

CALOCUS Score Sheet

Agency Name: _____

Client Name/Number: _____

Dimension 1: Risk of Harm				
Low Risk	Some Risk	Significant Risk	Serious Risk	Extreme Risk
1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
	e	e	e	
	f	f		

Dim: 1

Dimension 5: Resiliency and Treatment History				
Fully Responsive	Significant Response	Moderate Response	Poor Response	Negligible Response
1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
	e	e	e	
	f	f		

Dim: 5

Dimension 2: Functional Status				
Min Impairment	Mild Impairment	Mod Impairment	Serious Impairment	Severe Impairment
1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
	c	c	c	c
	d	d	d	d
	e	e	e	
	f	f		

Dim: 2

Dimension 6A: Child's Acceptance and Engagement				
Optimal	Constructive	Obstructive	Adversarial	Inaccessible
1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	e	

Dim: 6A

Dimension 3: Co-Morbidity				
No Co-morbidity	Minor Co-morbidity	Significant Comorbidity	Major Co-morbidity	Severe Co-morbidity
1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
	c	c	c	c
	d	d	d	d
	e	e	e	
	f	f		

Dim: 3

Dimension 6B: Parent's Acceptance and Engagement				
Optimal	Constructive	Obstructive	Adversarial	Inaccessible
1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d

Dim: 6B

Use Highest

Dimension 4A: Recovery Environment Stress				
Minimally Stressful	Mildly Stressful	Moderately Stressful	Highly Stressful	Extremely Stressful
1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	
	f	f		

Dim: 4A

COMPOSITE SCORE

Circle the scores that best describe client's current circumstances and clinical presentation. Then choose the highest score in which at least one answer is circled. Place that score in the box for the dimension on the right of the page. Add all scores for the composite score.

NOTE:
Any score of 4 or 5 in Dimensions 1, 2, or 3 have independent placement criteria required regardless of the composite score or scores on other dimensions.

Dimension 4B: Recovery Environment Support				
Highly Supportive	Supportive	Limited Support	Minimal Support	No Support
1	2	3	4	5
a	a	a	a	a
b	b	b	b	b
	c	c	c	c
	d			d
				e

Dim: 4B

Reviewer Name/Signature: _____

Reviewer Credentials: _____

Date of CALOCUS Profile: _____