

**UTAH SCALE FOR CHILDREN/ADOLESCENTS  
WITH SERIOUS EMTIONAL DISORDERS (SED)  
SED 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**                      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

**REVIEW DATE**                      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

**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** \_\_\_\_\_