MONTANA EXPERIENCES AND EXPRESSIONS SCREENER (MONTANA EES)
CHILD AND YOUTH (AGES BIRTH-8 YEARS)

START TIME: _____
END TIME: _____

☐ Anonymous
☐ Has been screened with the Montana EES within the last six months

ID #	012345	**Date**	
Gender your child identifies with		**Age**	
Ethnicity (check all that apply)	American Indian/Alaska Native ☐ African American/Black ☐ Arab/Middle Eastern ☐ Asian/Pacific Islander ☐ Caucasian/White ☐ Hispanic/Latino ☐ Other: Please specify ☐_____		

EXPERIENCES: SOMETIMES VERY UPSETTING THINGS HAPPEN TO CHILDREN. I'D LIKE FOR YOU TO TELL ME IF ANY OF THE FOLLOWING THINGS HAVE HAPPENED TO YOUR CHILD IN THEIR *LIFETIME.*

		YES	NO
1.	Has anyone frequently withheld a meal from your child because they were angry or upset with them?	☐	☐
2.	Has anyone ever kept your child from having a home or shelter to stay in?	☐	☐
3.	Has anyone ever kept your child from seeing the doctor when they were hurt?	☐	☐
4.	Has anyone ever stolen something from your child or your family?	☐	☐
5.	Has your child ever witnessed their caregiver or someone in their home drinking heavily or do drugs in front of them?	☐	☐
6.	Have other kids, including their brothers or sisters, ever hurt your child or threatened to hurt them (emotionally or physically)?	☐	☐
7.	Has anyone in your home had special care because they were sick for a long time (cancer, epilepsy, cystic fibrosis, etc.)?	☐	☐
8.	Has anyone ever used the internet or a cell phone to hurt or embarrass your child (starting rumors, sharing pictures)?	☐	☐
9.	Has anyone who cares for your child or lives in their home ever threatened to or physically hurt another person in the child's home?	☐	☐
10.	Has a parent or caregiver physically hurt your child?	☐	☐
	a. If yes, has it been in the past 60 days? YES ☐ NO ☐		
11.	Has a parent, caregiver, or anyone close to your child died (illness, injury, suicide)?	☐	☐
12.	Has your child ever seen a parent or loved one removed from their home (kicked out or arrested)?	☐	☐
13.	Has your child ever seen *or* experienced violence in their school or community (physical force meant to harm someone)?	☐	☐
14.	Has anyone ever touched, or tried to touch, private parts of your child's body in a way that made them uncomfortable?	☐	☐
	a. If yes, has it been in the past 60 days? YES ☐ NO ☐		
	b. If yes, this happened within the last 60 days, was it by a parent or caregiver? (A caregiver is a parent, guardian, or any adult that resides in the home with the child. It can also be a daycare provider.) YES ☐ NO ☐		

EXPRESSIONS: WE WOULD LIKE TO KNOW HOW YOUR CHILD HAS BEEN ACTING LATELY. PLEASE TELL US HOW OFTEN THE FOLLOWING HAVE BEEN EXPRESSED BY YOUR CHILD *IN THE PAST MONTH*?

0-Not even once **1-**One or two times **2-**Three to five times **3-**More than five times

A.	Had trouble falling asleep, staying asleep, had restless sleep, or had bad dreams?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
B.	Had trouble paying attention or concentrating?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
C.	Have they developed new fears or anxieties (worries, nervousness, fearfulness)?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
D.	Avoided or shown anxiety about people, places, or things (worries, nervousness, fearfulness)?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
E.	Demonstrated extreme friendliness or extreme avoidance towards strangers?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
F.	Has it been difficult to console your child when they are upset?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
G.	Complained of uncomfortable feelings (sweating, upset stomach, thumping heart)?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
H.	Become excessively angry, aggressive, easily upset, or had trouble regulating their emotions?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
I.	Displayed regression in learning (no longer reaching developmental milestones like sitting up, crawling, walking, "potty" training, getting ready for school, etc.)?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
J.	Overreacted or startled easily?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
K.	Demanded attention with either abnormally positive or negative behaviors?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
L.	Lacked self-confidence?	☐ **0**	☐ **1**	☐ **2**	☐ **3**
M.	**Talked about ending their life or killing themselves?	☐ **0**	☐ **1**	☐ **2**	☐ **3**

STOP! YOU ARE NOW FINISHED WITH THE SCREENER. PLEASE HAVE ADMINISTRATOR SCORE RESULTS.

ADMINISTRATOR REFLECTION

If the respondent answered "Yes" to any of the Experiences questions or indicated any response higher than zero in the Expressions section, ask if they are currently receiving any of the services below, **circle appropriate response**-

Behavioral Y N Mental health Y N School based Y N Other Y:_____ N

Experiences Score: Add together scores from all "Yes" responses in the right-hand column of the Experiences section to arrive at the Experiences Score. Note- the follow up questions, 10a, 14a, and 14b should not be included in this final score. A "yes" response to either 10a or 14a require a report to Child Protective Services Central Intake (1-866-820-5437). Record the Experiences Score in the box below. An Experiences Score of four or higher suggests a referral is recommended.

Expressions Score: To arrive at the Expressions Score, add together the points associated with each Expressions section response. Each "1" response earns one point. Each "2" response counts as two points, and each "3" response counts as three points. The total points from the Expressions section should be added together to arrive at the Expressions Score, which should be recorded in box below. A score of 10 or more in the Expressions section indicates a referral is recommended.

Score:
Experiences _____
Expressions _____

Referral Made? ☐Yes, a referral was made to: _____
☐No referral was made because: _____

****If question M indicates any answer other than 0, action needs to be taken immediately to get help for the child.**

How honestly do you feel the respondent answered this screener? ☐ Not at all ☐ Somewhat ☐ Mostly
Observations and Recommendations: _____

_____