

Truancy Scores

YOUTH DEMOGRAPHICS

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

TEST INFORMATION

*Test Completed: Yes No Refused

*Test Name (pick one): _____

Youth SPNA Youth EASE Youth ASB Youth TR

Parent SPNA Parent EASE Parent ASB Parent TR

Pre-MAYSI-2 AD Pre-MAYSI-2 AI Pre-MAYSI-2 DA Pre-MAYSI-2 SC

Pre-MAYSI-2 SI Pre-MAYSI-2TD Pre-MAYSI-2 TE

Post-MAYSI-2 AD Post -MAYSI-2 AI Post -MAYSI-2 DA Post -MAYSI-2 SC

Post -MAYSI-2 SI Post -MAYSI-2TD Post -MAYSI-2 TE

NYS SSI

*Date: _____ *Score: _____