



Specialized Alternatives for Families and Youth

"Fostering an environment that positively impacts the lives of youth and their families...whether they are with us for an hour or a lifetime."

SAFY RISK OF DISRUPTION INVENTORY

Please print legibly and complete each section fully

Client Name: _____ ID #: _____

Date of Birth (DOB): _____ Division: _____

Rater's Name: _____ Today's Date: _____

Placement Date: _____ Discharge Date: _____

ADMINISTRATION:

(Score below 14, SRDI is not administered again until discharge, unless clinically indicated or risk factors change. If youth has score of 14 or above, SRDI is to be administered every six months until two consecutive administrations below 14.)

Please check one:

Initial

2nd

3rd

4th

5th

Discharge

Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____

Directions:

Please add up the number of "YES" answers from the Part I (Risk Factors) and place in the box marked "YES". Add up the number of "NO" answers from the Part II (Strengths) and place in the box marked "NO". Add the "YES" box and the "NO" box and place the sum in the box marked Total Score. Using the Total Score, check the risk level for Negative Discharge Disposition and Disruption During Placement.

YES

+

NO

=

TOTAL SCORE

Risk level for negative discharge disposition and disruption during placement:

14+ (high risk)**

9-13 (moderate risk)

8 & below (low risk)

**** A score of 20 or above represents an unusually high risk**

SAFY Risk of Disruption Inventory

The SAFY Risk of Disruption Inventory is a comprehensive checklist focusing on Risk Factors and Strengths.

Instructions: Please read items below and check either YES, NO, or Don't Know for each. Include information derived from written records, interviews with the child, and sessions with present care-givers. Total the number of check marks in the YES column.

PART I – Risk Factors	YES	NO	Don't Know
1. Child was physically abused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Child was sexually abused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Child has been placed in a Group Home or Residential Treatment Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Child has been placed in a Psychiatric Hospital or in a Psychiatric Unit of a hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Child carries the highest or next highest TFC level in the state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Child has been placed on psychotropic medication(s) in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Child has attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Child has been cruel to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Child has capacity to sabotage placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Child has had 4-6 placements in out of home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Child has been expelled or suspended from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Child has poor relationship to foster mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Child has poor relationship to foster father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Child has “family phobia”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Child runs away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Child steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Child lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Child is violent toward other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Child takes psychotropic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Child is depressed or has low self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Child is hyperactive, impulsive, and/or has concentrations problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Child threatens suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Child fails to learn from experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Child abuses drugs and/or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Child fights at school or in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Child commits delinquent acts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Child alienates others or provokes them to anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Child shows behavioral, emotional, and/or discipline problems at School or is truant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Child has displayed physically assaultive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Child obsesses about weapons, guns, knives, or explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Child is part of a sibling placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Respite providers will not take this child back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Child is assaultive towards adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total: Part I – Risk Factors – Total “YES” answers _____

SAFY Risk of Disruption Inventory

The SAFY Risk of Disruption Inventory is a comprehensive checklist focusing on Risk Factors and Strengths.

Instructions: Please read items below and check either YES, NO, or Don't Know for each. Include information derived from written records, interviews with the child, and sessions with present care-givers. Total the number of check marks in the NO column.

PART I I– Strength Factors

	YES	NO	Don't Know
1. Child has enjoyed positive relationships to siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Child has shown ability to entertain self by age three	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Child has developed a sense of belonging in his foster home and/or accepts his/her foster placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Child gets along with other children in the placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Child learns from his mistakes and can listen to constructive criticism and advise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Child does volunteer work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Child is beginning to show a healthy attachment to the foster family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total: Part II – Strengths – Total “NO” answers _____

Please transcribe the number of “NO” answers in the section about to the Part II: Strengths box on the front page of this assessment.

Specialized Alternatives for Families and Youth
10100 Elida Road
Delphos, OH 45833
419-695-8010 or 800-532-7239



**Specialized Alternatives for Families and Youth
10100 Elida Road
Delphos, OH 45833
419-695-8010 or 800-532-7239**