

# Youth Connections Scale - Child Version (YCS-C)

## (A) Tools for Youth Connections

	Yes	No
Have you done a connectedness map or mobility map?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a lifebook or a photo album?	<input type="checkbox"/>	<input type="checkbox"/>

## (B) Number of Supportive Adult Connections:

Please write the total number of "important people" in each category. These are adults who have some on-going contact with the you and who you can go to for some type of support. These "important people" are defined by you!

Total # of Adult Relationships for Each Category

Mother (birth, adoptive, stepmother)	
Father (birth, adoptive, stepfather)	
<b>Adult siblings</b>	
Other adult relatives	
Current foster parent	
Former foster parent	
Current or former social worker	
Current or former teacher (like your school teacher, music teacher or after-school staff)	
Current or former therapist or counselor	
Spiritual leader (Pastor, rabbi, etc.)	
An adult friend (like a neighbor, coach, girl or boy scout leader or mentor)	
Other important adults (Please list relationships):	

## (C) Strength of Youth Connections:

Indicate the strength of the relationship between you and adult right now. In categories where there is more than one person, choose the most meaningful relationship and answer about that person. You can list up to two additional adults in the last two rows. Circle the best response for each row.

**Very Weak:** No Contact

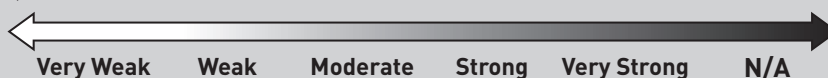
**Weak:** Infrequent contact; youth can't count on this adult for support

**Moderate:** Some contact with this adult but may not be consistent; youth feels a connection but can't count on this adult all the time

**Strong:** Contact at least once per month; youth feels a connection of the heart, mind or spirit with this person; youth can usually count on this person

**Very Strong:** Contact at least once per week; youth feels a long-term connection of the heart, mind or spirit with this person; youth can count on this person to be there for them when needed

**N/A:** Not applicable because adult is deceased or you have no siblings. Please note that you might still feel some connection with an adult who has died.



	Very Weak	Weak	Moderate	Strong	Very Strong	N/A
Parent 1 ( <i>birth, adoptive or step mother or father</i> )	0	1	2	3	4	N/A
Parent 2 ( <i>birth, adoptive or step mother or father</i> )	0	1	2	3	4	N/A
Siblings	0	1	2	3	4	N/A
Other adult relatives	0	1	2	3	4	N/A
Other caring adult identified by you:	0	1	2	3	4	N/A
Other caring adult identified by you:	0	1	2	3	4	N/A

**(D) Support Indicators:** Answer yes or no for each indicator. **These do not have to be from the same adult.**

You have an adult in your life whom you can count on for the following types of support:

Yes	No	Indicator	Name
<input type="checkbox"/>	<input type="checkbox"/>	Having a home to go to for the holidays	
<input type="checkbox"/>	<input type="checkbox"/>	Someone to make sure that I feel safe where I live	
<input type="checkbox"/>	<input type="checkbox"/>	Help with school or homework	
<input type="checkbox"/>	<input type="checkbox"/>	Help with learning skills around the house, like cooking or cleaning	
<input type="checkbox"/>	<input type="checkbox"/>	Having a caring adult - someone to talk to when I am happy or sad	
<input type="checkbox"/>	<input type="checkbox"/>	Someone who shares my culture and background	
<input type="checkbox"/>	<input type="checkbox"/>	Someone that checks in on me - to see how I am doing <i>(texts me, calls me or visits me)</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Someone to take me to the doctor or dentist	
<input type="checkbox"/>	<input type="checkbox"/>	Someone to sign me up for sports or after-school activities	
<input type="checkbox"/>	<input type="checkbox"/>	Someone to have family meals with	
<input type="checkbox"/>	<input type="checkbox"/>	Having someone to help drive me to places <i>(like school events or friends' house)</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Someone who calls me, writes me or texts me on special days <i>(like my birthday)</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Someone to show me how to help out in my community <i>(like volunteering)</i>	

List has been modified and adapted from the FosterClub Permanency Pact (2006).

**(E) Level of Youth Connections:** Indicate your level of agreement with the following statements.

Circle the best response.



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
While in care, you have connected or re-connected with relatives or caring adults who will be lifelong supportive connections	0	1	2	3	4
You have at least one parent involved right now, or an adult has made a commitment to provide a permanent, parent-like relationship to you	0	1	2	3	4
You are living with an adult who has or plans to adopt you or become your legal guardian	0	1	2	3	4
You feel very disconnected from any caring adults	0	1	2	3	4

Office Use Only: Youth Name \_\_\_\_\_ Youth Date of Birth \_\_\_\_\_

Worker Completing Form with Youth \_\_\_\_\_ Date of Completion of Form \_\_\_\_\_

Form Completed: Within 30 Days of Placement  Within 30 Days of Discharge  Other

Form Completed Without Youth at Discharge: Yes  No  If Yes, Explain: \_\_\_\_\_