

## ADOPTION ASSISTANCE AMENDMENT REQUEST – CONFIRMATION OF NEEDS EMOTIONAL 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 that are not age appropriate that the above-named child exhibits)**

- |   |   |
|---|---|
| <input type="checkbox"/> Demands excessive attention<br><input type="checkbox"/> Frequently requires close supervision<br><input type="checkbox"/> Requires constant and intensive supervision<br><input type="checkbox"/> Requires daily structure<br><input type="checkbox"/> Displays over-activity and over-excitedness<br><input type="checkbox"/> Nervous<br><input type="checkbox"/> High-strung<br><input type="checkbox"/> Impulsive<br><input type="checkbox"/> Habitually resistive<br><input type="checkbox"/> Infantile / immature personality<br><input type="checkbox"/> Frequent temper tantrums lasting over 10 minutes<br><input type="checkbox"/> Frequent temper tantrums lasting over 20 minutes<br><input type="checkbox"/> Frequent temper tantrums lasting over 30 minutes<br><input type="checkbox"/> Restless<br><input type="checkbox"/> Hyperactive<br><input type="checkbox"/> Short attention span<br><input type="checkbox"/> Severe hyperactivity to the point of frequent destructiveness or sleeplessness | <input type="checkbox"/> Wet or defecate in clothing during daytime hours several times a week<br><input type="checkbox"/> Low self-esteem and confidence<br><input type="checkbox"/> Chronically withdrawn / depressed / anxious<br><input type="checkbox"/> Periodically withdrawn and unresponsive; avoids feelings<br><input type="checkbox"/> Occasionally whines, argues, swears, manipulates, etc.<br><input type="checkbox"/> Frequent difficulty in communicating with others; avoids feelings<br><input type="checkbox"/> Frequent failure to do what is expected<br><input type="checkbox"/> Responds with apathy to situations<br><input type="checkbox"/> Difficulty establishing / maintaining relationships<br><input type="checkbox"/> Serious attachment problems<br><input type="checkbox"/> Displays cultural / social conflicts<br><input type="checkbox"/> Self-injurious; extremely accident prone<br><input type="checkbox"/> Needs behavioral program(s) requiring parent training. Explain: _____<br><hr/> <input type="checkbox"/> Involved in a behavioral management program<br><input type="checkbox"/> Bizarre or severely disturbed behavior; destructive<br><input type="checkbox"/> Has anorexia nervosa or other eating disorders<br>Explain: _____ |
|---|---|

- Occasionally wets during the night
- Frequent night bed wetter – occasionally soils or both
- Other Characteristic(s) – Specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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