**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Subsidized Guardianship Amendment Request – Confirmation of Needs**

**Emotional Characteristics (Ages 5 to 21)**

**Instructions:** This form is to be used to confirm the special care needs of the child identified below and is to be **completed by an appropriate professional (e.g., physician, therapist, school personnel, etc)**. Check the appropriate box in each category 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 should be checked.**  Sign, date and provide your professional relationship to the child. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| Name – Child | Birthdate – Child (mm/dd/yyyy) |
| Name – Person Completing Form (Print) | Professional Relationship to Child | Affiliation (e.g. school / medical facility, etc.) |
| **SIGNATURE** – Person Completing Form | Telephone Number | Date Signed |

Check ONE box in each category that best describes the child’s current functioning / needs.

**If the child’s needs or functioning are age appropriate, the first box should be checked.**

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| **Adjustment to Past Trauma (PAST 30 DAYS)** |
| [ ]  Child has demonstrated no emotional concerns related to past traumatic life events. Any concerns are age appropriate or this information is unknown to me.  | [ ]  History or suspicion of problems associated with traumatic life events. | [ ]  Clear evidence of adjustment problems due to traumatic life events, which are interfering with the child’s functioning in at least one area of life.  | [ ]  Clear symptoms of Post Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **Adjustment to Past Trauma – Traumatic Grief / Separation (PAST 30 DAYS)** |
| [ ]  There is no evidence the child has experienced traumatic grief or separation from significant caregivers **or** this information is unknown to me.  | [ ]  Child is experiencing some level of traumatic grief due to death or loss of a significant person or distress from caregiver separation in a manner that is appropriate given the recent nature of loss or separation. | [ ]  Child is experiencing a moderate level of traumatic grief or difficulties with separation in a way that impairs functioning in certain but not all areas including isolation or withdrawal from others.  | [ ]  Child is experiencing significant traumatic grief or separation reactions. Child exhibits impaired functioning in several areas for a significant period of time following the loss or separation.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **Adjustment to Past Trauma – Intrusions (PAST 30 DAYS)** |
| [ ]  There is no evidence that the child experiences intrusive thoughts of trauma **or** this information is unknown to me.  | [ ]  Child experiences some intrusive thoughts of trauma but they do not affect his / her functioning. | [ ]  Child experiences intrusive thoughts that interfere in his / her ability to functioning in some areas of life.  | [ ]  Child experiences repeated and severe intrusive thoughts of trauma.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **Adjustment to Past Trauma – Attachment Difficulties(PAST 30 DAYS)** |
| [ ]  No evidence of attachment problems. Any concerns are age / developmentally appropriate or this information is unknown to me.  | [ ]  Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment. | [ ]  Moderate problems with attachment. Child is having problems with attachment that require intervention. A child who meets the criteria for Attachment Disorder in DSM-V would be rated here.  | [ ]  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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| **Adjustment to Past Trauma – Dissociation / Emotional Disconnect from Situations (PAST 30 DAYS)**  |
| [ ]  There is no evidence of dissociation/emotional disconnection to a stressful situation **or** this information is unknown to me.  | [ ]  Child may experience some symptoms of dissociation / emotional disconnection to a stressful situation.  | [ ]  Child clearly experiences episodes of dissociation / emotional disconnection to a stressful situation which are having an impact on the child’s ability to function in social situations or relate to others. | [ ]  Profound dissociation / emotional disconnection to a stressful situation. The periods of dissociation are having a profound effect on the child’s ability to function or relate to others in several areas of life. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **Eating Disturbance (PAST 30 DAYS)** |
| [ ]  No evidence of eating disturbance. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Mild level of eating disturbance. This could include some preoccupation with weight, calories, body size, binge eating patterns, or eating non-food items that are not harmful (paper, small items).  | [ ]  Clear evidence of eating disturbance that could include restrictive eating, excessive exercise, vomiting, laxatives, etc, in order to maintain below normal weight, or eating non-food items that cause pain or digestive problems.  | [ ]  Eating disturbance is disabling. Could include significantly low weight, excessive binge-purge behaviors (at least 1x/day), eating dangerous non-food items (sharp items or chemicals),and / or hospitalization.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **Sleep (PAST 30 DAYS)** |
| [ ]  Child gets a full night’s sleep each night **or** this information is unknown to me.  | [ ]  Child has some problems sleeping. This may include occasionally waking, bedwetting, or nightmares. | [ ]  Child’s sleep is often disrupted and child seldom obtains a full night of sleep.  | [ ]  Child is generally sleep deprived. Sleeping is difficult for the child and he / she is not able to get a full night sleep.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **Psychosis / Hallucinations / Delusions (PAST 30 DAYS)** |
| [ ]  No evidence of hallucinations or delusions, **or** this information is unknown to me.  | [ ]  History or suspicion of hallucinations or delusions. | [ ]  Clear evidence of hallucinations or delusions.  | [ ]  Clear evidence of dangerous hallucinations or delusions, which places the child or others at risk of physical harm.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **Depression (PAST 30 DAYS)** |
| [ ]  No evidence or concern about depression. Any concerns are age appropriate or this information is unknown to me.  | [ ]  History or suspicion of depression or mild to moderate depression associated with a recent negative life event. | [ ]  Clear evidence of depression associated with either depressed mood, which has interfered significantly in child’s ability to function in at least one area of life.  | [ ]  Clear evidence of a disabling level of depression 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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| **Anxiety (PAST 30 DAYS)** |
| [ ]  No evidence or concern about anxiety, any concerns are age appropriate or this information is unknown to me.  | [ ]  History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event. | [ ]  Clear evidence of anxiety associated with significant fearfulness or anxious mood that has interfered significantly in child’s ability to function in at least one area of life.  | [ ]  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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| **Somatization – Expressing Feelings Through Physical Symptoms** |
| [ ]  No evidence of unexplained physical symptoms associated with emotional stress. Any concerns are age / developmentally appropriate or this information is unknown to me.  | [ ]  Mild level of physical problems (unexplained headaches, stomach problems, joint, limb, or chest pain without medical cause) associated with emotional stress. | [ ]  Moderate level of physical problems (persistent physical symptoms without medical cause and associated with emotional stress). Somatoform disorder diagnosis.  | [ ]  Severe physical symptoms associated with emotional stress and causing significant disturbance in school or social functioning.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **Behavioral Regression** |
| [ ]  Child’s behaviors are consistent and age appropriate or this information is unknown to me.  | [ ]  Child has some regression in age-level behavior (e.g. thumb sucking, whining when age inappropriate). | [ ]  Child has moderate regression in age-level behavior including loss of ability to engage with peers, stopping play or exploration, or occasional bedwetting.  | [ ]  Child has significant regression in behaviors as demonstrated by significant periods of changes in speech or loss of bowel or bladder control.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **Affect Dysregulation / Emotions Are Not Appropriate to the Situation (PAST 30 DAYS)** |
| [ ]  No evidence of inappropriate emotional response, any concerns are age appropriate or this information is unknown to me.  | [ ]  Child has mild to moderate problems demonstrating emotional responses that are appropriate to a given situation. | [ ]  Child has severe problems with appropriate emotional response but is able to control affect at times. Interferes with functioning in some areas of life.  | [ ]  Child’s emotional response to situations are mostly inappropriate and interfere in several areas of life.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **Suicide Risk – Do Not Include Other Self-Harming Behaviors in This Category (PAST 30 DAYS)** |
| [ ]  No evidence of suicidal thoughts or actions **or** this information is unknown to me. (Other self-arming behaviors are not a suicidal action). | [ ]  History but no recent ideation or gesture. | [ ]  Recent ideation or gesture but not in the past 24 hours.  | [ ]  Current ideation or intent OR command hallucinations that involve self-harm.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **Non-Suicidal Self-Injurious Behavior (PAST 30 DAYS)**  |
| [ ]  No evidence of self-injurious behavior **or** this information is unknown to me.  | [ ]  History of self-mutilation. | [ ]  Engaging in self-mutilation that does not require medical attention.  | [ ]  Engaging in self-mutilation that requires medical attention. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **Other Self Harm (PAST 30 DAYS)** |
| [ ]  No evidence of behavior that places child at risk of physical harm. Any concerns are age appropriate or this information is unknown to me.  | [ ]  History of engaging in reckless or risk-taking behaviors that put the child at risk of physical harm. | [ ]  Engages in reckless or risk-taking behaviors that put the child at risk of serious physical harm.  | [ ]  Engages in reckless or risk-taking behavior that places child at immediate risk of death.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **Exploited** – This item is used to examine a history and pattern of abuse, and / or includes a level of current risk for re-victimization (parentification of children, being bullied, the victim of human trafficking, or taken advantage of by others). |
| [ ]  There is no evidence of a history of exploitation or history of victimization over the past year **or** this information is unknown to me.  | [ ]  Suspicion or history of exploitation, but child has not been exploited to any significant degree during the past year. Child is not presently at risk for re-victimization. | [ ]  This level indicates a child who has been recently exploited (within the past year), but is not at acute risk of re-exploitation. (Physical or sexual abuse, significant psychological abuse, extortion violent crime, etc.).  | [ ]  This level indicates a child who has been recently exploited and has an acute risk of re-exploitation.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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 Return completed form to: Agency Fillable