|  |
| --- |
| **DEPARTMENT OF CHILDREN AND FAMILIES**Division of Safety and Permanence |

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

**Behavioral Characteristics**

**Use of form:** This confirms the special care needs of the child identified below. The Confirmation of Needs form is to be completed by an appropriate professional (e.g., physician, therapist, psychologist, school personnel, etc.). Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** Indicate the characteristic(s) listed below that reflect the special care needs **that are not age appropriate**. Sign, date and provide your professional relationship to the child.

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

**(Check all characteristics that are not age appropriate that the above-named child exhibits.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Disappears or runs away occasionally for  |  | [ ]  | Occasional parent / school contact (outside of |
|  | short periods of time (up to 2 days) with |  |  | scheduled parent / teacher conferences) |
|  | intention of returning. Explain: |  |  |  |
|  |  |  | [ ]  | Requires frequent parent / school contact |
|  |  |  |  |  |
|  |  |  | [ ]  | Requires daily parent / school contact. |
| [ ]  | Frequently runs away or disappears for  |  |  | Indicate detail of contact (e.g., if notebook, |
|  | longer periods of time (3 – 4 days) requiring  |  |  | explain subject matter): |  |
|  | encouragement to return. Explain: |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | [ ]  | Occasionally requires extra help with homework |
| [ ]  | Runs away for long periods of time (8 or  |  |  |  |
|  | more times per year and 5 or more days at |  | [ ]  | Frequently requires extra help with homework |
|  | a time). |  |  |  |
|  |  |  | [ ]  | Occasionally uses sexual acting out,  |
| [ ]  | Occasionally skips classes |  |  | masturbation, inappropriate sexual language |
|  |  |  |  |  |
| [ ]  | Frequently truant (1 – 2 times per month for  |  | [ ]  | Frequently exhibits sexual activity harmful to  |
|  | more than 1 day) |  |  | others; disruptive to family and community |
|  |  |  |  |  |
| [ ]  | Frequent suspensions or expulsions |  | [ ]  | Inappropriate behavior being overly affectionate |
|  |  |  |  | Explain: |  |
| [ ]  | Habitually truant |  |  |  |
|  |  |  | [ ]  | Exhibits sexual deviancy (e.g., that of a violent |
| [ ]  | Occasionally exhibits behavior affecting  |  |  | or unconsenting nature with others) |
|  | class achievement |  |  |  |
|  |  |  | [ ]  | Occasionally experiments with alcohol, drugs  |
| [ ]  | Frequently exhibits behavior affecting  |  |  | or both |
|  | class achievement |  |  |  |
|  |  |  | [ ]  | Frequently uses alcohol or drugs or both |
| [ ]  | Frequently creates disturbance in the  |  |  |  |
|  | classroom |  | [ ]  | Habitually uses alcohol or drugs or both |
|  |  |  |  |  |
| [ ]  | Habitually creates disturbance in the  |  | [ ]  | Infrequent hostile conflicts with parents,  |
|  | classroom or on the school bus |  |  | community, authority figures |
|  |  |  |  |  |
| [ ]  | Occasionally requires ongoing make-up |  | [ ]  | Occasional problems with stealing, petty |
|  | assignments |  |  | theft, vandalism, destroying property |

**NOTE: Additional characteristics are listed on the reverse side of this page.**

DCF-F-2783-E (N. 01/2013)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Occasionally involved in non-violent  |  | [ ]  | Frequent aggressive behavior toward people  |
|  | crimes / property which may bring contact  |  |  | (e.g., biting, scratching, throwing objects at  |
|  | with police /authorities (e.g., burglary) |  |  | another, sexual aggression) |
|  |  |  |  |  |
| [ ]  | Fixation with fire / matches |  | [ ]  | Daily aggressive behavior (e.g., biting,  |
|  |  |  |  | scratching, throwing objects) |
| [ ]  | Repeated uncontrollable social behavior |  |  |  |
|  | resulting in delinquency status (e.g.,  |  | [ ]  | Occasional self-abusive behavior (head banging,  |
|  | property offenses, assault, arson,  |  |  | eye poking, kicking self, biting self, etc.) |
|  | armed robbery) |  |  |  |
|  |  |  | [ ]  | Frequent self-abusive behavior (head banging,  |
| [ ]  | Occasional inappropriate behavior with  |  |  | eye poking, kicking self, biting self, etc.) |
|  | peers; infrequent conflicts with friends |  |  |  |
|  |  |  | [ ]  | Constant self-abusive behavior (head banging, |
| [ ]  | Frequently creates disturbance in day care  |  |  | eye poking, kicking self, biting self, etc.) |
|  | or after school program |  |  |  |
|  |  |  | [ ]  | Severe eating disorders; eats inappropriate  |
| [ ]  | Habitually creates disturbance in day care  |  |  | items |
|  | or after school program |  |  |  |
|  |  |  |  |  |
| [ ]  | Occasional aggressive behavior toward  |  |  |  |
|  | people (e.g., biting, scratching, throwing  |  |  |  |
|  | objects at another, sexual aggressiveness) |  |  |  |
|  |  |  |  |  |
| [ ]  | Other characteristics – Specify: |  |
|  |  |
|  |  |
|  |  |
|  |  |

Return completed form to: Agency Fillable

 2