

UTAH SCALE FOR CHILDREN/ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE DEFINITION

Serious Emotional Disturbances (SED) is the inclusive term for children and adolescents whose emotional and mental disturbances severely limits their development and welfare over *a significant period* of time and requires a comprehensive coordinated system of care to meet their needs.

SED DETERMINATION

Children/adolescents must be **under** 18 years of age, or under 22 years of age if disabled and receiving special education services or under the jurisdiction of the Court. **All three (3) of the following criteria must be met in order to be defined as SED.** The severity of the child's/adolescent's disorder may place or potentially place him/her at significant risk for out of school, home or community placement. **Indicate the appropriate response to each of the areas below.**

 DIAGNOSIS: Child/adolescent must have a recent (within 1 year) DSM 5 diagnosis. Children
Yes No diagnosed with a designated V-Code must also have a non-V-Code diagnosis to meet this criterion.

 DISABILITY: Child's/adolescent's degree of impairment consistently prevents appropriate functioning
Yes No in at **least two** of the following life domains for ages 3 and older:
 a) Age appropriate self-care
 b) Family life
 c) Education
 d) Community living
 e) Personal hygiene
 f) Leisure time management
 g) Peer relationships

For infants and toddlers, 0-2 years of age, only one area of significant delay in age appropriate development is required.

 DURATION: The disorder must have been present for at least one year
Yes No **or**
 is anticipated to persist for a year or longer
 or
 is of such a *significantly high severity* that the impairment of appropriate functioning and the residual effect is anticipated to negatively persist for a year or longer.

 SED DEFINITION: The child/adolescent meets all three of the criteria above.
Yes No

**ORIGINAL
DATE**

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REVIEW DATE

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Review Date: Must be reviewed at least annually, or sooner if there is a significant change in the diagnosis or disability.

Name of Client _____ **ID#** _____

Signature of Therapist _____ **Date** _____