**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 0-5**

**AMENDMENT CONFIRMATION OF NEEDS**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name – Child | | |  | DOB |
|  | | |  |  |
| Effective Date | Age at Time of Assessment | Name – | | |
|  |  |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMOTIONAL** | **0** | **1** | **2** | **3** |  | **PHYSICAL** | **0** | **1** | **2** | **3** |
| Affect Regulation |  |  |  |  |  | Developmental |  |  |  |  |
| Re-experiencing the Trauma |  |  |  |  |  | a. Cognitive |  |  |  |  |
| Avoidance |  |  |  |  |  | b. Autism Spectrum |  |  |  |  |
| Increased Arousal |  |  |  |  |  | c. Communication |  |  |  |  |
| Numbing Response |  |  |  |  |  | d. Self-Care Daily Living Skills |  |  |  |  |
| Regulatory |  |  |  |  |  | Medical |  |  |  |  |
| a. Eating |  |  |  |  |  | a. Life Threat |  |  |  |  |
| b. Elimination |  |  |  |  |  | b. Chronicity |  |  |  |  |
| c. Sensory Reactivity |  |  |  |  |  | c. Diagnostic Complexity |  |  |  |  |
| d. Emotional Control |  |  |  |  |  | d. Emotional Response |  |  |  |  |
| Sleep |  |  |  |  |  | e. Impairment in Functioning |  |  |  |  |
| Attachment |  |  |  |  |  | f. Treatment Involvement |  |  |  |  |
| Depression (Withdrawn) |  |  |  |  |  | g. Intensity of Treatment |  |  |  |  |
| Anxiety |  |  |  |  |  | h. Organizational Complexity |  |  |  |  |
|  |  |  |  |  |  | Physical |  |  |  |  |
|  |  |  |  |  |  | Dental |  |  |  |  |
| **BEHAVIORAL** | **0** | **1** | **2** | **3** |  | Daily Functioning |  |  |  |  |
| Living Situation |  |  |  |  |  | Motor |  |  |  |  |
| Social Functioning |  |  |  |  |  | Communication |  |  |  |  |
| Recreation / Play |  |  |  |  |  | Failure to Thrive |  |  |  |  |
| Preschool / Child Care |  |  |  |  |  | Labor and Delivery |  |  |  |  |
| a. Attendance |  |  |  |  |  | Parent / Sibling Problems |  |  |  |  |
| b. Compatibility |  |  |  |  |  |  |  |  |  |  |
| c. Behavior |  |  |  |  |  |  |  |  |  |  |
| d. Achievement |  |  |  |  |  |  |  |  |  |  |
| e. Relationships with Teachers |  |  |  |  |  |  |  |  |  |  |
| f. Relationship with Peers |  |  |  |  |  |  |  |  |  |  |
| Atypical Behaviors |  |  |  |  |  |  |  |  |  |  |
| Impulsive / Hyperactive |  |  |  |  |  |  |  |  |  |  |
| Oppositional |  |  |  |  |  |  |  |  |  |  |
| Pica |  |  |  |  |  |  |  |  |  |  |
| Self-Harm |  |  |  |  |  |  |  |  |  |  |
| Aggressive Behavior |  |  |  |  |  |  |  |  |  |  |
| Intentional Misbehavior |  |  |  |  |  |  |  |  |  |  |