**Child and Adolescent Needs and Strengths (CANS) Results – Ages 5 To 21**

**Use of form:** The CANS Assessment is required documentation for any child that is placed in out-of-home care. This form provides a breakdown and summary of the child’s CANS score and any actionable items for the child, current caregiver, and permanent resource.

**Instructions:** The CANS Assessment is required to be completed at 30 days of placement and every six months thereafter when the child is with the same provider. The CANS is completed by a child welfare professional trained and certified to complete the CANS in collaboration with the child’s team and current caregiver. Information on this form is pre-filled from the child’s electronic record in eWiSACWIS upon supervisory approval of the CANS Assessment.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

|  |  |  |
| --- | --- | --- |
| Child/Youth Full Name | Date Of Birth (mm/dd/yyyy) | Court File Number |
|       |       |       |
| Effective Date (mm/dd/yyyy) | Age at Time of Assessment | Assessment Type | Current Caregiver Full Name |
|       |    |       |       |
| **CHILD/PROVIDER MATCH** |
| Child’s Assessed Level of Need (LON):       | Provider’s Level of Care (LOC):       |
|       |
|       |
| **MENTAL HEALTH SCREEN** |
|       |
| **CHILD/YOUTH RESULTS** |
| **Module** | **Score** |
| Trauma |       of       |
| Sexual Abuse |       of       |
| Life Functioning |       of       |
| Developmental |       of       |
| Medical |       of       |
| Legal |       of       |
| School |       of       |
| Child and Family Cultural Factors |       of       |
| Child / Youth Behavioral / Emotional Needs |       of       |
| Child / Youth Risk Behaviors |       of       |
| Runaway |       of       |
| Child / Youth Strengths |       of       |
| TOTAL SCORE |       of       |
| **CURRENT CAREGIVER RESULTS** |
| **Full Name** | **Score** | **Level of Care** |
|       |       of       |       |
| **IDENTIFIED PERMANENT RESOURCE RESULTS** |
| **Name** | **Type** | **Score** | **Level of Care** |
|       |       |      of       |       |

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

|  |  |  |
| --- | --- | --- |
| Child/Youth Full Name | Date Of Birth (mm/dd/yyyy) | Court File Number |
|       |       |       |
| Effective Date (mm/dd/yyyy) | Age at Time of Assessment | Assessment Type | Current Caregiver Full Name |
|       |    |       |       |
| **SIGNATURES** |
|  |  |  |  |  |
|  | **SIGNATURE** – Child / Youth |  | Date Signed |  |
|  |  |  |  |  |
|  | **SIGNATURE** – Parent / Legal Guardian |  | Date Signed |  |
|  |  |  |  |  |  |
|  | **SIGNATURE** – Parent / Legal Guardian |  | Date Signed |  |  |
|  |  |  |  |  |  |
|  | **SIGNATURE** – Current Caregiver |  | Date Signed |  |  |
|  |       |  |  |
|  | Child Welfare Professional Full Name |  |  |
|  |  |  |  |  |  |
|  | **SIGNATURE** – Child Welfare Professional |  | Date Signed |  |  |
|  |       |  |  |
|  | Supervisor Full Name |  |  |
|  |  |  |  |  |  |
|  | **SIGNATURE** – Supervisor |  | Date Signed |  |  |

**ACTIONABLE ITEMS FOR CHILD / YOUTH**

|  |  |  |
| --- | --- | --- |
| Child/Youth Full Name | Date Of Birth (mm/dd/yyyy) | Court File Number |
|       |       |       |
| Effective Date (mm/dd/yyyy) | Age at Time of Assessment | Assessment Type | Current Caregiver Full Name |
|       |    |       |       |
| **Immediate / Intensive Action Needed (3s)** |
|  | **Item and Module** | **Actions to be Taken and by Whom** |
|  |       |       |
| **Action Needed (2s)** |
|  | **Item and Module** | **Actions to be Taken and by Whom** |
|  |       |       |
| **Watchful Waiting / Prevention (1s)** |
|  | **Item and Module** | **Actions to be Taken and by Whom** |
|  |       |       |

**ACTIONABLE ITEMS FOR CURRENT CAREGIVER**

|  |  |  |
| --- | --- | --- |
| Child/Youth Full Name | Date Of Birth (mm/dd/yyyy) | Court File Number |
|       |       |       |
| Effective Date (mm/dd/yyyy) | Age at Time of Assessment | Assessment Type | Current Caregiver Full Name |
|       |    |       |       |
| **Immediate / Intensive Action Needed (3s)** |
|  | **Item and Module**  | **Actions to be Taken and by Whom** |
|  |       |       |
| **Action Needed (2s)** |
|  | **Item and Module** | **Actions to be Taken and by Whom** |
|  |       |       |

**ACTIONABLE ITEMS FOR IDENTIFIED PERMANENT RESOURCE**

|  |  |  |
| --- | --- | --- |
| Child/Youth Full Name | Date Of Birth (mm/dd/yyyy) | Court File Number |
|       |       |       |
| Effective Date (mm/dd/yyyy) | Age at Time of Assessment | Assessment Type | Current Caregiver Full Name |
|       |    |       |       |
| **Immediate / Intensive Action Needed (3s)** |
|  | **Item and Module** | **Actions to be Taken and by Whom** |
|  |       |       |
| **Action Needed (2s)** |
|  | **Item and Module** | **Actions to be Taken and by Whom** |
|  |       |       |

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

|  |  |  |
| --- | --- | --- |
| Child/Youth Full Name | Date Of Birth (mm/dd/yyyy) | Court File Number |
|       |       |       |
| Effective Date (mm/dd/yyyy) | Age at Time of Assessment | Assessment Type | Current Caregiver Full Name |
|       |    |       |       |
| **TRAUMA** | **0** | **1** | **2** | **3** |  | **SCHOOL** | **0** | **1** | **2** | **3** |
| Sexual Abuse | [ ]  | [ ]  | [ ]  | [ ]  |  | Attendance | [ ]  | [ ]  | [ ]  | [ ]  |
| a. Emotional Closeness to Perpetrator | [ ]  | [ ]  | [ ]  | [ ]  |  | Behavior | [ ]  | [ ]  | [ ]  | [ ]  |
| b. Frequency of Abuse | [ ]  | [ ]  | [ ]  | [ ]  |  | Achievement | [ ]  | [ ]  | [ ]  | [ ]  |
| c. Duration | [ ]  | [ ]  | [ ]  | [ ]  |  | Relationships with Teachers | [ ]  | [ ]  | [ ]  | [ ]  |
| d. Physical Force | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| e. Reaction to Disclosure | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| f. Victim of Sex Trafficking | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| Physical Abuse | [ ]  | [ ]  | [ ]  | [ ]  |  | **CHILD AND FAMILY CULTURAL FACTORS** | **0** | **1** | **2** | **3** |
| Neglect | [ ]  | [ ]  | [ ]  | [ ]  |  | Language | [ ]  | [ ]  | [ ]  | [ ]  |
| Emotional Abuse | [ ]  | [ ]  | [ ]  | [ ]  |  | Cultural Identity | [ ]  | [ ]  | [ ]  | [ ]  |
| Medical Trauma | [ ]  | [ ]  | [ ]  | [ ]  |  | Traditions and Rituals | [ ]  | [ ]  | [ ]  | [ ]  |
| Natural or Manmade Disaster | [ ]  | [ ]  | [ ]  | [ ]  |  | Cultural Stress | [ ]  | [ ]  | [ ]  | [ ]  |
| Witness to Family Violence | [ ]  | [ ]  | [ ]  | [ ]  |  | Knowledge Congruence | [ ]  | [ ]  | [ ]  | [ ]  |
| Witness to Community Violence | [ ]  | [ ]  | [ ]  | [ ]  |  | Help Seeking Congruence | [ ]  | [ ]  | [ ]  | [ ]  |
| Witness / Victim to Criminal Activity | [ ]  | [ ]  | [ ]  | [ ]  |  | Expression of Distress | [ ]  | [ ]  | [ ]  | [ ]  |
| **ADJUSTMENT TO TRAUMA** | **0** | **1** | **2** | **3** |  |  |  |  |  |  |
| Adjustment to Trauma | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| Traumatic Grief / Separation | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| Intrusions | [ ]  | [ ]  | [ ]  | [ ]  |  | **CHILD BEHAVIORAL / EMOTIONAL NEEDS** | **0** | **1** | **2** | **3** |
| Attachment Difficulties | [ ]  | [ ]  | [ ]  | [ ]  |  | Psychosis | [ ]  | [ ]  | [ ]  | [ ]  |
| Dissociation | [ ]  | [ ]  | [ ]  | [ ]  |  | Impulsive / Hyperactive | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  | Depression | [ ]  | [ ]  | [ ]  | [ ]  |
| **LIFE FUNCTIONING** | **0** | **1** | **2** | **3** |  | Anxiety | [ ]  | [ ]  | [ ]  | [ ]  |
| Family - Nuclear | [ ]  | [ ]  | [ ]  | [ ]  |  | Oppositional | [ ]  | [ ]  | [ ]  | [ ]  |
| Family - Extended | [ ]  | [ ]  | [ ]  | [ ]  |  | Conduct | [ ]  | [ ]  | [ ]  | [ ]  |
| Living Situation | [ ]  | [ ]  | [ ]  | [ ]  |  | Anger Control | [ ]  | [ ]  | [ ]  | [ ]  |
| Developmental | [ ]  | [ ]  | [ ]  | [ ]  |  | Substance Use | [ ]  | [ ]  | [ ]  | [ ]  |
| a. Cognitive | [ ]  | [ ]  | [ ]  | [ ]  |  | Somatization | [ ]  | [ ]  | [ ]  | [ ]  |
| b. Autism Spectrum | [ ]  | [ ]  | [ ]  | [ ]  |  | Behavioral Regression | [ ]  | [ ]  | [ ]  | [ ]  |
| c. Communication | [ ]  | [ ]  | [ ]  | [ ]  |  | Affect Dysregulation | [ ]  | [ ]  | [ ]  | [ ]  |
| d. Self-Care Daily Living | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| Medical | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| a. Life Threat | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| b. Chronicity | [ ]  | [ ]  | [ ]  | [ ]  |  | **CHILD RISK BEHAVIORS** | **0** | **1** | **2** | **3** |
| c. Diagnostic Complexity | [ ]  | [ ]  | [ ]  | [ ]  |  | Suicide Risk | [ ]  | [ ]  | [ ]  | [ ]  |
| d. Emotional Response | [ ]  | [ ]  | [ ]  | [ ]  |  | Non-Suicidal Self-Injurious Behavior | [ ]  | [ ]  | [ ]  | [ ]  |
| e. Impairment in Functioning | [ ]  | [ ]  | [ ]  | [ ]  |  | Other Self Harm | [ ]  | [ ]  | [ ]  | [ ]  |
| f. Treatment Involvement | [ ]  | [ ]  | [ ]  | [ ]  |  | Exploited | [ ]  | [ ]  | [ ]  | [ ]  |
| g. Intensity of Treatment | [ ]  | [ ]  | [ ]  | [ ]  |  | Danger to Others | [ ]  | [ ]  | [ ]  | [ ]  |
| h. Organizational Complexity | [ ]  | [ ]  | [ ]  | [ ]  |  | Sexual Aggression | [ ]  | [ ]  | [ ]  | [ ]  |
| Physical | [ ]  | [ ]  | [ ]  | [ ]  |  | Delinquent Behavior | [ ]  | [ ]  | [ ]  | [ ]  |
| Dental | [ ]  | [ ]  | [ ]  | [ ]  |  | Runaway | [ ]  | [ ]  | [ ]  | [ ]  |
| Daily Functioning | [ ]  | [ ]  | [ ]  | [ ]  |  | a. Frequency of Running | [ ]  | [ ]  | [ ]  | [ ]  |
| Social Functioning - Peer | [ ]  | [ ]  | [ ]  | [ ]  |  | b. Consistency of Destination | [ ]  | [ ]  | [ ]  | [ ]  |
| **LIFE FUNCTIONING (cont’d)** | **0** | **1** | **2** | **3** |  | **CHILD RISK BEHAVIORS (cont’d)** | **0** | **1** | **2** | **3** |
| Social Functioning - Adult | [ ]  | [ ]  | [ ]  | [ ]  |  | c. Safety of Destination | [ ]  | [ ]  | [ ]  | [ ]  |
| Legal | [ ]  | [ ]  | [ ]  | [ ]  |  | d. Involvement in Illegal Activities | [ ]  | [ ]  | [ ]  | [ ]  |
| a. Seriousness | [ ]  | [ ]  | [ ]  | [ ]  |  | e. Likelihood of Return on Own | [ ]  | [ ]  | [ ]  | [ ]  |
| b. History | [ ]  | [ ]  | [ ]  | [ ]  |  | f. Involvement with Others | [ ]  | [ ]  | [ ]  | [ ]  |
| c. Arrests | [ ]  | [ ]  | [ ]  | [ ]  |  | g. Realistic Expectations | [ ]  | [ ]  | [ ]  | [ ]  |
| d. Planning | [ ]  | [ ]  | [ ]  | [ ]  |  | Intentional Misbehavior | [ ]  | [ ]  | [ ]  | [ ]  |
| e. Community Safety | [ ]  | [ ]  | [ ]  | [ ]  |  | Fire Setting | [ ]  | [ ]  | [ ]  | [ ]  |
| f. Legal Compliance | [ ]  | [ ]  | [ ]  | [ ]  |  | Bullying | [ ]  | [ ]  | [ ]  | [ ]  |
| g. Peer Influences | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| h. Parental Criminal Behavior (Influences) | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| i. Environmental Influences | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| Eating Disturbance | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| Sleep | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| Sexual Development | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| Life Skills | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| Expectant Parent or Parenting | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Child/Youth Full Name | Date Of Birth (mm/dd/yyyy) | Court File Number |
|       |       |       |
| Effective Date (mm/dd/yyyy) | Age at Time of Assessment | Assessment Type | Current Caregiver Full Name |
|       |    |       |       |
| **CHILD STRENGTHS** | **0** | **1** | **2** | **3** |
| Relationship Permanence | [ ]  | [ ]  | [ ]  | [ ]  |
| Family - Nuclear | [ ]  | [ ]  | [ ]  | [ ]  |
| Family - Extended | [ ]  | [ ]  | [ ]  | [ ]  |
| Positive Peer Relations | [ ]  | [ ]  | [ ]  | [ ]  |
| Optimism | [ ]  | [ ]  | [ ]  | [ ]  |
| Decision-Making | [ ]  | [ ]  | [ ]  | [ ]  |
| Well-Being | [ ]  | [ ]  | [ ]  | [ ]  |
| Educational | [ ]  | [ ]  | [ ]  | [ ]  |
| Recreational | [ ]  | [ ]  | [ ]  | [ ]  |
| Vocational | [ ]  | [ ]  | [ ]  | [ ]  |
| Talents / Interests | [ ]  | [ ]  | [ ]  | [ ]  |
| Spiritual / Religious | [ ]  | [ ]  | [ ]  | [ ]  |
| Community Life | [ ]  | [ ]  | [ ]  | [ ]  |
| Youth Involvement With Care | [ ]  | [ ]  | [ ]  | [ ]  |
| Natural Supports | [ ]  | [ ]  | [ ]  | [ ]  |
| Resiliency | [ ]  | [ ]  | [ ]  | [ ]  |
| Resourcefulness | [ ]  | [ ]  | [ ]  | [ ]  |
| **CURRENT CAREGIVER**      | **0** | **1** | **2** | **3** |
| Supervision | [ ]  | [ ]  | [ ]  | [ ]  |
| Problem Solving | [ ]  | [ ]  | [ ]  | [ ]  |
| Involvement with Care | [ ]  | [ ]  | [ ]  | [ ]  |
| Knowledge | [ ]  | [ ]  | [ ]  | [ ]  |
| Empathy with Child | [ ]  | [ ]  | [ ]  | [ ]  |
| Organization | [ ]  | [ ]  | [ ]  | [ ]  |
| Social Resources | [ ]  | [ ]  | [ ]  | [ ]  |
| Physical Health | [ ]  | [ ]  | [ ]  | [ ]  |
| Mental Health | [ ]  | [ ]  | [ ]  | [ ]  |
| Substance Use | [ ]  | [ ]  | [ ]  | [ ]  |
| Developmental | [ ]  | [ ]  | [ ]  | [ ]  |
| Family Stress | [ ]  | [ ]  | [ ]  | [ ]  |
| Cultural Congruence | [ ]  | [ ]  | [ ]  | [ ]  |
| **IDENTIFIED PERMANENT RESOURCE STRENGTHS AND NEEDS** | **0** | **1** | **2** | **3** |
|      :       |  |  |  |  |
| Residential Stability | [ ]  | [ ]  | [ ]  | [ ]  |
| Self-Care / Daily Living | [ ]  | [ ]  | [ ]  | [ ]  |
| Accessibility to Child Care Services | [ ]  | [ ]  | [ ]  | [ ]  |
| Cultural Stress | [ ]  | [ ]  | [ ]  | [ ]  |
| Employment / Educational Functioning | [ ]  | [ ]  | [ ]  | [ ]  |
| Educational Attainment | [ ]  | [ ]  | [ ]  | [ ]  |
| Financial Resources | [ ]  | [ ]  | [ ]  | [ ]  |
| Community Connection | [ ]  | [ ]  | [ ]  | [ ]  |
| Legal | [ ]  | [ ]  | [ ]  | [ ]  |
| Transportation | [ ]  | [ ]  | [ ]  | [ ]  |
| Supervision | [ ]  | [ ]  | [ ]  | [ ]  |
| Problem Solving | [ ]  | [ ]  | [ ]  | [ ]  |
| Involvement with Care | [ ]  | [ ]  | [ ]  | [ ]  |
| Knowledge | [ ]  | [ ]  | [ ]  | [ ]  |
| **IDENTIFIED PERMANENT RESOURCE STRENGTHS AND NEEDS (cont’d)** | **0** | **1** | **2** | **3** |
| Empathy with Child | [ ]  | [ ]  | [ ]  | [ ]  |
| Organization | [ ]  | [ ]  | [ ]  | [ ]  |
| Social Resources | [ ]  | [ ]  | [ ]  | [ ]  |
| Physical Health | [ ]  | [ ]  | [ ]  | [ ]  |
| Mental Health | [ ]  | [ ]  | [ ]  | [ ]  |
| Substance Use | [ ]  | [ ]  | [ ]  | [ ]  |
| Developmental | [ ]  | [ ]  | [ ]  | [ ]  |
| Family Stress | [ ]  | [ ]  | [ ]  | [ ]  |
| Cultural Congruence | [ ]  | [ ]  | [ ]  | [ ]  |