

## ADOPTION ASSISTANCE 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.)

**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)**

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

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

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

Return completed form to: Adoption Assistance Program Specialist  
 DHFS/DCFS/BPP  
 P.O. Box 8916  
 Madison, WI 53708-8916  
 OR  
 Fax to: (608) 264-6750