



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/](http://www.casey.org/casey-life-skills/)

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Date (mm/dd/yy) \_\_\_\_\_

Name \_\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_

### Gender Identity

- |                                 |   |                                      |
|---------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender Male   | <input type="checkbox"/> Two-Spirit  |
| <input type="checkbox"/> Male   | <input type="checkbox"/> Transgender Female | <input type="checkbox"/> Non-binary  |
|                                 |   | <input type="checkbox"/> Other _____ |

### Sexual Orientation

- |                                  |                                      |  |
|----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Gay     | <input type="checkbox"/> Bisexual    | <input type="checkbox"/> Pansexual             |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Asexual     | <input type="checkbox"/> Heterosexual/Straight |
| <input type="checkbox"/> Queer   | <input type="checkbox"/> Questioning | <input type="checkbox"/> Prefer not to say     |
|                                  |                                      | <input type="checkbox"/> Other _____           |

### Pronouns

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> She, Her, Hers | <input type="checkbox"/> Ze, Hir            | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> He, Him, His   | <input type="checkbox"/> They, Them, Theirs |                                      |

### Race

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> African American/Black         | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> American Indian/ Alaska Native | <input type="checkbox"/> Japanese              | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Asian Indian                   | <input type="checkbox"/> Korean                | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Biracial                       | <input type="checkbox"/> Multiracial           | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Chinese                        | <input type="checkbox"/> Native Hawaiian       | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Filipino                       | <input type="checkbox"/> Other Asian           |   |

**Latinx/Hispanic**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No, Not Hispanic, Latinx                | <input type="checkbox"/> Yes, Salvadoran | <input type="checkbox"/> Yes, Honduran              |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Yes, Dominican  | <input type="checkbox"/> Yes, Ecuadorian            |
| <input type="checkbox"/> Yes, Puerto Rican                       | <input type="checkbox"/> Yes, Guatemalan | <input type="checkbox"/> Yes, Peruvian              |
| <input type="checkbox"/> Yes, Cuban                              | <input type="checkbox"/> Yes, Colombians | <input type="checkbox"/> Yes, Other Hispanic Latino |

**Religious/ Spiritual Affiliation**

- |                                    |                                   |  |
|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu    | <input type="checkbox"/> No religious/ Spiritual affiliation |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> Baha'i   | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Muslim    | <input type="checkbox"/> Atheist  |  |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Agnostic |  |

**Primary Language**

- |                                  |                                   |  |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese  | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> French  | <input type="checkbox"/> Russian  |  |

**Secondary Language**

- |                                  |                                   |  |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese  | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> French  | <input type="checkbox"/> Russian  |  |

**Do you have a documented disability?**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|



## SUPPORT SYSTEMS

Are the 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.					



Are the 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.					

