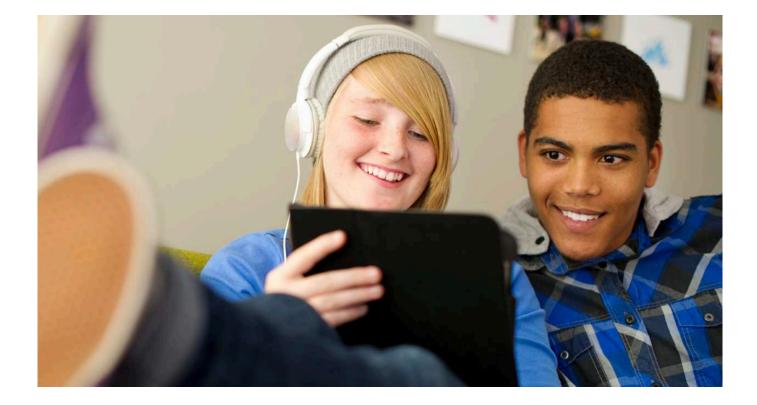
casey life skills



The Casey Life Skills (CLS) is a multiple-choice questionnaire that measures independent living skills in a number of functional areas for young people. The CLS supplement "Support Systems" has 17 questions that assesses formal and informal support systems that help youth develop independent living skills. We suggest using this supplement along with the standard and/or short assessment. This assessment is for youth ages 14-21 years. It can be completed by youth and supportive adults (e.g., caregivers, service providers, case workers, etc.) to understand the youth's skills.

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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casey family programs

Name__

Birthdate	(mm/	/dd/	′уууу)	

Gender Identity

	Female		Female to Male		Non-binary			
	Male		Male to Female		Other			
Se	xual Orientation							
	Gay/Lesbian		Questioning		Heterosexual			
	Queer		Homosexual		Prefer not to say			
	Bisexual		Same Gender Loving		Other			
Pre	ferred Pronoun							
	She, Her, Hers		Ze, Hir		Other			
	He, Him, His		They, Them, Theirs					
Ra	Race							
	African American/Black		Guamanian or Chamorro		Other Pacific Islander			
	American Indian/ Alaska Native		Japanese		Samoan			
	Asian Indian		Korean		Vietnamese			

- Biracial
- □ Chinese
- □ Filipino

- □ Korean
- Multiracial
- □ Native Hawaiian
- Other Asian

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- □ Vietnamese
- □ White
- Other ____

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Latinx/Hispanic

□ No, Not Hispanic, Latinx □ Yes, Salvadoran □ Yes, Honduran □ Yes, Mexican, Mexican □ Yes, Dominican □ Yes, Ecuadorian American, Chicano □ Yes, Guatemalan □ Yes, Peruvian Yes, Puerto Rican □ Yes, Colombians Yes, Other Hispanic Latino □ Yes, Cuban **Religious/ Spiritual Affiliation** □ Christian □ Hindu No religious/ Spiritual affiliation Jewish Baha'i Other____ Muslim Atheist Buddhist □ Agnostic **Primary Language** □ English □ Chinese □ Sign Language □ Spanish Other _____ Japanese □ French Russian Secondary Language □ English □ Chinese □ Sign Language Spanish Japanese Other_____ □ French Russian Do you have a documented disability? □ Yes No Prefer not to say



SUPPORT SYSTEMS

Are the	e following statements like me?	Yes	Mostly yes	Somewhat	Mostly no	No
1	I have supportive people in my life that I can spend time with on special occasions.					
2	I know an adult who could be a grandparent, aunt, or uncle to my children now or my future children.					
3	I know at least one person I can reach out to if I am not feeling well and need support.					
4	I know at least one trusting adult who is my medical emergency support.					
5	I know at least one trusting adult who would be legally allowed to make medical decisions for me if I am unable to.					
6	I have at least one trusted adult, other than my worker, who I can contact in a time of an emergency.					
7	I know a reliable person who I could live with for a few days or weeks if needed.					
8	I know a reliable adult who will help me change schools if necessary.					
9	I know someone knowledgeable who I can go to for financial advice.					
10	I know where I can get tutoring or other help with school work.					

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Are the	e following statements like me?	Yes	Mostly yes	Somewhat	Mostly no	No
11	I know someone who will help me with my resume and job application when applying for a job.					
12	I know where to find work-related internships.					
13	I know where to get support to understand my financial obligations for my education loan.					
14	I know people who can help me find a job.					
15	I know where I can get help to fill out my taxes.					
16	I know who to ask to get documents I need for work (e.g., social security card, birth certificate, state ID, or work permit).					
17	I have someone to go to if I have a financial emergency.					

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