**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Subsidized Guardianship Amendment Request – Age Birth to 5**

**Child and Adolescent Needs and Strengths (CANS) Version**

**Use of form**: This form is used to request an amendment to an existing subsidized guardianship agreement under s.48.623(3)(c)1. Wis. Stats. and Ch. DCF 55.08 Admin. Code when the guardian(s) believe there has been a substantial change in the special care needs of the child.

**Instructions**: Wisconsin Statutes, s.48.623(3)(c)1 requires the department to determine “…whether there has been a substantiated report of abuse or neglect of the child by the guardian or proposed guardian…” Disclosure of your social security number is voluntary and will be used for verification purposes only. **Complete a separate form for each child for whom you are requesting a subsidized guardianship amendment.** Confirmation by an appropriate professional must be submitted with this form to support the characteristic(s) identified. Dates on documentation must be within six months of the signing of this form. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| **SECTION I. CHILD / PARENT INFORMATION** |
| Name – **Child / Youth** (Last, First, MI) | Social Security Number – Child |
| Birthdate – Child (mm/dd/yyyy) | Date of Guardianship (mm/dd/yyyy) |
| **Guardian** |
| Name – List all Legal Names Since Placement of Child |
| Address – Mailing (Street, City, State, Zip Code) |
| Telephone Number – Daytime | Birthdate (mm/dd/yyyy) | Social Security Number |
| County / Counties of Residence Since Child Placement – Indicate Specific Years |
| [ ]  Yes [ ]  No Are you aware of any substantiated child abuse or neglect reports involving you and the child?Comments: |
| **Guardian** |
| Name – List all Legal Names Since Placement of Child |
| Address – Mailing (Street, City, State, Zip Code) |
| Telephone Number – Daytime | Birthdate (mm/dd/yyyy) | Social Security Number |
| County / Counties of Residence Since Child Placement – Indicate Specific Years |
| [ ]  Yes [ ]  No Are you aware of any substantiated child abuse or neglect reports involving you and the child?Comments: |
| **SECTION II. CHILD AND ADOLESCENT NEEDS AND STRENGTHS** |

Check the appropriate box (one box only) for each question that most closely reflects the child’s current functioning and / or needs. **If the child’s needs or functioning are age appropriate, the first box for the question should be checked.**

**A. EMOTIONAL CHARACTERISTICS (Ages Birth to 5)**

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| **I-1. Adjustment / Emotional Response to Past Trauma – Affect Regulation (PAST 30 DAYS)** |
| [ ]  Infant / child has no problems with emotional response. Concerns are age / developmentally appropriate **or** this information is unknown to me.  | [ ]  Infant / child has mild to moderate problems with emotional response regulation. | [ ]  Infant / child has significant problems with emotional response regulation but is able to control affect at times. Problems are interfering with child’s functioning. | [ ]  Infant / child has severe problems regulating affect / emotional response even with caregiver’s support.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-2. Adjustment to Past Trauma – Re-experiencing the Trauma (PAST 30 DAYS)** |
| [ ]  There is no evidence that infant / child re-experiences the trauma. Concerns are age / developmentally appropriate or this information is unknown to me. | [ ]  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. Subtle changes in child’s functioning. | [ ]  Child experiences consistent indications that the trauma is being re-experienced: sleep disturbance, nightmares. Play mimicking trauma experienced. | [ ]  Child experiences repeated and severe incidents of re- experiencing trauma that significantly interferes with functioning and cannot be managed by caregivers.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-3. Adjustment to Past Trauma – Avoidance (PAST 30 DAYS)** |
| [ ]  No evidence of avoidant behavior. Concerns are age / developmentally appropriate **or** this information is unknown to me.  | [ ]  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. | [ ]  Moderate problems with avoidant behavior that occurs on a consistent basis when child is exposed to triggers related to the trauma. Caregiver can support the child.  | [ ]  Severe problems with avoidant behavior that occurs consistently, but cannot be mediated by caregivers and causes significant distress.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**A. EMOTIONAL CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **I-4. Adjustment to Past Trauma – Increased Arousal (PAST 30 DAYS)** |
| [ ]  No evidence of increased arousal. Concerns are age / developmentally appropriate **or** this information is unknown to me.  | [ ]  Infant / child may have a history of increased arousal or currently shows this behavior on an infrequent basis.  | [ ]  Infant / child demonstrates increased arousal most of the time. Infants appear wide-eyed, over reactive to stimuli, and have exaggerated startle response. Older children may have all of the above with behavioral reactions such as tantrums.  | [ ]  Severe problems with attachment. A child who is unable to separate or a child who appears to have severe problems with forming or maintaining relationships with caregivers. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-5. Adjustment to Past Trauma – Numbing Response (PAST 30 DAYS)** |
| [ ]  No evidence of numbing response. Concerns are age / developmentally appropriate **or** this information is unknown to me.  | [ ]  Child exhibits some problems with numbing. Child may have a restricted range of affect or an inability to express or experience certain emotions (e.g., anger or sadness). | [ ]  Child has moderate difficulties with numbing responses. Child may have blunted or flat emotional state or have difficulty experiencing intense emotion or feel consistently detached or estranged from others.  | [ ]  Child has significant numbing responses or multiple symptoms of numbing. Diminished interest or participation in activities.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-6. Regulatory (PAST 30 DAYS)** |
| [ ]  Child has no evidence of regulatory problems including ability to control bodily functions such as eating, sleeping, eliminating, sensitivity to external stimulation, etc. or this information is unknown to me.  | [ ]  Some problems with regulation. 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. | [ ]  Moderate problems with regulation. Children may have severe reactions to stimuli and emotions that interfere with their functioning and ability to progress developmentally. Unpredictable patterns in eating and sleeping routines that disrupt the rest of the family. | [ ]  Profound problems with regulation are present that place the child’s safety, well being and / or development at risk.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**A. EMOTIONAL CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **I-7. Eating (PAST 30 DAYS)** |
| [ ]  No evidence of problems relating to eating. Concerns are age / developmentally appropriate or this information is unknown to me.  | [ ]  Mild problems with eating that have been present in the past or are currently present some of the time causing mild impairment in functioning. | [ ]  Moderate problems with eating are present and impair the child’s functioning. Children may seriously overeat, refuse most foods, and not have a clear pattern of when they eat.  | [ ]  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.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-8. Elimination / Toileting (PAST 30 DAYS)** |
| [ ]  There is no evidence of elimination problems. Any concerns are age / developmentally appropriate **or** this information is unknown to me. (This does not include potty training concerns.)  | [ ]  Infant / child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasions. | [ ]  Infant / child demonstrates problems with elimination on a consistent basis that is interfering with the child’s functioning (lack of routine resulting in constipation, encopresis and enuresis).  | [ ]  Infant / child demonstrates significant difficulty with elimination to the extent that child / parent are in significant distress or interventions have failed. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-9. Sensory Reactivity (PAST 30 DAYS)** |
| [ ]  There is not evidence of sensory reactivity that is under or over reactive. Any concerns are age / developmentally appropriate or this information is unknown to me.  | [ ]  Infant / child may have a history of sensory issues or mild issues currently that are controlled by caregiver support. | [ ]  Infant / child demonstrates under / over reactivity to sensory input in one or more area, which impairs the child’s functioning.  | [ ]  Infant / child demonstrates significant reactions to sensory input so that the caregiver is unable to help the child.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**A. EMOTIONAL CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **I-10. Emotional Control (PAST 30 DAYS)** |
| [ ]  Infant / child has no problem with emotional control. Any concerns are age / developmentally appropriate **or** this information is unknown to me.  | [ ]  Infant / child has mild problems with emotional control that can be overcome with caregiver support. | [ ]  Child has a moderate level of problems with emotional control that interferes most of the time with functioning (difficult to console, does not respond to caregiver support, becomes physically aggressive out of frustration).  | [ ]  Infant / child has significant level of emotional control problems that are interfering with development. Caregivers are not able to help the child.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-11. Sleep – Child Must be 12 Months or Older (PAST 30 DAYS)** |
| [ ]  Child gets a full night’s sleep each night. Any concerns are age / developmentallyappropriate or this information is unknown to me.  | [ ]  Child has some problems sleeping. Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have a history of poor sleep or continued problems 1-2 nights per week.  | [ ]  Child is having problems with sleep that might include difficulty falling asleep, night waking, night terrors or nightmares on a regular basis (4 or more times per week).  | [ ]  Child is experiencing significant sleep problems that result in sleep deprivation that affects the child’s functioning. Parents have exhausted numerous strategies for assisting child.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-12. Attachment (PAST 30 DAYS)** |
| [ ]  No evidence of problems with attachment. Any concerns are age / developmentally appropriate or this information is unknown to me.  | [ ]  Mild problems with attachment. Children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate. | [ ]  Moderate problems with attachment and may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting affecting development, may avoid caregivers and have inappropriate boundaries putting them at risk.  | [ ]  Severe attachment problems. Children attachment to anyone or no one in an extreme manner. Child meets criteria for Reactive Attachment Disorder.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**A. EMOTIONAL CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **I-13. Depression (Withdrawn) (PAST 30 DAYS)** |
| [ ]  No evidence or concern about depression. Any concerns are age / developmentally appropriate or this information is unknown to me.  | [ ]  Child may be depressed or has experienced situations that may lead to depression. Infants may appear withdrawn and slow to engage at times. Older children are irritable or do not demonstrate a range of emotional response / affect. | [ ]  Moderate problems with depression are present. Children may have negative verbalizations, no emotional response, dark / sad play, and demonstrate little enjoyment in play and interactions.  | [ ]  Clear evidence of a disabling level of depression that makes it virtually impossible for the child to function in any life domain.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-14. Anxiety (PAST 30 DAYS)** |
| [ ]  No evidence or concern about anxiety. Any concerns are age / developmentally appropriate or this information is unknown to me.  | [ ]  History or suspicion of anxiety problems or mild to moderate anxiety. Infant / child may appear anxious in certain situation but has the ability to be soothed / calmed. | [ ]  Anxiety with significant fearfulness that has interfered significantly in child’s ability to function. Child may be irritable, over reactive to stimuli, uncontrollable crying and significant separation anxiety.  | [ ]  Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any area of life.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages Birth to 5)**

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| **II-1. Functioning in Current Living Situation (PAST 30 DAYS)** |
| [ ]  No evidence of problems functioning in current living situation. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Mild problems functioning in current home. Caregiver has concerns about child’s behavior at home. | [ ]  Moderate to severe problems functioning at home. Child’s behavior is creating significant difficulties for others in the home.  | [ ]  Profound problems with functioning at home. Child is in immediate risk of being removed due to his/her behavior.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **II-2. Social Functioning (PAST 30 DAYS)** |
| [ ]  Child has positive social relationships. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Child is having minor problems in social relationships. Toddlers may need support to interact with peers and preschoolers may resist social situations. | [ ]  Child is having moderate problems in social relationships. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively and be unable to play in groups even with adult support.  | [ ]  Child is experiencing severe disruption in social relationships. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-3. Recreational Play (PAST 30 DAYS)** |
| [ ]  No evidence that the child has problems with recreational play. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Child is doing adequately with recreational or play activities although some problems may exist. Child may be uninterested or poorly able to sustain play. | [ ]  Child is having moderate problems with recreational activities, may resist play, show little enjoyment or interest in activities.  | [ ]  Child has no interest in play or recreational activities. May spend most of time non-interactive or cannot demonstrate enjoyment or use play to further development.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-4. Preschool / Child Care (PAST 30 DAYS)** |
| [ ]  No evidence of problem with functioning in current preschool or child care environment. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Mild problems with functioning in current preschool or child care environment. | [ ]  Moderate to severe problems with functioning in current preschool or child care. Child has difficulties maintaining his / her behavior creating significant problems for others.  | [ ]  Profound problems with functioning in current preschool / child care. Child is at immediate risk of being removed from program due to his / her behaviors or needs.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **II-5. School – Attendance (PAST 30 DAYS)** |
| [ ]  Child attends preschool / child care regularly. Any concerns are need / age appropriate or this information is unknown to me.  | [ ]  Child has some problems attending preschool / child care, but generally is present. | [ ]  Child is having problems with preschool attendance and is missing at least 2 days / week on average. | [ ]  Child is absent most of the time and this causes a significant challenge in achievement, socialization and following routine.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-6. School – Compatibility (PAST 30 DAYS)** |
| [ ]  Infant / child’s preschool / child care meets the needs of the infant / child **or** this information is unknown to me.  | [ ]  Child’s preschool / child care is marginal in its ability to meet the unusual needs of the child and / or the environment may be weak in areas. | [ ]  Child’s preschool / child care does not meet the unusual needs of the child in most areas and the environment may not support the child’s growth or promote further learning.  | [ ]  The child’s preschool / child care is contributing to problems for the child in one or more areas.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-7. School – Behavior (PAST 30 DAYS)** |
| [ ]  Child is behaving well in preschool / child care. Any concerns are age appropriate or this information is unknown to me.  | [ ]  When child is in preschool / child care, he / she behaves adequately although some behavior problems exist. | [ ]  When child is in preschool / child care, he / she has moderate behavioral problems and is disruptive. Many interventions have been put in place.  | [ ]  When child is in preschool / child care, he / she is having severe problems with behavior and is frequently or severely disruptive. Threat of expulsion. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **II-8. School – Achievement (PAST 30 DAYS)** |
| [ ]  Child is doing well learning new skills. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Child is doing adequately learning new skills with some challenges. Child may be able to do well with extra adult support. | [ ]  Child is having moderate problems learning new skills. Child may not be able to retain concepts / skills or meet expectations in some areas even with adult support.  | [ ]  Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-9. School – Relationships with Teachers**  |
| [ ]  Child has good relationships with teachers. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Child has occasional difficulties relating with at least 1 teacher or during at least one subject period.  | [ ]  Child has difficult relationships with teachers that notably interferes with his / her education.  | [ ]  Child has very difficult relationships with all teachers or with their only teacher, which prevents the child from learning. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-10. Relationships with Peers** |
| [ ]  Child has good relationships with peers. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Child has occasional difficulties relating with at least one peer. | [ ]  Child has difficult relationships with peers that notably interferes with his / her education. | [ ]  Child has very difficult relationships with all peers. Relationships with peers currently prevents child from learning.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **II-11. Atypical Behaviors (PAST 30 DAYS)**(repetitive head banging, spinning, hand flapping, finger-flicking, rocking, toe walking, staring at lights, repetitive speech, etc.) |
| [ ]  Child has no evidence of atypical behaviors. Any concerns are age appropriate or this information is unknown to me.  | [ ]  History or reports of atypical behaviors from others that have not been observed by the individual completing this form. | [ ]  Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis.  | [ ]  Clear evidence of atypical behaviors that are consistently present and interfere with the infants / child’s functioning on a regular basis.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-12. Impulsivity / Hyperactivity (PAST 30 DAYS)** |
| [ ]  No evidence of impulsivity / hyperactivity. Any concerns are age appropriate or this information is unknown to me. Child is under the age of 3.  | [ ]  Some problems with impulsive, distractible or hyperactive behavior.  | [ ]  Clear evidence of problems with impulsive, distractible or hyperactive behavior that is interfering with the child’s ability to function.  | [ ]  Clear evidence of a dangerous level of impulsive behavior that can place the child at risk of physical harm.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-13. Oppositional Behaviors (PAST 30 DAYS)** |
| [ ]  No evidence of oppositional behaviors. Child displays age appropriate resistance towards adults or this information is unknown to me.  | [ ]  History or recent onset (past 6 weeks) of defiance towards authority figures. | [ ]  Clear evidence of oppositional and / or defiant behaviors, which are interfering with the child’s functioning and/or causing emotional harm to others.  | [ ]  Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others, which interferes with child’s social and emotional development.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **II-14. Pica – Only for Children 18 Months or Older (PAST 30 DAYS)** |
| [ ]  No evidence that the child eats unusual or dangerous materials. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Child has a history of eating unusual or dangerous materials but has not done so in the last 30 days. | [ ]  Child has eaten unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days.  | [ ]  Child has become physically ill during the past 30 days by eating dangerous materials.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-15. Self-Harm (PAST 30 DAYS)** |
| [ ]  There is no evidence of self-harm behaviors. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Mild level or history of self-harm behaviors. | [ ]  Moderate level of self-harm behaviors such as head banging that cannot be impacted by caregiver and interferes with child’s functioning.  | [ ]  Severe level of self-harm behavior that puts the child’s safety and wellbeing at risk.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-16. Aggressive Behavior (PAST 30 DAYS)** |
| [ ]  No evidence of aggressive behavior towards people or animals. Any concerns are age appropriate or animals or this information is unknown to me.  | [ ]  Mild concerns or history of aggressive behavior towards people or animals that have not yet interfered with functioning.  | [ ]  Clear evidence of aggressive behavior towards animals or others. Behavior is persistent and caregiver’s attempts to change behavior have not been successful.  | [ ]  Child has significant aggressive behaviors towards animals or others and caregivers have difficulty managing this behavior. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **II-17. Social Behavior (PAST 30 DAYS)** |
| [ ]  No evidence of problematic social behavior. Any concerns are age appropriate or this information is unknown to me. Child is under the age of 3.  | [ ]  Mild level of problematic social behavior that might include inappropriate comments to others or unusual behavior that results in sanctions to the child. | [ ]  Moderate level of problematic social behavior that is causing problems in the child’s life. Child may be intentionally getting in trouble in school or at home.  | [ ]  Severe level of problematic social behavior that results in serious and / or repeated sanctions to the child.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**C. PHYSICAL / PERSONAL CARE CHARACTERISTICS (Ages Birth to 5)**

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| **III-1. Child’s Overall Development (PAST 30 DAYS)** |
| [ ]  Child has no developmental problems. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Child has some problems with physical immaturity or there are concerns about possible delays and / or low IQ. | [ ]  Child has developmental delays or mild cognitive disabilities.  | [ ]  Child has severe and pervasive developmental delays or profound cognitive disabilities. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-2. Child’s Cognitive Development (PAST 30 DAYS)** |
| [ ]  Child shows no evidence of cognitive development problems. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Child has some signs that cognitive skills are not appropriate. Child may be unaware of surroundings, challenges in remembering routines and completing tasks such as sorting, recognizing colors. | [ ]  Child has clear signs that development is not at the expected level. Child may be unable to understand simple routines or tasks.  | [ ]  Child has significant delays in cognitive functioning that are seriously interfering with their functioning. Child is completely reliant on caregiver to function.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**C. PHYSICAL / PERSONAL CARE CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **III-3. Autism Spectrum (PAST 30 DAYS)** |
| [ ]  Child’s development appears normal in relation to autistic characteristics or this information is unknown to me.  | [ ]  Evidence of mild symptoms of an autism spectrum disorder. Child may meet criteria for Aspergers disorder.  | [ ]  Child has been diagnosed by an appropriate professional as having an autism spectrum disorder.  | [ ]  Severe autism. Symptoms are disabling in at least one area of life skills.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-4. Communication (PAST 30 DAYS)** |
| [ ]  Child’s ability to communicate is age appropriate or this information is unknown to me.  | [ ]  Child is able to understand others but may have limited ability to express him / her self.  | [ ]  Child has limited abilities to understand others **and** express him / her self.  | [ ]  Child is unable to communicate.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-5. Self-Care and Daily Living Skills (PAST 30 DAYS)** |
| [ ]  Child’s self-care / daily living skills appear to be age appropriate or this information is unknown to me. | [ ]  Child requires excessive verbal prompting on self-care tasks or daily living skills. | [ ]  Child requires assistance (physical prompting) on multiple self-care tasks or complete assistance on one self-care task.  | [ ]  Child requires complete assistance on more than one self-care task (eating, bathing, dressing, toileting).  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**C. PHYSICAL / PERSONAL CARE CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **III-6. Medical Needs (PAST 30 DAYS)** |
| [ ]  Child is healthy **or** this information is unknown to me / does not apply.  | [ ]  Child has some medical problems that require medical treatment. | [ ]  Child has chronic illness that requires ongoing medical intervention (diabetes, severe / uncontrolled asthma, life threatening allergies, HIV).  | [ ]  Child has life threatening illness or medical condition (active cancer, AIDS, etc). |
| List medical condition (within the last 30 days): |  |
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| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-7. Medical Needs – Life Threatening (PAST 30 DAYS)** |
| [ ]  Child’s medical condition has no implications for shortening his / her life or this information is unknown to me / does not apply.  | [ ]  Child’s medical condition may shorten life, but not until later in adulthood.  | [ ]  Child’s medical condition places him / her at some risk of premature death before he / she reaches adulthood. | [ ]  Child’s medical condition places him / her at eminent risk of death.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-8. Medical Needs – Chronicity (PAST 30 DAYS)** |
| [ ]  Child is expected to fully recover from his / her condition within the next 6 months or this information is unknown to me **/** does not apply.  | [ ]  Child is expected to fully recover from his / her condition after at least 6 months but less than 2 years.  | [ ]  Child is expected to fully recover from his / her condition but not within the next 2 years.  | [ ]  Child’s medical condition is expected to continue throughout his / her lifetime.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**C. PHYSICAL / PERSONAL CARE CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **III-9. Medical Needs – Diagnostic Complexity (PAST 30 DAYS)** |
| [ ]  Child’s medical diagnoses are clear and correct **or** this information is unknown to me / does not apply.  | [ ]  Some evidence exists to say that the child’s symptoms are complex and the diagnosis may not be entirely accurate.  | [ ]  There is substantial concern about the accuracy of the child’s medical diagnoses due to the complexity of symptoms.  | [ ]  It is currently not possible to accurately diagnose the child’s medical conditions.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-10. Medical Needs – Emotional Response (PAST 30 DAYS)** |
| [ ]  Child is coping well with his / her medical condition **or** this information is unknown to me / does not apply.  | [ ]  Child is experiencing some emotions related to the medical condition, but these are not affecting other areas of life.  | [ ]  Child’s emotional response to his / her condition is interfering with treatment and other areas of life. | [ ]  Child is having severe emotional response to his / her condition that is interfering with treatment and functioning. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-11. Medical Needs – Impairment in Functioning (PAST 30 DAYS)** |
| [ ]  Child’s medical condition is not interfering with his / her functioning in other life domains **or** this information is unknown to me / does not apply. | [ ]  Child’s medical condition is having a limited impact on functioning in one other life domain (self-care, social interaction, communication, etc).  | [ ]  Child’s medical condition is interfering with functioning in more than one life domain or is disabling in at least one domain. | [ ]  Child’s medical condition has disabled him / her in all other life domains.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**C. PHYSICAL / PERSONAL CARE CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **III-12. Medical Needs – Treatment Involvement (PAST 30 DAYS)** |
| [ ]  Child and family are actively involved in treatment, this is not applicable, or this information is unknown to me / does not apply.  | [ ]  Child and / or family are generally involved in treatment but may struggle to stay consistent.  | [ ]  Child and / or family are generally uninvolved although they are sometimes compliant with recommendations.  | [ ]  Child and / or family are currently resistant to all efforts to provide medical treatment.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-13. Medical Needs – Intensity of Treatment (PAST 30 DAYS)** |
| [ ]  Child’s medical treatment involves taking daily medications or visiting a medical professional no more than weekly, or this information is unknown to me / does not apply.  | [ ]  Childs medical treatment involves taking multiple medications or visiting a medical professional multiple times per week.  | [ ]  Child’s treatment is daily but non-invasive. Treatment can be administered by a caregiver. | [ ]  Child’s medical treatment is daily and invasive and requires either a medical professional or trained caregiver to administer.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-14. Medical Needs – Organizational Complexity (PAST 30 DAYS)** |
| [ ]  All medical care is provided by a single medical professional or this information is unknown to me / does not apply.  | [ ]  Child’s medical care is generally provided by a coordinated team medical professionals who work for the same organization.  | [ ]  Child’s medical care requires collaboration of multiple professionals who work for more than one organization.  | [ ]  Child’s medical care requires the collaboration of multiple professionals who work for more than one organization and are not able to communicate effectively.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**C. PHYSICAL / PERSONAL CARE CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **III-15. Physical Needs (PAST 30 DAYS)** |
| [ ]  Child has no physical limitations. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Child has some physical condition that places mild limitations on activities (hearing, vision impairment).  | [ ]  Child has physical condition that notably impacts activities (blindness, deafness or significant motor difficulties). | [ ]  Child has severe physical limitations due to multiple physical conditions.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-16. Dental Needs (PAST 30 DAYS)** |
| [ ]  No evidence of any dental health needs **or** this information is unknown to me.  | [ ]  Child may have some dental health needs, but they are not clearly known at this time.  | [ ]  Dental health is interfering with functioning in at least one life domain (eating, social interaction, etc.).  | [ ]  Child has serious dental health needs that require intensive and / or extended treatment / intervention.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-17. Daily Functioning (PAST 30 DAYS)** |
| [ ]  Child has age appropriate self-care skills. No indication of deficits or this information is unknown to me. | [ ]  Child has minor indications of problems in self-care compared to same age peers, but is generally self reliant.  | [ ]  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.  | [ ]  Child has severe or constant problems in self-care skills and relies on others for help much more than is expected for his / her age group.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-18. Motor (PAST 30 DAYS)** |
| [ ]  No evidence of fine or gross motor development problems. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Child has some indicators that motor skills are challenging and there may be some concern that there is a delay. | [ ]  Child has either fine or gross motor skill delays.  | [ ]  Child has significant delays in fine or gross motor development or both. Delay causes impairment in functioning.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**C. PHYSICAL / PERSONAL CARE CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **III-19. Communication (PAST 30 DAYS)** |
| [ ]  No evidence of communication problems exists. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Child has a history of communication problems but currently is not experiencing problems. | [ ]  Child has difficulty understanding or expressing self through language / gestures, which interfere with functioning, including trouble interpreting facial gestures or initiating gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversations or carry out 2-3 step commands.  | [ ]  Child has serious communication difficulties and is unable to communicate in any way including pointing and grunting.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-20. Failure to Thrive (PAST 30 DAYS)** |
| [ ]  No evidence of failure to thrive or this information is unknown to me.  | [ ]  Child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems.  | [ ]  Child is experiencing problems in their ability to maintain weight or growth. Child may be below the 5th percentile for age and sex and may weigh less than 80% of their ideal weight for age, have depressed weight for height.  | [ ]  Child may have one or more of the symptoms listed and is currently at serious medical risk.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-21. Labor and Delivery** |
| [ ]  Child and biological mother had a normal labor and delivery or this information is unknown to me.  | [ ]  Child or mother had some mild problems during delivery, but child does not appear affected by problems.  | [ ]  Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother.  | [ ]  Child had severe problems during delivery that have resulted in long-term implications for development.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**C. PHYSICAL / PERSONAL CARE CHARACTERISTICS (Ages Birth to 5)** (Continued)

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| **III-22. Parent / Sibling Exposure** |
| [ ]  Child’s parents have no developmental disabilities. The child has no siblings or existing siblings are not experiencing any developmental or behavioral problems **or** this information is unknown to me.  | [ ]  Child’s parents have no developmental disabilities. Child has siblings who are experiencing some mild developmental or behavioral problems. | [ ]  Child’s parents have no developmental disabilities. Child has a sibling who is experiencing a significant developmental or behavioral problem. | [ ]  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. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**D. ADDITIONAL DETAILS OF CHILD’S LEVEL OF NEED (OPTIONAL)**

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Attach school, medical, psychological, or other evaluations that document the child’s current special care needs and / or attach signed ‘Confirmation of Needs’ forms.

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| **SECTION III. AUTHORIZATION** |

I declare that all information provided on this form is accurate to the best of my knowledge and reflects the special needs of the child listed on page 1.

 **SIGNATURE** – Guardian Date Signed

 **SIGNATURE** – Guardian Date Signed

Questions regarding completion of this form should be directed to       at      .

Return completed form to: