**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| Depression (Withdrawn) | [ ]  | [ ]  | [ ]  | [ ]  |  | g. Intensity of Treatment | [ ]  | [ ]  | [ ]  | [ ]  |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 | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |