

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS  
(CANS)**

**WISCONSIN  
DEPARTMENT OF CHILDREN AND FAMILIES  
VERSION 2-2011**

**Birth to 5**

**Manual**

**Praed Foundation  
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A large number of individuals have collaborated in the development of the CANS-Comprehensive. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Buddin Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the CANS-Comprehensive assessment tool contact:

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## INTRODUCTION

The **CANS** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the **CANS** is to accurately represent the shared vision of the child serving system—child and families. As such, completion of the **CANS** is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the **CANS** is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the **CANS**.

### Six Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the child/youth, not the child/youth in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. “2” or “3”).
4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth’s developmental age.
5. The ratings are generally “agnostic as to etiology”. In other words this is a descriptive tool. It is about the “what” not the “why”. Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child or youth’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

### Action Levels for “Need” Items

**0 – No Evidence of Need** – This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, “does Johnny smoke weed?” He says he doesn’t, his mother says he doesn’t, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

**1 - Watchful Waiting/Prevention** – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. a child/youth who has been suicidal in the past). We know that the best predictor of future behavior is past behavior, and that such behavior may recur under stress, so we would want to keep an eye on it from a preventive point of view.

**2 - Action Needed** – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/youth's or family's life in a notable way.

**3 - Immediate/Intensive Action Needed** – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/youth who is not attending school at all or an acutely suicidal youth would be rated with a "3" on the relevant need.

### Action Levels of "Strengths" Items

**0 - Centerpiece Strength.** This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.

**1 - Useful Strength.** This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of the plan.

**2 - Identified Strength.** This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.

**3 - No Strength Identified.** This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

## CODING DEFINITIONS

**TRAUMA EXPERIENCE**

*These items describe static events that may have happened at anytime in the child/youth's lifetime. They are unlikely to change over time unless previously unknown trauma experiences become identified.*

<b>Check</b>	<b>SEXUAL ABUSE</b> <i>Please rate within the lifetime.</i>
0	There is no evidence that child has experienced sexual abuse.
1	Child has experienced one episode of sexual abuse or there is a suspicion that the child has experienced sexual abuse but no confirming evidence.
2	Child has experienced repeated sexual abuse.
3	Child has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.

**If a child has been sexually abused:**

<b>Check</b>	<b>EMOTIONAL CLOSENESS TO PERPETRATOR</b>
0	Perpetrator was a stranger at the time of the abuse.
1	Perpetrator was known to the child at the time of event but only as an acquaintance.
2	Perpetrator had a close relationship with the child at the time of the event but was not an immediate family member.
3	Perpetrator was an immediate family member (e.g. parent, sibling).

<b>Check</b>	<b>FREQUENCY OF ABUSE</b>
0	Abuse occurred only one time.
1	Abuse occurred two times.
2	Abuse occurred two to ten times.
3	Abuse occurred more than ten times.

<b>Check</b>	<b>DURATION</b>
0	Abuse occurred only one time.
1	Abuse occurred within a six-month time period.
2	Abuse occurred within a six-month to one year time period.
3	Abuse occurred over a period of longer than one year.

<b>Check</b>	<b>FORCE</b>
0	No physical force or threat of force occurred during the abuse episode(s).
1	Sexual abuse was associated with threat of violence but no physical force.
2	Physical force was used during the sexual abuse.
3	Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

<b>Check</b>	<b>REACTION TO DISCLOSURE</b>
0	All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience.
1	Most significant family members are aware of the abuse and supportive of the child for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
2	Significant split among family members in terms of their support of the child for coming forward with the description of his/her experience.
3	Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

<b>Check</b>	<b>PHYSICAL ABUSE</b> <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has experienced physical abuse.
1	Child has experienced one episode of physical abuse or there is a suspicion that the child has experienced physical abuse but no confirming evidence.
2	Child has experienced repeated physical abuse.
3	Child has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

<b>Check</b>	<b>NEGLECT</b> <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has experienced neglect.
1	Child has experienced minor or occasional neglect. Child may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of the child.
2	Child has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.
3	Child has experienced a severe level of neglect including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

<b>Check</b>	<b>EMOTIONAL ABUSE</b> <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has experienced emotional abuse.
1	Child has experienced mild emotional abuse.
2	Child has experienced emotional abuse over an extended period of time (at least one year).
3	Child has experienced severe and repeated emotional abuse over an extended period of time (at least one year).

<b>Check</b>	<b>MEDICAL TRAUMA</b> <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has experienced any medical trauma.
1	Child has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).
2	Child has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
3	Child has experienced life threatening medical trauma.

<b>Check</b>	<b>NATURAL DISASTER</b> <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has experienced any natural disaster.
1	Child has been indirectly affected by a natural disaster.
2	Child has experienced a natural disaster which has had a notable impact on his/her well-being.
3	Child has experienced life-threatening natural disaster.

<b>Check</b>	<b>WITNESS TO FAMILY VIOLENCE</b> <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has witnessed family violence.
1	Child has witnessed one episode of family violence.
2	Child has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.
3	Child has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

<b>Check</b>	<b>WITNESS TO COMMUNITY VIOLENCE</b> <i>Please rate within the lifetime.</i>
0	There is no evidence that child has witnessed violence in his/her community.
1	Child has witnessed fighting or other forms of violence in his/her community
2	Child has witnessed the significant injury of others in his/her community.
3	Child has witnessed the death of another person in his/her community.

<b>Check</b>	<b>WITNESS/VICTIM TO CRIMINAL ACTIVITY</b> <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has been victimized or witnessed significant criminal activity.
1	Child is a witness of significant criminal activity.
2	Child is a direct victim of criminal activity or witnessed the victimization of a family or friend.
3	Child is a victim of criminal activity that was life-threatening or caused significant physical harm or the child witnessed the death of a loved one.

## ADJUSTMENT TO TRAUMA

<b>Check</b>	<b>AFFECT REGULATION</b> <i>Please rate the highest level from the past 30 days.</i>
0	Infant/child has no problems with affect regulation.
1	Infant/child has mild to moderate problems with affect regulation.
2	Infant/child has significant problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child's functioning in some life domains.
3	Infant/child has severe problems regulating affect even with caregiver's support.

<b>Check</b>	<b>REXPERIENCING THE TRAUMA</b> <i>Please rate the highest level from the past 30 days.</i>
0	There is no evidence that infant/child re experiences the trauma
1	The infant/child experienced some indications that the trauma was being re experienced in the form of sleep disruption or play after the trauma but is no longer present. Presently there may be some subtle changes in the infant/child's functioning.
2	Infant/child experiences consistent indications that the trauma is being re experienced. Infants may demonstrate significant sleep disturbance, nightmares and periods of disorganization. Older children may have the same symptoms with themes present in play.
3	Child experiences repeated and severe incidents of re experiencing trauma that significantly interferes with functioning and can not be mediated by caregivers.

<b>Check</b>	<b>AVOIDANCE</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of avoidant behavior.
1	Mild problems with avoiding some situations either after the trauma or presently on an infrequent basis. Infants due to limited mobility rarely exhibit this symptom.
2	Moderate problems with avoidant behavior that occurs on a consistently when child is exposed to triggers related to the trauma. Caregiver can support the child.
3	Severe problems with avoidant behavior that occurs consistently but can not be mediated by caregivers and causes significant distress.

<b>Check</b>	<b>INCREASED AROUSAL</b> <i>Please rate the highest level from the past 30 days.</i>
0	There is no evidence of increased arousal.
1	Infant/child may have a history of increased arousal or currently show this behavior on an infrequent basis.
2	Infant/child demonstrates increased arousal most of the time. Infants appear wide eyed, over reactive to stimuli, and have an exaggerated startle response. Older children may have all of the above with behavioral reactions such as tantrums.
3	Infant/child demonstrates increased arousal most of the time with significant impairment in their functioning that can not be mediated by the caregiver.

<b>Check</b>	<b>NUMBING RESPONSE</b> <i>Please rate the highest level from the past 30 days.</i> These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses are not present before the trauma.
0	This rating is given to a child with no evidence of numbing responses.
1	This rating is given to a child who exhibits some problems with numbing. This child may have a restricted range of affect or an inability to express or experience certain emotions (e.g., anger or sadness).
2	This rating is given to a child with moderate difficulties with numbing responses. This child may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
3	This rating is given to a child with significant numbing responses or multiple symptoms of numbing. This child may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

## LIFE DOMAIN FUNCTIONING

<b>Check</b>	<b>FAMILY-NUCLEAR</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child is doing well in relationships with nuclear family members.
1	Child is doing adequately in relationships with nuclear family members although some problems may exist. For example, some family members may have some problems in their relationships with the child.
2	Child is having moderate problems with parents and/or siblings. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with parents and/or siblings. This would include problems of domestic violence, constant arguing, etc.

<b>Check</b>	<b>FAMILY-EXTENDED</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child is doing well in relationships with extended family members.
1	Child is doing adequately in relationships with extended family members although some problems may exist. For example, some family members may have some problems in their relationships with the child.
2	Child is having moderate problems with extended family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with extended family members. This would include problems of domestic violence, constant arguing, etc.

<b>Check</b>	<b>LIVING SITUATION</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregivers concerned about child's behavior at home.
2	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors.

<b>Check</b>	<b>DEVELOPMENTAL</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child has no developmental problems.
1	Child has some problems with physical immaturity or there are concerns about possible developmental delay. Child may have low IQ.
2	Child has developmental delays or mild mental retardation.
3	Child has severe and pervasive developmental delays or profound mental retardation.

**If a child has development disability needs identified:**

<b>Check</b>	<b>COGNITIVE</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of cognitive development problems.
1	Infant/child has some indicators that cognitive skills are not appropriate for age or are at the upper end of age expectations. Infants may not consistently demonstrate familiarity with routines and anticipatory behavior. Infants may seem unaware of surroundings at times. Older children may have challenges in remembering routines, and completing tasks such as sorting, or recognizing colors some of the time.
2	Infant/child has clear indicators that cognitive development is not at expected level and interferes with functioning much of the time. Infants may not have the ability to indicate wants/needs. Infants may not demonstrate anticipatory behavior all or most of the time. Older children may be unable to demonstrate understanding of simple routines or the ability to complete simple tasks.
3	Infant/child has significant delays in cognitive functioning that are seriously interfering with their functioning. Infant/child is completely reliant on caregiver to function.

<b>Check</b>	<b>AUTISM SPECTRUM</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child's development appears within normal range. There is no reason to believe that the child has any developmental problems associated with the autism spectrum
1	Evidence of a mild symptoms of autism spectrum. Child/youth may meet criteria for Asperger's disorder.
2	Child meets diagnostic criteria for autism disorder.
3	Severe autism. Symptoms are disabling in at least one life domain.

<b>Check</b>	<b>COMMUNICATION</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
1	Child has receptive communication skills but limited expressive communication skills.
2	Child has both limited receptive and expressive communication skills.
3	Child is unable to communicate.

<b>Check</b>	<b>SELF-CARE DAILY LIVING SKILLS</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child has any problems performing daily living skills.
1	Child requires excessive verbal prompting on self-care tasks or daily living skills.
2	Child requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
3	Child requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

<b>Check</b>	<b>MEDICAL</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child is healthy.
1	Child has some medical problems that require medical treatment.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening illness or medical condition.

**If a child has medical needs identified:**

<b>Check</b>	<b>LIFE THREAT</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child's medical condition has no implications for shortening his/her life.
1	Child's medical condition may shorten life but not until later in adulthood.
2	Child's medical condition places him/her at some risk of premature death before he/she reaches adulthood.
3	Child's medical condition places him/her at eminent risk of death.

<b>Check</b>	<b>CHRONICITY</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child is expected to fully recover from his/her current medical condition within the next six months.
1	Child is expected to fully recover from his/her current medical condition after at least six months but less than two years.
2	Child is expected to fully recover from his/her current medical condition but not within the next two years.
3	Child's medical condition is expected to continue throughout his/her lifetime.

<b>Check</b>	<b>DIAGNOSTIC COMPLEXITY</b> <i>Please rate the highest level from the past 30 days.</i>
0	The child's medical diagnoses are clear and there is no doubt as to the correct diagnoses. Symptom presentation is clear.
1	Although there is some confidence in the accuracy of child's diagnoses, there also exists sufficient complexity in the child's symptom presentation to raise concerns that the diagnoses may not be accurate.
2	There is substantial concern about the accuracy of the child's medical diagnoses due to the complexity of symptom presentation.
3	It is currently not possible to accurately diagnose the child's medical condition(s).

<b>Check</b>	<b>EMOTIONAL RESPONSE</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child is coping well with his/her medical condition.
1	Child is experiencing some emotional difficulties related to his/her medical condition but these difficulties are not interfering with other areas of functioning.
2	Child is having difficulties coping with medical condition. His/her emotional response is interfering with functioning in other life domains.
3	Child is having severe emotional response to his/her medical condition that is interfering with treatment and functioning.

<b>Check</b>	<b>IMPAIRMENT IN FUNCTIONING</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child's medical condition is not interfering with his/her functioning in other life domains.
1	Child's medical condition is having a limited impact on his/her functioning in at least one other life domain.
2	Child's medical condition is interfering with functioning in more than one life domain or is disabling in at least one.
3	Child's medical condition has disabled him/her in all other life domains.

<b>Check</b>	<b>TREATMENT INVOLVMENT</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child and family are actively involved in treatment.
1	Child and/or family are generally involved in treatment but may struggle to stay consistent.
2	Child and/or family are generally uninvolved in treatment although they are sometimes compliant to treatment recommendations.
3	Child and/or family are currently resistant to all efforts to provide medical treatment.

<b>Check</b>	<b>INTENSITY OF TREATMENT</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child's medical treatment involves taking daily medication or visiting a medical professional no more than weekly.
1	Child's medical treatment involves taking multiple medications or visiting a medical professional multiple times per week.
2	Child's treatment is daily but non-invasive. Treatment can be administered by a caregiver.
3	Child's medical treatment is daily and invasive and requires either a medical professional to administer or a well trained caregiver.

<b>Check</b>	<b>ORGANIZATIONAL COMPLEXITY</b> <i>Please rate the highest level from the past 30 days.</i>
0	All medical care is provided by a single medical professional.
1	Child's medical care is generally provided by a coordinated team of medical professionals who all work for the same organization.
2	Child's medical care requires collaboration of multiple medical professionals who work for more than one organization but current communication and coordination is effective.
3	Child's medical care requires the collaboration of multiple medical professionals who work for more than one organization and problems currently exist in communication among these professionals.

<b>Check</b>	<b>PHYSICAL</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child has no physical limitations.
1	Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma).
2	Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.

<b>Check</b>	<b>DENTAL</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of any dental health needs.
1	Child has not received dental health care and requires a check up. Child may have some dental health needs but they are not clearly known at this time.
2	Child has dental health needs that require attention. Dental health is interfering with child's functioning in at least one life domain.
3	Child has serious dental health needs that require intensive and/or extended treatment/intervention.

<b>Check</b>	<b>DAILY FUNCTIONING</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child demonstrates age appropriate or advanced self-care skills. Relies on others as expected for his/her age group.
1	Child shows mild or occasional problems in self-care skills for his/her age, but is generally self-reliant.
2	Child demonstrates moderate or routine problems in self-care skills and relies on others for help more than is expected for his/her age group.
3	Child shows severe or almost constant problems in self-care skills, and relies on others for help much more than is expected for his/her age group.

<b>Check</b>	<b>SOCIAL FUNCTIONING</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of problems in social functioning.
1	Child is having some minor problems in social relationships. Infants may be slow to respond to adults, Toddlers may need support to interact with peers and preschoolers may resist social situations.
2	Child is having some moderate problems with his/her social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.
3	Child is experiencing severe disruptions in his/her social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.

<b>Check</b>	<b>RECREATION/PLAY</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence that infant or child has problems with recreation or play.
1	Child is doing adequately with recreational or play activities although some problems may exist. Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.
2	Child is having moderate problems with recreational activities. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.
3	Child has no access to or interest in play or recreational activities. Infant spends most of time non interactive. Toddlers and preschoolers even with adult encouragement can not demonstrate enjoyment or use play to further development.

<b>Check</b>	<b>REGULATORY</b> <i>This item refers to the child's ability to control bodily functions such as eating, sleeping and elimination as well as activity level/intensity and sensitivity to external stimulation. The child's ability to control and modulate intense emotions is also rated here. Please rate based on the past 30 days.</i>
0	No evidence of regulatory problems.
1	Some problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions.
2	Moderate problems with regulation are present. Infants may demonstrate significant difficulties with transitions, and irritability such that consistent adult intervention is necessary and disruptive to the family. Older children may demonstrate severe reactions to sensory stimuli and emotions that interfere with their functioning and ability to progress developmentally. Older children may demonstrate such unpredictable patterns in their eating and sleeping routines that the family is disrupted and distressed.
3	Profound problems with regulation are present that place the child's safety, well being and/or development at risk.

**If a child has regulatory needs identified:**

<b>Check</b>	<b>EATING</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of problems related to eating.
1	Mild problems with eating that have been present in the past or are currently present some of the time causing mild impairment in functioning.
2	Moderate problems with eating are present and impair the child's functioning. Infants may be finicky eaters, spit food or overeats. Infants may have problems with oral motor control. Older children may overeat, have few food preferences and not have a clear pattern of when they eat.
3	Severe problems with eating are present putting the infant/child at risk developmentally. The child and family are very distressed and unable to overcome problems in this area.

<b>Check</b>	<b>ELIMINATION</b> <i>Please rate the highest level from the past 30 days.</i>
0	There is no evidence of elimination problems.
1	Infant/child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.
2	Infant/child demonstrates problems with elimination on a consistent basis. This is interfering with child's functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis.
3	Infant/child demonstrates significant difficulty with elimination to the extent that child/parent are in significant distress or interventions have failed.

<b>Check</b>	<b>SENSORY REACTIVITY</b> <i>Please rate the highest level from the past 30 days.</i>
0	There is no evidence of sensory reactivity that is hyper or hypo reactive.
1	Infant/child may have a history of sensory issues or have mild issues currently that are controlled by caregiver support.
2	Infant/child demonstrates hyper/hypo reactivity to sensory input in one or more sensory modality such that impairment in functioning is present.
3	Infant/child demonstrates significant reactivity to sensory input such that caregiver can not mediate the effects of such.

<b>Check</b>	<b>EMOTIONAL CONTROL</b> <i>Please rate the highest level from the past 30 days.</i>
0	Infant/child has no problems with emotional control.
1	Infant/child has mild problems with emotional control that can be overcome with caregiver support.
2	Infant/child has a moderate level of problems with emotional control that interferes most of the time with functioning. Infants may be difficult to console most of the time and do not respond well to caregiver support. Older children may quickly become frustrated and hit or bite others.
3	Infant/child has a significant level of emotional control problems that are interfering with development. Caregivers are not able to mediate the effects of this.

<b>Check</b>	<b>MOTOR</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of fine or gross motor development problems.
1	Child has some indicators that motor skills are challenging and there may be some concern that there is a delay.
2	Child has either fine or gross motor skill delays.
3	Child has significant delays in fine or gross motor development or both. Delay causes impairment in functioning.

<b>Check</b>	<b>COMMUNICATION</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of communication problems.
1	Child has a history of communication problems but currently is not experiencing problems. An infant may rarely vocalize. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand.
2	Child has either receptive or expressive language problems that interfere with functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.
3	Child has serious communication difficulties and is unable to communicate in any way including pointing and grunting.

<b>Check</b>	<b>SLEEP</b> <i>Please rate the highest level from the past 30 days.</i> <b>The child must be 12 months of age or older to rate this item.</b>
0	No evidence of problems with sleep.
1	Child has some problems with sleep. Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.
2	Child is having problems with sleep. Toddlers and preschoolers may experience difficulty falling asleep, night waking, night terrors or nightmares on a regular basis.
3	Child is experiencing significant sleep problems that result in sleep deprivation. Parents have exhausted numerous strategies for assisting child.

<b>Check</b>	<b>PRESCHOOL/CHILD CARE</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of problem with functioning in current preschool or child care environment.
1	Mild problems with functioning in current preschool or child care environment.
2	Moderate to severe problems with functioning in current preschool or child care environment. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others.
3	Profound problems with functioning in current preschool or child care environment. Child is at immediate risk of being removed from program due to his/her behaviors or unmet needs.

### If a child attends Preschool or child care:

<b>Check</b>	<b>ATTENDANCE</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child attends preschool/child care regularly.
1	Child has some problems attending preschool/child care but generally is present. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending regularly in the past month.
2	Child is having problems with preschool/child care attendance. He/she is missing at least two days each week on average.
3	Child is absent most of the time and this causes a significant challenge in achievement, socialization and following routine.

<b>Check</b>	<b>COMPATABILITY</b> <i>Please rate the highest level from the past 30 days.</i>
0	Infant/child's preschool/child care meets the needs of the infant/child.
1	Infant/child's preschool/child care is marginal in its ability to meet the needs of the infant/child. The environment may be weak in areas.
2	Infant/child's preschool/child care does not meet the needs of the infant/child in most areas. The environment may not support the child's growth or promote further learning.
3	The infant/child's preschool/child care is contributing to problems for the infant/child in one or more areas.

<b>Check</b>	<b>BEHAVIOR</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child is behaving well in preschool/child care.
1	Child is behaving adequately in preschool/child care although some mild behavior problems may exist. Child may have a history of behavioral problems.
2	Child is having moderate behavioral problems at preschool/child care. He/she is disruptive and many types of interventions have been implemented.
3	Child is having severe problems with behavior in preschool/child care. He/she is frequently or severely disruptive. The threat of expulsion is present.

<b>Check</b>	<b>ACHIEVEMENT</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child is doing well acquiring new skills.
1	Child is doing adequately acquiring new skills with some challenges. Child may be able to compensate with extra adult support.
2	Child is having moderate problems with acquiring new skills. Child may not be able to retain concepts or meet expectations even with adult support in some areas.
3	Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas.

<b>Check</b>	<b>RELATIONS WITH TEACHER(S)</b> <i>This rating should be based on relationships with teachers, staff, and other school personnel.</i>
0	Child has good relations with teachers.
1	Child has occasional difficulties relating with at least one teacher. Child may have difficulties during one class period (e.g. math, gym).
2	Child has difficult relations with teachers that notably interferes with his/her education.
3	Child has very difficult relations with all teachers or all the time with their only teacher. Relations with teachers currently prevents child from learning.

<b>Check</b>	<b>RELATIONS WITH PEER(S)</b> <i>This rating should be based on relationships with teachers, staff, and other school personnel.</i>
0	Child has good relations with peers.
1	Child has occasional difficulties relating with at least one peer.
2	Child has difficult relations with peers that notably interferes with his/her education.
3	Child has very difficult relations with all peers. Relations with peers currently prevents child from learning.

## CHILD/YOUTH AND FAMILY ACCULTURATION

<b>Check</b>	<b>LANGUAGE</b> <i>This item includes both spoken and sign language.</i>
0	Child and family speak English well.
1	Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.
3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

<b>Check</b>	<b>IDENTITY</b> <i>Cultural identity refers to the child's view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.</i>
0	Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Child is experiencing some confusion or concern regarding cultural identity.
2	Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture.
3	Child has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.

<b>Check</b>	<b>RITUAL</b> <i>Cultural rituals are activities and traditions that are culturally including the celebration of culturally specific holidays such as kwanza, cinco de mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating a specific diet, access to media).</i>
0	Child and family are consistently able to practice rituals consistent with their cultural identity.
1	Child and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals.
2	Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.
3	Child and family are unable to practice rituals consistent with their cultural identity.

<b>Check</b>	<b>CULTURE STRESS</b> <i>Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives.</i>
0	No evidence of stress between caregiver's cultural identity and current living situation.
1	Some mild or occasional stress resulting from friction between the caregiver's cultural identity and his/her current living situation.
2*	Caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage culture stress.
3	Caregiver is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce culture stress.

<b>Check</b>	<b>KNOWLEDGE CONGRUENCE</b> - <i>This item refers to a family's explanation about their children's presenting issues, needs and strengths in comparison to the prevailing professional/helping culture(s) perspective.</i>
0	There is no evidence of differences/disagreements between the family's explanation of presenting issues, needs and strengths and the prevailing professional/helping cultural view(s), i.e., the family's view of the child is congruent with the prevailing professional/helping cultural perspective(s).
1	Small or mild differences between the family's explanation and the prevailing professional/helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs.
2	Disagreement between the family's explanation and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them.
3	Significant disagreement in terms of explanation between the family and the prevailing professional/helping cultural perspective(s) that places the family in jeopardy of significant problems or sanctions.

<b>Check</b>	<b>HELP SEEKING CONGRUENCE</b> - <i>This item refers to a family's approach to help seeking behavior in comparison to the prevailing professional/helping culture(s) perspective.</i>
0	There is no evidence of differences/disagreements between the family's approach to help seeking and the prevailing professional/helping cultural view(s), i.e. the family's approach is congruent with prevailing professional/helping cultural perspective(s) on help seeking behavior.
1	Small or mild differences between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs.
2	Disagreement between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those working with them.
3	Significant disagreement in terms of help seeking beliefs and/or behaviors between the family and the prevailing professional/helping cultural perspective(s) places the family in jeopardy of significant problems or sanctions.

<b>Check</b>	<b>EXPRESSION OF DISTRESS</b> - <i>This item refers to a family's style of expressing distress in comparison to the prevailing professional/helping culture(s) perspective.</i>
0	There is no evidence of differences/disagreements between the way the family expresses distress and the prevailing professional/helping cultural view(s), i.e. family's style of expressing distress is congruent with prevailing professional/helping cultural perspective(s).
1	Small or mild differences between the way the family expresses distress and the prevailing professional/helping cultural perspective(s) but these disagreements do not interfere with the family's ability to meet its needs.
2	Disagreement between the way the family expresses distress and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them.
3	Dramatic disagreement in terms of the way the family expresses distress and the prevailing professional/helping cultural perspective(s) places the family in jeopardy of significant problems or sanctions.

### **CHILD BEHAVIORAL/EMOTIONAL NEEDS**

<b>Check</b>	<b>ATTACHMENT</b> <i>Please rate based on the past 30 days.</i>
0	No evidence of problems with attachment.
1	Mild problems with attachment are present. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.
2	Moderate problems with attachment are present. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk.
3	Severe problems with attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment patterns or a withdrawn, inhibited attachment patterns. A child that meets the criteria for Reactive Attachment Disorder would be rated here.

<b>Check</b>	<b>FAILURE TO THRIVE</b> <i>Please rate based on the past 30 days.</i>
0	No evidence of failure to thrive.
1	The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area.
2	The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 5 <sup>th</sup> percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, have a rate of weight gain that causes a decrease in two or more major percentile lines over time, (75 <sup>th</sup> to 25 <sup>th</sup> ).
3	The infant/child has one or more of all of the above and is currently at serious medical risk.

<b>Check</b>	<b>DEPRESSION (WITHDRAWN)</b> <i>Please rate based on the past 30 days.</i>
0	No evidence of problems with depression.
1	There are some indicators that the child may be depressed or has experienced situations that may lead to depression. Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect.
2	Moderate problems with depression are present. Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions. The child meets criteria for a DSM IV diagnosis.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

<b>Check</b>	<b>ANXIETY</b> Please rate based on the <i>past 30 days</i> .
0	No evidence.
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain. Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

<b>Check</b>	<b>ATYPICAL BEHAVIORS</b> Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations. Please rate based on the <i>past 30 days</i> .
0	No evidence of atypical behaviors in the infant/child.
1	History or reports of atypical behaviors from others that have not been observed by caregivers.
2	Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis.
3	Clear evidence of atypical behaviors that are consistently present and interfere with the infants/child's functioning on a regular basis.

<b>Check</b>	<b>IMPULSIVE/HYPERACTIVITY</b> Please rate based on the <i>past 30 days</i> . <b>The child should be 3 years of age or older to rate this item.</b>
0	No evidence.
1	Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
2	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain. The child may run and climb excessively even with adult redirection. The child may not be able to sit still even to eat and is often into things. The child may blurt out answers to questions without thinking, have difficulty waiting turn and intrude on others space.
3	Clear evidence of a dangerous level of impulsive and hyperactive behavior that can place the child at risk of physical harm.

<b>Check</b>	<b>OPPOSITIONAL</b> Please rate based on the <i>past 30 days</i> . <b>The child should be 3 years of age or older to rate this item.</b>
0	No evidence.
1	History or recent onset (past 6 weeks) of defiance towards authority figures.
2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior is persistent and caregiver's attempts to change behavior have failed.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others or problems in more than one life domain that is resulting in interference with child's social and emotional development.

**CHILD RISK FACTORS**

<b>Check</b>	<b>BIRTH WEIGHT</b>
0	Child is within normal range for weight and has been since birth. A child 5.5 pounds or over would be rated here.
1	Child was born under weight but is now within normal range or child is slightly beneath normal range. A child with a birth weight of between 3.3 pounds and 5.5 pounds would be rated here.
2	Child is considerably under weight to the point of presenting a developmental risk to the child. A child with a birth weight of 2.2 pounds to 3.3 pounds would be rated here.
3	Child is extremely under weight to the point of the child's life being threatened. A child with a birth weight of less than 2.2 pounds would be rated here.

<b>Check</b>	<b>PICA</b> <i>Please rate the highest level from the past 30 days.</i> <b>Child must be older than 18 months to rate this item.</b>
0	No evidence that the child eats unusual or dangerous materials.
1	Child has a history of eating unusual or dangerous materials but has not done so in the last 30 days.
2	Child has eaten unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days.
3	Child has become physically ill during the past 30 days by eating dangerous materials.

<b>Check</b>	<b>PRENATAL CARE</b>
0	Child's biological mother received adequate prenatal care that began in the first trimester. Child's mother did not experience any pregnancy related illnesses.
1	Child's biological mother had some short-comings in prenatal care, or had a mild form of a pregnancy related illness.
2	Child's biological mother received poor prenatal care, initiated only in the last trimester or had a moderate form of a pregnancy related illness.
3	Child's biological mother had no prenatal care or had a severe pregnancy related illness.

<b>Check</b>	<b>LENGTH OF GESTATION</b>
0	Child was born full-term.
1	Child was born pre-mature or overdue, however no significant concerns at birth.
2	Child was born pre-mature or overdue, and there were some complications at birth...
3	Child was born pre-mature or overdue, and had severe problems during delivery that have resulted in long term implications for development.

<b>Check</b>	<b>LABOR AND DELIVERY</b>
0	Child and biological mother had normal labor and delivery.
1	Child or mother had some mild problems during delivery, but child does not appear affected by problems.
2	Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother.
3	Child had severe problems during delivery that have resulted in long term implications for development.

<b>Check</b>	<b>SUBSTANCE EXPOSURE</b>
0	Child had no in utero exposure to alcohol or drugs, and there is no current exposure in the home.
1	Child had either mild in utero exposure or there is current alcohol and/or drug use in the home.
2	Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy or significant use of alcohol or tobacco would be rated here.
3	Child was exposed to alcohol or drugs in utero and continues to be exposed in the home.

<i>Check</i>	<b>PARENT/ SIBLING PROBLEMS</b>
0	The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems.
1	The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems. It may be that the child has at least one healthy sibling.
2	The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem.
3	One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems.

<i>Check</i>	<b>MATERNAL AVAILABILITY</b> <i>This dimension addresses the primary caretakers emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal availability up until 12 weeks post partum.</i>
0	The child's mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth.
1	The primary caretaker experienced some minor or transient stressors which made her slightly less available to the child.
2	The primary caregiver experienced a moderate level of stress sufficient to make him/her significantly less emotionally and physically available to the child in the weeks following the birth.
3	The primary caregiver was unavailable to the child to such an extent that the child's emotional or physical well being was severely compromised.

### **CHILD RISK BEHAVIORS**

<i>Check</i>	<b>SELF HARM</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence.
1	Mild level of self harm behavior or history of self harm.
2	Moderate level of self harm behavior such as head banging that can not be impacted by caregiver and interferes with child's functioning.
3	Severe level of self harm behavior that puts the child's safety and well being at risk.

<i>Check</i>	<b>AGGRESSIVE BEHAVIOR</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of aggressive behavior towards people or animals.
1	There is either a history of aggressive behavior towards people or animals or mild concerns in this area that have not yet interfered with functioning.
2	There is clear evidence of aggressive behavior towards animals or others. Behavior is persistent, and caregiver's attempts to change behavior have not been successful. Help is needed.
3	The child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior that involves harm to animals or others. Caregivers have difficulty managing this behavior.

<i>Check</i>	<b>SOCIAL BEHAVIOR</b> <i>Please rate the highest level from the past 30 days.</i> <b>The child should be 3 years of age or older to rate this item.</b>
0	No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her.
1	Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.
2	Moderate level of problematic social behavior. Social behavior is causing problems in the child's life. Child may be intentionally getting in trouble in school or at home.
3	Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community)

**CHILD STRENGTHS**

<b>Check</b>	<b>RELATIONSHIP PERMANENCE</b> <i>This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.</i>
0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
2	This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
3	This level indicates a child who does not have any stability in relationships. Independent living or adoption must be considered.

<b>Check</b>	<b>FAMILY-NUCLEAR</b> <i>Please rate the highest level from the past 30 days.</i>
0	Significant family strengths. This level indicates a family with much love and respect for one another. Family members are central in each other's lives. Child is full included in family activities.
1	Moderate level of family strengths. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members.
2	Mild level of family strengths. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other.
3	This level indicates a child with no known family strengths. Child is not included in normal family activities.

<b>Check</b>	<b>FAMILY-EXTENDED</b> <i>Please rate the highest level from the past 30 days.</i>
0	Infant/child has well established relationships with extended family that serve to support his/her growth and development. Family members are a significant support to parents and involved most of the time with infant/child.
1	Child has extended family relationships that are supportive most of the time. Extended family participates in the life of the child and his/her family much of the time.
2	Infant/child has infrequent contact with extended family members. The support the infant/child receives is not harmful but inconsistent.
3	Infant/child has no contact with extended family members or the contact with extended family is detrimental to the infant/child.

<b>Check</b>	<b>INTERPERSONAL</b> <i>Please rate the highest level from the past 30 days.</i>
0	Significant interpersonal strengths. Child has a prosocial or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.
1	Moderate level of interpersonal strengths. Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions by him- or herself.
2	Mild level of interpersonal strengths. Child may be shy or uninterested in forming relationships with others, or –if still an infant– child may have a temperament that makes attachment to others a challenge.
3	This level indicates a child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g. Social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.

<b>Check</b>	<b>ADAPTABILITY</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child has a strong ability to adjust to changes and transitions.
1	Child has the ability to adjust to changes and transitions, when challenged the infant/child is successful with caregiver support.
2	Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.
3	Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

<b>Check</b>	<b>PERSISTENCE</b> <i>Please rate the highest level from the past 30 days.</i>
0	Infant/child has a strong ability to continue an activity when challenged or meeting obstacles.
1	Infant/child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity.
2	Child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the infant/child in this area.
3	Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence.

<b>Check</b>	<b>CURIOSITY</b> <i>Please rate the highest level from the past 30 days.</i>
0	This level indicates a child with exceptional curiosity. Infant displays mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
1	This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.
2	This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.
3	This level indicates a child with very limited or no observable curiosity.

<b>Check</b>	<b>RESILIENCY</b> <i>This rating should be based on the child/youth's ability to identify and use internal strengths in managing his/her healthy development.</i>
0	This level indicates an infant/child who is able to both identify and use internal strengths to better themselves and successfully manage difficult challenges.
1	This level indicates an infant/child who able to identify most of his/her internal strengths and is able to partially utilize them.
2	This level indicates an infant/child who is able to identify internal strengths but is not able to utilize them effectively.
3	This level indicates an infant/child who is not yet able to identify personal/internal strengths.

## CURRENT CAREGIVER

<b>Check</b>	<b>SUPERVISION</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

<b>Check</b>	<b>PROBLEM SOLVING</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver appears to have good problem solving skills.
1	Caregiver has generally good problem solving but may struggle with some problems occasionally leading to some difficulties in parenting
2	Caregiver has challenges with problem solving that interfere with capacity to parent.
3	Caregiver has severe challenges with problem solving.

<b>Check</b>	<b>INVOLVEMENT WITH CARE</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is actively involved in planning or implementation of services and able to act as an effective advocate for the child.
1	Caregiver has a history of seeking help for their children. Caregiver is open to receiving support, education, and information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist their child.
3	Caregiver wishes for child to be removed from their care or is not visiting the child in residential care.

<b>Check</b>	<b>KNOWLEDGE</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent.
2	Caregiver has a clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

<b>Check</b>	<b>EMPATHY WITH CHILD</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has strong empathic relationship with the child/youth.
1	Caregiver has generally empathic relationship with the child/youth.
2	Caregiver demonstrates only limited empathy with the child/youth.
3	Caregiver is does not have any empathy with the child/youth.

<b>Check</b>	<b>ORGANIZATION</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return caseworker calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

<b>Check</b>	<b>SOCIAL RESOURCES</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has significant family and social network that actively helps with raising the child (e.g., child rearing).
1	Caregiver has some family or social network that actively helps with raising the child (e.g. child rearing).
2	Caregiver has some family or social network that may be able to help with raising the child (e.g., child rearing).
3	Caregiver has no family or social network that may be able to help with raising the child (e.g. child rearing).

<b>Check</b>	<b>PHYSICAL HEALTH</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

<b>Check</b>	<b>MENTAL HEALTH</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health difficulties that make it impossible for them to parent at this time.

<b>Check</b>	<b>SUBSTANCE USE</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.

<b>Check</b>	<b>DEVELOPMENTAL</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

<b>Check</b>	<b>FAMILY STRESS</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is able to manage the stress of the child/children's needs.
1	Caregiver has some problems managing the stress of the child/children's needs.
2	Caregiver has notable problems managing the stress of the child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with the child/children's needs. This stress prevents caregiver from parenting.

<b>Check</b>	<b>CULTURAL CONGRUENCE</b> <i>Please rate the highest level from the past 30 days.</i>
0	The family does not have cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child.
1	The family has some cultural differences related to child rearing practices, child development and early intervention that are not generally accepted but not considered to put the child at risk.
2	The family has cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child.
3	The family has cultural differences related to child rearing practices, child development and early intervention that is considered abusive or neglectful and may result in intervention.

## IDENTIFIED PERMANENT RESOURCE NEEDS AND STRENGTHS

<b>Check</b>	<b>RESIDENTIAL STABILITY</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.

<b>Check</b>	<b>SELF-CARE/DAILY LIVING</b> <i>This rating describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, safety, and clothing) of their child.</i>
0	The caregiver has the daily living skills needed to care for their child
1*	The caregiver needs verbal prompting to complete the daily living skills required to care for their child.
2	The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for their child.
3	The caregiver is unable to complete the daily living skills required to care for their child. Caregiver needs immediate intervention.

<b>Check</b>	<b>ACCESSIBILITY TO CHILD CARE SERVICES</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has access to sufficient child care services.
1	Caregiver has limited access to child care services. Needs are met minimally by existing, available services.
2	Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver's needs.
3	Caregiver has no access to child care services.

<b>Check</b>	<b>ACCULTURATION</b> <i>This item includes both spoken and sign language.</i>
0	Caregiver and family are acculturated.
1	Caregiver and/family have some cultural differences from their primary environment that have created challenges in the past or might lead to future challenges.
2	Caregiver and/or significant family members have notable cultural differences from their primary environment that currently lead to functional problems.
3	Caregiver and/or significant family members have notable cultural differences with their primary environment that are causing profound difficulties for the child and/or family.

<b>Check</b>	<b>EMPLOYMENT/EDUCATIONAL FUNCTIONING</b> <i>This rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.</i>
0	Caregiver is gainfully employed and/or in school.
1*	A mild degree of problems with school or work functioning. Caregiver may have some problems in work environment. Caregiver needs to be monitored and assessed further.
2	A moderate degree of school or work problems and/or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. Caregiver needs an intervention to address employment and/or learning difficulties.
3	A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.

<b>Check</b>	<b>EDUCATIONAL ATTAINMENT</b> <i>This rates the degree to which the individual has completed his/her planned education.</i>
0	Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.
1	Caregiver has set educational goals and is currently making progress towards achieving them.
2	Caregiver has set educational goals but is currently not making progress towards achieving them.
3	Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention.

<b>Check</b>	<b>FINANCIAL RESOURCES</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has sufficient financial resources to raise the child (e.g., child rearing).
1	Caregiver has some financial resources that actively help with raising the child (e.g. child rearing).
2	Caregiver has limited financial resources that may be able to help with raising the child (e.g., child rearing).
3*	Caregiver has no financial resources to help with raising the child (e.g. child rearing). Caregiver needs financial resources.

<b>Check</b>	<b>COMMUNITY CONNECTION</b> <i>This rating should be based on the individual's level of involvement in the cultural aspects of life in his/her community.</i>
0	This level indicates an individual with extensive and substantial long-term ties with the community. For example, involvement in a community group for more than one year, may be widely accepted by neighbors, or involved in other community activities or informal networks.
1	This level indicates an individual with significant community ties although they may be relatively short-term (i.e., past year).
2	This level indicates an individual with limited ties and/or supports from the community.
3	This level indicates an individual with no known ties or supports from the community.

<b>Check</b>	<b>LEGAL</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no known legal difficulties.
1	Caregiver has a history of legal problems but currently is not involved with the legal system.
2	Caregiver has some legal problems and is currently involved in the legal system.
3*	Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention.

<b>Check</b>	<b>TRANSPORTATION</b> <i>This rating reflects the caregiver's ability to provide appropriate transportation for his/her child. Please rate the highest level from the past 30 days.</i>
0	Child and his/her caregiver have no transportation needs. Caregiver is able to get his/her child to appointments, school, activities, etc. consistently.
1	Child and his/her caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting his/her child to appointments, school, activities, etc. less than once a week.
2*	Child and his/her caregiver have frequent transportation needs. Caregiver has difficulty getting his/her child to appointments, school, activities, etc. regularly (e.g. once a week). Caregiver needs assistance transporting child and access to transportation resources.
3	Child and his/her caregiver have no access to appropriate transportation and are unable to get his/her child to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

<b>Check</b>	<b>SUPERVISION</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

<b>Check</b>	<b>PROBLEM SOLVING</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver appears to have good problem solving skills.
1	Caregiver has generally good problem solving but may struggle with some problems occasionally leading to some difficulties in parenting
2	Caregiver has challenges with problem solving that interfere with capacity to parent.
3	Caregiver has severe challenges with problem solving.

<b>Check</b>	<b>INVOLVEMENT WITH CARE</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is actively involved in planning or implementation of services and able to act as an effective advocate for the child.
1	Caregiver has a history of seeking help for their children. Caregiver is open to receiving support, education, and information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist their child.
3	Caregiver wishes for child to be removed from their care or is not visiting the child in residential care.

<b>Check</b>	<b>KNOWLEDGE</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent.
2	Caregiver has a clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

<b>Check</b>	<b>EMPATHY WITH CHILD</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has strong empathic relationship with the child/youth.
1	Caregiver has generally empathic relationship with the child/youth.
2	Caregiver demonstrates only limited empathy with the child/youth.
3	Caregiver is does not have any empathy with the child/youth.

<b>Check</b>	<b>ORGANIZATION</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return caseworker calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

<b>Check</b>	<b>SOCIAL RESOURCES</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has significant family and social network that actively helps with raising the child (e.g., child rearing).
1	Caregiver has some family or social network that actively helps with raising the child (e.g. child rearing).
2	Caregiver has some family or social network that may be able to help with raising the child (e.g., child rearing).
3	Caregiver has no family or social network that may be able to help with raising the child (e.g. child rearing).

<b>Check</b>	<b>PHYSICAL HEALTH</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

<b>Check</b>	<b>MENTAL HEALTH</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health difficulties that make it impossible for them to parent at this time.

<b>Check</b>	<b>SUBSTANCE USE</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.

<b>Check</b>	<b>DEVELOPMENTAL</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

<b>Check</b>	<b>FAMILY STRESS</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is able to manage the stress of the child/children's needs.
1	Caregiver has some problems managing the stress of the child/children's needs.
2	Caregiver has notable problems managing the stress of the child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with the child/children's needs. This stress prevents caregiver from parenting.

<b>Check</b>	<b>CULTURAL CONGURENCE</b> <i>Please rate the highest level from the past 30 days.</i>
0	The family does not have cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child.
1	The family has some cultural differences related to child rearing practices, child development and early intervention that are not generally accepted but not considered to put the child at risk.
2	The family has cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child.
3	The family has cultural differences related to child rearing practices, child development and early intervention that is considered abusive or neglectful and may result in intervention.