

**DHHS, OCFS, Children's Behavioral Health Services  
CHILDREN'S HABILITATION ASSESSMENT TOOL (CHAT)**

For Child/Adolescent Intellectual Disabilities/Autistic Spectrum Disorders Targeted Case Management

Child's First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Date Assessed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Service Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Agency Case #: \_\_\_\_\_

MaineCare #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Child's Residence County: \_\_\_\_\_

Rater Name: \_\_\_\_\_ Rater ID#: \_\_\_\_\_

Agency Name: \_\_\_\_\_

*(check all appropriate items that apply below)*

<p><b>CHAT Administration</b> (check one of the following)</p> <p><input type="checkbox"/> Entry into Service</p> <p><input type="checkbox"/> Continued Stay Review</p> <p><input type="checkbox"/> Exit from Service</p>	<p align="center"><b>CBHS Service/Program</b> (check the following)</p> <p><input type="checkbox"/> Intellectual Disabilities/Autistic Spectrum Disorders Targeted Case Management</p>
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**BEHAVIORAL ASSESSMENT (Circle one scale number for each behavior listed).**

This section assesses the extent to which the child/adolescent exhibits behaviors in six behavior areas. Using the scale below, rate the frequency of days which the child exhibits each of these behaviors. **(Youth Ratings are based on observed behaviors over the preceding three-month period.)**

TYPE OF BEHAVIORS	NEVER (does not occur over rating period)	OCCASIONALLY (occurs 1-2 days per month-sporadic)	SOMETIMES (occurs 1-2 days per week)	MOST OF THE TIME (occurs 3-5 days per week)	ALL OF THE TIME (occurs on a daily basis)	BEHAVIOR RATING SCORE (ENTER SCORE FROM THE LEFT BELOW)
AGGRESSION	0	1	2	3	4	
SELF-INJURIOUS BEHAVIOR	0	1	2	3	4	
DESTRUCTION	0	1	2	3	4	
SAFETY AWARENESS	0	1	2	3	4	
INTERFERING BEHAVIORS	0	1	2	3	4	
VERBAL ABUSE	0	1	2	3	4	
<b>Comments:</b>						
<b>COMBINED BEHAVIOR TOTAL:</b>						

**Definitions:**

**Aggression:** Physical contact with another person with the intent to hurt (i.e., hitting, kicking, punching, slapping, biting, scratching, throwing objects)

**Self-Injurious Behavior:** Non-accidental behavior toward self that are potentially harmful or causes physical damage to the body (i.e., biting, scratching, banging head, pinching, ingesting harmful substances, attempted suicide, etc.)

**Destruction of Property:** Any purposeful behavior that damages property (i.e., punch holes in walls and doors, fire setting, breaking furniture, etc.)

**Safety Awareness:** Any behaviors that jeopardizes safety (i.e., bolting into street, running away, tantrums, impulsive behaviors, etc.)

**Interfering Behaviors:** Behaviors that significantly interfere with normal daily activities (i.e., obsessions, compulsions, self stimulation, or other bizarre behaviors, etc.)

**Verbal Abuse:** Speaking to others in an extremely malicious, abusive, or intimidating manner. (i.e., swearing, name-calling, screaming, threatening language, etc.)

(Rev. 1-24-2011)

Mail to: Dept. of Health & Human Services

Office of Continuous Quality Improvement

Attention: Children's Quality Improvement Assessment Data

11 SHS, 2 Anthony Avenue

Augusta, ME 04333

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Child's Name: \_\_\_\_\_

Date Assessed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SOCIAL SKILLS ASSESSMENT (Circle one scale number for each social setting listed)**

This section assesses the child's behavior across common social situations, and is not designed to assess for social/recreational needs. Using the scale below, rate the frequency in which the child requires external assistance and support to maintain behaviors appropriate to the child's age and developmental level in each of the following settings. **(Youth Ratings are based on observed social skills over the preceding three-month period.)**

SOCIAL SKILLS	NEVER (does not occur over rating period)	OCCASIONALLY (occurs 1-2 days per month-sporadic)	SOMETIMES (occurs 1-2 days per week)	MOST OF THE TIME (occurs 3-5 days per week)	ALL OF THE TIME (occurs on a daily basis)	SOCIAL SKILLS RATING COLUMN (ENTER SCORE FROM THE LEFT BELOW)
IN PUBLIC SETTINGS	0	1	2	3	4	
IN SOCIAL SETTINGS	0	1	2	3	4	
IN RECREATIONAL SETTINGS	0	1	2	3	4	
IN THE HOME SETTING	0	1	2	3	4	
<b>Comments:</b>						
<b>COMBINED SOCIAL SUPPORT TOTAL</b>						

**Definitions:**

**Public Settings:** Community Settings where most of the people are unknown to the child, (i.e., stores, walking down the street, and other public places)

**Social Settings:** Settings where the child interacts with others. (i.e., parties, social gatherings, activities with friends/peers, etc.)

**Recreational Settings:** Settings child participates in a recreational activity, (i.e., sports program, camp, recreational center, gym, etc.)

**Home Setting:** In the child's/family members place of residence.

**LIFE SKILLS ASSESSMENT (Circle one scale number for each skill area listed)**

This section assesses the extent to which the child/adolescent requires support in five life skills areas. Using the scale below, rate the frequency to which the child requires assistance and support (i.e. verbal cues or hand over hand assistance) in the following life skills. **(Youth Ratings are based on observed life skills over the preceding three-month period.)**

LIFE SKILLS	NEVER (does not occur over rating period)	OCCASIONALLY (occurs 1-2 days per month-sporadic)	SOMETIMES (occurs 1-2 days per week)	MOST OF THE TIME (occurs 3-5 days per week)	ALL OF THE TIME (occurs on a daily basis)	LIFE SKILLS RATING COLUMN (ENTER SCORE FROM THE LEFT BELOW)
TOILETING	0	1	2	3	4	
DRESSING	0	1	2	3	4	
GROOMING	0	1	2	3	4	
EATING	0	1	2	3	4	
INDEPENDENT LIVING SKILLS	0	1	2	3	4	
<b>Comments:</b>						
<b>COMBINED LIFE SKILLS TOTAL</b>						

**Definitions:**

**Toileting:** All activities associated with using the toilet, (i.e., sitting, flushing, wiping, use of toilet paper).

**Dressing:** All activities associated with dressing (i.e., use of fasteners, dressing, keeping clothing on, choosing clothing for weather, special occasions, etc.)

**Grooming:** Activities associated with basic hygiene (i.e., bathing, combing hair, shaving, brushing teeth, washing hair, etc.)

**Eating:** All activities associated with eating, (i.e. use of utensils, drinking, swallowing, chewing food, rate of food consumption, table manners, etc.)

**Independent Living Skills:** Activities of daily living (i.e., house hold chores, cooking skills, safety skills, community skills, self help skills, etc)

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