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| **STEP 1** | | | | | | | | | | | | | | | | | |
| **DOMAIN** | | | | | **Score** | | | **Anchor Points Met/Comments** | | | | | | | | | |
| **I.** Degree of Safety | | | | |  | | |  | | | | | | | | | |
| **II.** Caregiving Relationships | | | | |  | | |  | | | | | | | | | |
| **III**. Caregiving Environment | | | | | ------------- | | |  | | | | | | | | | |
| 1. Strengths/protective Factors | | | | |  | | |  | | | | | | | | | |
| 1. Stressors/vulnerabilities | | | | |  | | |  | | | | | | | | | |
| **IV.** Functional/Developmental Status | | | | |  | | |  | | | | | | | | | |
| **V.** Impact of Medical, Developmental or Emotional/Behavior Problems | | | | |  | | |  | | | | | | | | | |
| **TOTAL SCORE ON I-V** | | | | |  | | |  | | | | | | | | | |
| **STEP 2** | **Preliminary SI Level by Total Score on Domains I-V (select one)** | | | | | | | | | | | | | | | | |
| **Total Score** | | | **6-8** | | **9-12** | | | **13-17** | | | **18-22** | | | **23-26** | | **27-30** |
| **SI Level** | | | **0** | | **1** | | | **2** | | | **3** | | | **4** | | **5** |
| **STEP 3** | **Application of Independent Criteria** | | | | | | | | | | | | | | | | |
| **ECSII Domain** | I. Degree of Safety | | | | | II. Child-Caregiver Relationships | | | | IV Functional/ Level.  Status | | |  | | | |
| **If Score is** | 5 | | | | | 5 | | | | 5 | | |  | | | |
| **Action** | **Moves to Level 5** | | | | | **Moves up 1 Level\*** | | | | **Moves up 1 Level \*** | | | **(\* only 1 level raised if Domains II and IV are both rated 5)** | | | |
| **STEP 4** | **ESCII SERVICE INTENSITY LEVEL** | | | | | |  | | | |  | | | | | | |
| **STEP 5** | **Domain VI. SERVICES \*\* PROFILE SCORES** | | (A)Child Involvement | | | |  | | | **(A) Involvement Score (choose one)** | | | **(B) Fit** | | | **(C) Effectiveness** | |
| (B) Caregiver Involvement | | | |  | | |
| (\*\*) Consider one SI level increase if sum of three Services Profile scores \_ 12 or above | | | | | | | | | | | | | | | | |

Explain if final disposition differs from the ECSII-derived SI level:

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Provider Signature and Credentials Date