



The Casey Life Skills Assessment (CSLA) is a multiple-choice questionnaire that measures independent living skills in a number of functional areas for youth. The CSL Supplement – LGBTQ+ is designed for youth that identify as Lesbian, Gay, Bisexual, Transgender, Questioning and other identities across the gender spectrum. The assessment has 5 areas (i) Self Concept, (ii) Health, (iii) Family/ Community Connections, (iv) Community Resources and Supports, (v) Environment and Safety, and (vi) Knowledge.

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 |
|------------------------------|-----------------------------|--|



**SELF CONCEPT**

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I am comfortable with my sexual orientation.					
2.	I am comfortable with my gender identity.					
3.	I am proud of who I am.					
4.	At least one of my family members knows about my sexual orientation and/or gender identity.					
5.	At least one of my friend's knows about my sexual orientation and/or gender identity.					
6.	I know how to stand up for myself in a respectful way.					
7.	I care about myself.					
8.	I am comfortable telling others about aspects of my identity that people may not be able to see.					
9.	I have a right to claim my own identity.					

**HEALTH**

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I am comfortable with my body.					
2.	I know how to get my physical health care needs taken care of.					
3.	I know how to stay sexually healthy.					
4.	I know how to practice safe sex and avoid sexually transmitted diseases and infections.					

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
5.	I know how to get my mental health care needs taken care of.					
6.	I know how HIV is transmitted.					
7.	I feel comfortable talking to a doctor about my sexual orientation and/ or gender identity.					
8.	I feel comfortable talking to a doctor about my sexual behaviors.					

## FAMILY AND COMMUNITY CONNECTIONS

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I have trusting relationships with others in the LGBTQ+ community.					
2.	I know how to access support groups and organizations for LGBTQ+ community.					
3.	I recognize the various symbols of LGBTQ+ pride (e.g., rainbow flag, etc.).					
4.	I can identify leaders that advocate for LGBTQ+ rights.					
5.	I have trusting people I can talk with about my sexual orientation and/or gender identity.					
6.	I am shown acceptance and love by members of my family.					
7.	I am shown acceptance and love by members of my community.					
8.	I am shown acceptance and love by my friends.					

**COMMUNITY RESOURCES AND SUPPORTS**

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I am aware of religious communities that welcome LGBTQ+ people.					
2.	I am comfortable accessing LGBTQ+ resources if they exist in my community.					
3.	I feel safe going to places where there are LGBTQ+ people.					
4.	I participate in LGBTQ+ community activities.					
5.	I am actively involved in advocacy for the LGBTQ+ community.					
6.	I know how to use the internet to find LGBTQ+ resources.					

**ENVIRONMENT AND SAFETY**

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I know who to ask for help if I feel unsafe.					
2.	I am treated with respect with regard to my LGBTQ+ identity in all my relationships.					
3.	I know how to find shelter or safety in an emergency.					
4.	I understand what “coming out” means and when it is safe for me to do so.					
5.	I am able to advocate for myself when I feel unsafe or discriminated against.					
6.	I believe that queer relationships can be stable and healthy just like any other relationships.					
7.	I know who to report to if I feel unsafe at school.					



	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
8.	I know what laws protect me from harassment.					
9.	I know what violence in a relationship looks, feels and sounds like.					
10.	I feel safe being “out” in school.					
11.	I am shown acceptance and love by members of my family.					
12.	I am shown acceptance and love by members of my community.					
13.	I am shown acceptance and love by at least one of my friends.					

**KNOWLEDGE**

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I know what “sexual orientation” means.					
2.	I know what “gender identity” means.					
3.	I know that bisexuality, asexuality, homosexuality and other sexual/gender identities are not a sign of mental illness.					
4.	I know what the term “lesbian” means.					
5.	I know what the term “gay” means.					
6.	I understand the difference between sexual orientation and gender identity.					
7.	I know what the term “transgender” means.					

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
8.	I know what it means to question one's sexual orientation and/or gender identity.					
9.	I know what the term "bisexual" means.					
10.	I know what the term "questioning" means.					
11.	I know that not all women who have sex with women identify as lesbian.					
12.	I understand that there is no such thing as traditionally "masculine" or "feminine" mannerisms or characteristics.					
13.	I know that not all men who have sex with men identify as gay.					
14.	I know that transgender people can be straight, gay, bisexual, or other sexual orientations.					

