

Adoption Assistance Amendment Request – Confirmation of Needs Behavioral Characteristics (Ages 5 to 21)

Instructions: This form is to be used to confirm the special care needs of the child identified below and is to be **completed by an appropriate professional (e.g., physician, therapist, school personnel, etc.)**. Check the appropriate box in each category that most closely reflects the child's current functioning and / or needs. **If the child's needs or functioning are age appropriate, the first box should be checked.** Sign, date and provide your professional relationship to the child. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Name – Child		Birthdate – Child (mm/dd/yyyy)
Name – Person Completing Form (Print)	Professional Relationship to Child	Affiliation (e.g. school / medical facility, etc.)
SIGNATURE – Person Completing Form		Telephone Number
		Date Signed

Check ONE box in each category that best describes the child's current functioning / needs.
If the child's needs or functioning are age appropriate, the first box should be checked.

Child's Functioning in His / Her Current Living Situation (PAST 30 DAYS)

<input type="checkbox"/> No evidence of problems functioning in current living situation. Concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> Mild problems functioning in current home. Caregiver has concerns about child's behavior at home.	<input type="checkbox"/> Moderate to severe problems functioning at home. Child's behavior is creating significant difficulties for others in the home.	<input type="checkbox"/> Profound problems with functioning at home. Child is in immediate risk of being removed due to his / her behavior.
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If the child's needs / functioning fall within a shaded box, explain why:

Child's Social Functioning – Peer (PAST 30 DAYS)

<input type="checkbox"/> Child has positive social relationships with peers. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> Child is having some minor problems in social relationships with peers.	<input type="checkbox"/> Child is having some moderate problems with his / her social relationships with same age peers.	<input type="checkbox"/> Child is experiencing severe disruptions in his / her social relationships with same age peers.
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If the child's needs / functioning fall within a shaded box, explain why:

Child's Social Functioning – Adult (PAST 30 DAYS)

<input type="checkbox"/> Child has positive social relationships with adults. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> Child is having some minor problems in social relationships with adults.	<input type="checkbox"/> Child is having some moderate problems with his / her social relationships with adults.	<input type="checkbox"/> Child is experiencing severe disruptions in his / her social relationships with adults.
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If the child's needs / functioning fall within a shaded box, explain why:

BEHAVIORAL CHARACTERISTICS (5 to 21)

Child's Involvement with the Legal / Juvenile Justice System – Seriousness (PAST 30 DAYS)

<input type="checkbox"/> Youth has engaged in status offenses (curfew, tobacco possession, etc.) or this information is unknown to me.	<input type="checkbox"/> Youth has engaged in delinquent behavior equivalent to a misdemeanor.	<input type="checkbox"/> Youth has engaged in delinquent behavior equivalent to a felony.	<input type="checkbox"/> Youth has engaged in delinquent behavior that places other citizens at risk of significant physical harm.
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If the child's needs / functioning fall within a shaded box, explain why:

Child's Involvement with the Legal / Juvenile Justice System – History (PAST 30 DAYS)

<input type="checkbox"/> Current criminal / delinquent behavior is the first known occurrence or this information is unknown to me / not applicable.	<input type="checkbox"/> Youth has engaged in multiple criminal / delinquent acts in the past year.	<input type="checkbox"/> Youth has engaged in multiple criminal / delinquent acts for more than 1 year but has had 3+ month periods without.	<input type="checkbox"/> Youth has engaged in multiple criminal / delinquent acts for more than 1 year without any period without involvement.
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If the child's needs / functioning fall within a shaded box, explain why:

Child's Involvement with the Legal / Juvenile Justice System – Arrests (PAST 30 DAYS)

<input type="checkbox"/> Youth has no known arrests in past or this information is unknown to me.	<input type="checkbox"/> Youth has history of delinquency, but no arrests in the past 30 days.	<input type="checkbox"/> Youth has 1 to 2 arrests in the last 30 days.	<input type="checkbox"/> Youth has more than 2 arrests in the last 30 days.
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If the child's needs / functioning fall within a shaded box, explain why:

Child's Involvement with the Legal / Juvenile Justice System – Planning (PAST 30 DAYS)

<input type="checkbox"/> No evidence of any planning, criminal acts appear to be impulsive or this information is unknown to me.	<input type="checkbox"/> Evidence suggests that the youth places him / herself into situations where there is a likelihood that criminal behavior will occur.	<input type="checkbox"/> Evidence of some planning of criminal / delinquent behavior.	<input type="checkbox"/> Considerable evidence of significant planning of criminal / delinquent behavior. Behavior is premeditated.
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If the child's needs / functioning fall within a shaded box, explain why:

Child's Involvement with the Legal / Juvenile Justice System – Community Safety (PAST 30 DAYS)

<input type="checkbox"/> Youth presents no risk to the community or this information is unknown to me.	<input type="checkbox"/> Youth engages in behavior that represents a risk to community property (theft, vandalism, etc.).	<input type="checkbox"/> Youth engages in behavior that places others in some danger of physical harm (risky driving, dangerous pranks).	<input type="checkbox"/> Youth engages in behavior that directly places community members in danger of significant physical harm.
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If the child's needs / functioning fall within a shaded box, explain why:

BEHAVIORAL CHARACTERISTICS (5 to 21)

Child's Involvement with the Legal / Juvenile Justice System – Legal Compliance (PAST 30 DAYS)

<input type="checkbox"/> Youth is fully compliant with his / her court order or no court orders are currently in place or this information is unknown to me.	<input type="checkbox"/> Youth is in general compliance with his / her court orders (e.g. occasional missed appointments).	<input type="checkbox"/> Youth is in partial noncompliance with standing court orders (e.g. youth is attending school but not court ordered treatment).	<input type="checkbox"/> Youth is in serious and / or complete noncompliance with standing court orders (e.g. parole violations).
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If the child's needs / functioning fall within a shaded box, explain why:

Child's Involvement with the Legal / Juvenile Justice System – Peer Influences (PAST 30 DAYS)

<input type="checkbox"/> Youth's primary peer social group does not engage in delinquent / criminal behavior or this information is unknown to me.	<input type="checkbox"/> Youth has peers in his / her peer group who do not engage in criminal / delinquent behavior, but some peers who do.	<input type="checkbox"/> Youth predominantly has peers who engage in delinquent behavior but youth is not a member of a gang.	<input type="checkbox"/> Youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.
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If the child's needs / functioning fall within a shaded box, explain why:

Sexual Development (PAST 30 DAYS)

<input type="checkbox"/> No evidence of any problems with sexual development. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> Mild to moderate problems with sexual development that may include concerns about sexual identity or anxiety about the reactions of others.	<input type="checkbox"/> Significant problems with sexual development that may include multiple and / or older partners or high-risk sexual behaviors.	<input type="checkbox"/> Profound problems with sexual development that may include prostitution, very frequent risky sexual behavior, or sexual aggression.
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If the child's needs / functioning fall within a shaded box, explain why:

School – Attendance (PAST 30 DAYS)

<input type="checkbox"/> Child attends school regularly or this information is unknown to me.	<input type="checkbox"/> Child has some problems attending school, including a history of truancy, suspensions or expulsions but generally goes to school.	<input type="checkbox"/> Child is having problems with school attendance, including frequent truancy, suspensions or expulsions and is missing at least 2 days / week on average.	<input type="checkbox"/> Child is generally truant or refusing to go to school more than 3 days out of every week.
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If the child's needs / functioning fall within a shaded box, explain why:

BEHAVIORAL CHARACTERISTICS (5 to 21)

School – Behavior (PAST 30 DAYS)

<input type="checkbox"/> Child is behaving well in school. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> When child is in school, he / she behaves well although some behavior problems exist.	<input type="checkbox"/> When child is in school, he / she has moderate behavioral problems and is disruptive. Child may have received discipline including suspensions.	<input type="checkbox"/> When child is in school, he / she is having severe problems with behavior and is frequently or severely disruptive. Child is in danger of expulsion.
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If the child's needs / functioning fall within a shaded box, explain why:

School – Achievement (PAST 30 DAYS)

<input type="checkbox"/> Child is doing well in school, any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> Child is doing well in school achievement, although some problems exist, such as failing to turn in work, disorganization or refusal to do some assignments.	<input type="checkbox"/> Child is having moderate problems with school achievement. He / she may be failing some subjects.	<input type="checkbox"/> Child is having severe achievement problems and may be failing most subjects or has failed more than 1 year within the past two years.
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If the child's needs / functioning fall within a shaded box, explain why:

School – Relationship with Teachers

<input type="checkbox"/> Child has good relations with teachers. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> Child has occasional difficulties relating with at least 1 teacher or during at least one subject period.	<input type="checkbox"/> Child has difficult relations with teachers that notably interferes with his / her education.	<input type="checkbox"/> Child has very difficult relations with all teachers or with their only teacher which prevents the child from learning.
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If the child's needs / functioning fall within a shaded box, explain why:

Impulsivity / Hyperactivity (PAST 30 DAYS)

<input type="checkbox"/> No evidence of impulsivity / hyperactivity, any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> Some problems with impulsive, distractible or hyperactive behavior.	<input type="checkbox"/> Clear evidence of problems with impulsive, distractible or hyperactive behavior that is interfering with the child's ability to function.	<input type="checkbox"/> Clear evidence of a dangerous level of impulsive behavior that can place the child at risk of physical harm.
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If the child's needs / functioning fall within a shaded box, explain why:

Oppositional Behaviors (PAST 30 DAYS)

<input type="checkbox"/> No evidence of oppositional behaviors. Child displays age appropriate resistance towards adults or this information is unknown to me.	<input type="checkbox"/> History or recent onset of defiance towards authority figures.	<input type="checkbox"/> Clear evidence of oppositional and / or defiant behaviors which are interfering with the child's functioning and / or causing emotional harm to others.	<input type="checkbox"/> Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.
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If the child's needs / functioning fall within a shaded box, explain why:

BEHAVIORAL CHARACTERISTICS (5 to 21)

Conduct (PAST 30 DAYS)

<input type="checkbox"/> No evidence of intentional misconduct. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> History / suspicion of problems associated with behavior including lying, stealing, manipulating others, sexual aggression, violence towards property people or animals.	<input type="checkbox"/> Clear evidence of behavior which includes lying, stealing, manipulating others, sexual aggression, violence towards property people or animals.	<input type="checkbox"/> Evidence of a severe level of behavior that places the child or community at significant risk of physical harm due to these behaviors.
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If the child's needs / functioning fall within a shaded box, explain why:

Anger Control (PAST 30 DAYS)

<input type="checkbox"/> No evidence of any significant anger control problems. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> Some problems with controlling anger. Child may become verbally aggressive when frustrated.	<input type="checkbox"/> Moderate anger control problems. Child's temper can become violent and has gotten him / her in significant trouble with peers, family and / or school.	<input type="checkbox"/> Severe anger control problems. Child's temper is likely associated with frequent fighting that is often physical. Others likely fear him / her.
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If the child's needs / functioning fall within a shaded box, explain why:

Substance Use (PAST 30 DAYS)

<input type="checkbox"/> No evidence of substance use or this information is unknown to me.	<input type="checkbox"/> History or suspicion of substance use.	<input type="checkbox"/> Clear evidence of substance abuse that interferes with functioning in any area of life.	<input type="checkbox"/> Child requires detoxification OR is addicted to alcohol / drugs.
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If the child's needs / functioning fall within a shaded box, explain why:

Danger to Others (PAST 30 DAYS)

<input type="checkbox"/> No evidence that the child presents a danger to others. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> History of homicidal ideation, physically harmful aggression or fire setting that has put self or others in danger of harm.	<input type="checkbox"/> Recent homicidal ideation, physically harmful aggression or dangerous fire setting but not in the past 24 hours.	<input type="checkbox"/> Homicidal ideation with a plan or physically harmful aggression within the past 24 hours.
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If the child's needs / functioning fall within a shaded box, explain why:

BEHAVIORAL CHARACTERISTICS (5 to 21)

Sexual Aggression (PAST 30 DAYS)

<input type="checkbox"/> No evidence of any history of sexually aggressive behavior. Any sexual contact has been age appropriate and consenting. No sexual contact with younger children, or this information is unknown to me.	<input type="checkbox"/> History of sexually aggressive behavior (but not in the past year) OR sexually inappropriate behavior in the past year (e.g. harassing talk or excessive masturbation).	<input type="checkbox"/> Child is engaged in sexually aggressive behavior in the past year but not in the past 30 days (use of force, coercion, unconsenting contact).	<input type="checkbox"/> Child has engaged in sexually aggressive behavior in the past 30 days (use of force, coercion, unconsenting contact).
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If the child's needs / functioning fall within a shaded box, explain why:

Delinquent Behavior

<input type="checkbox"/> No evidence of any delinquent behavior or this information is unknown to me.	<input type="checkbox"/> History of criminal / delinquent behavior but no acts in the past 30 days.	<input type="checkbox"/> Recent acts of criminal / delinquent behavior but no acts in the past 30 days.	<input type="checkbox"/> Severe acts of criminal / delinquent behaviors that placed others at risk of significant loss or injury or place the child at risk of adult sanctions.
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If the child's needs / functioning fall within a shaded box, explain why:

Runaway (PAST 30 DAYS)

<input type="checkbox"/> No evidence that the child runs away. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> History of runaway from home or other settings involving at least 1 overnight absence, at least 30 days ago.	<input type="checkbox"/> Recent runaway behavior or ideation but not in the past 7 days.	<input type="checkbox"/> Serious threat to runaway as shown by either recent attempts OR child is currently a runaway.
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If the child's needs / functioning fall within a shaded box, explain why:

Running Away – Frequency

<input type="checkbox"/> Youth has only run once in the past year or this information is unknown to me / not applicable.	<input type="checkbox"/> Youth has run on multiple occasions in the past year.	<input type="checkbox"/> Youth runs often (two or more times per month) but not always.	<input type="checkbox"/> Youth runs at every opportunity.
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If the child's needs / functioning fall within a shaded box, explain why:

BEHAVIORAL CHARACTERISTICS (5 to 21)

Running Away – Consistency of Destination

<input type="checkbox"/> Youth always runs to the same location or this information is unknown to me / not applicable.	<input type="checkbox"/> Youth generally runs to the same location or neighborhood.	<input type="checkbox"/> Youth runs to the same community but the specific locations change.	<input type="checkbox"/> Youth runs to no planned destination.
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If the child's needs / functioning fall within a shaded box, explain why:

Running Away – Safety of Destination

<input type="checkbox"/> Youth runs to a safe environment that meets his / her basic needs (e.g. food, shelter) or this information is unknown to me / not applicable.	<input type="checkbox"/> Youth runs to generally safe environments; however, they might be somewhat unstable or variable.	<input type="checkbox"/> Youth runs to generally unsafe environments that cannot meet his / her basic needs.	<input type="checkbox"/> Youth runs to very unsafe environments where the likelihood that he / she will be victimized is high.
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If the child's needs / functioning fall within a shaded box, explain why:

Running Away – Involvement in Illegal Activities

<input type="checkbox"/> Youth does not engage in illegal activities while on the run or this information is unknown to me / not applicable.	<input type="checkbox"/> Youth engages in status offenses beyond those involved with the running itself (e.g. curfew violations, underage drinking).	<input type="checkbox"/> Youth engages in delinquent activities while on the run.	<input type="checkbox"/> Youth engages in dangerous delinquent activities while on the run (e.g. prostitution, selling / buying drugs).
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If the child's needs / functioning fall within a shaded box, explain why:

Running Away – Likelihood of Return on Own

<input type="checkbox"/> Youth will return from run on his / her own without prompting or this information is unknown to me / not applicable.	<input type="checkbox"/> Youth will return from run when found, but not without being found.	<input type="checkbox"/> Youth will make him / herself difficult to find and / or might passively resist return once found.	<input type="checkbox"/> Youth makes repeated and concerted efforts to hide so as to not be found and / or resists return.
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If the child's needs / functioning fall within a shaded box, explain why:

Running Away – Involvement With Others

<input type="checkbox"/> Youth runs by self with no involvement of others or this information is unknown to me / not applicable.	<input type="checkbox"/> Others enable youth to run by not discouraging youth's behavior.	<input type="checkbox"/> Others are involved in youth's running by actively helping or encouraging youth.	<input type="checkbox"/> Youth actively is encouraged to run by others. Others actively help running behavior.
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If the child's needs / functioning fall within a shaded box, explain why:

BEHAVIORAL CHARACTERISTICS (5 to 21)

Running Away – Realistic Expectations

<input type="checkbox"/> Youth has realistic expectations about the consequences of his / her running behavior or this information is unknown to me / not applicable.	<input type="checkbox"/> Youth has reasonable expectations about the consequences of his / her running, but may be hoping for a somewhat 'optimistic' outcome.	<input type="checkbox"/> Youth has unrealistic expectations about the consequences of his / her running behavior.	<input type="checkbox"/> Youth has obviously false or delusional expectations about the consequences of his / her running behavior.
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If the child's needs / functioning fall within a shaded box, explain why:

Intentional Misbehavior (PAST 30 DAYS)

<input type="checkbox"/> No evidence of problematic social behavior. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> Mild level of problematic social behavior (e.g. behavior that results in consequences by adults, inappropriate comments, unusual behavior in social settings).	<input type="checkbox"/> Moderate level of problematic social behavior which is intentional and causing problems in the child's life. Child is getting into trouble in school, at home and in the community.	<input type="checkbox"/> Severe level of problematic social behavior that might result in significant consequences such as expulsion, removal from the home or community.
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If the child's needs / functioning fall within a shaded box, explain why:

Fire Setting

<input type="checkbox"/> No evidence of fire setting. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> History of fire setting but not in the past 6 months.	<input type="checkbox"/> Recent fire setting behavior (in the past 6 months) but not of the type that has endangered the child or others.	<input type="checkbox"/> Acute threat of fire setting. Has set a fire that endangered the lives of others (e.g. attempting to burn down a house).
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If the child's needs / functioning fall within a shaded box, explain why:

Bullying

<input type="checkbox"/> Youth has never engaged in bullying at school or in the community. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> Youth has been involved with groups that have bullied others either in school or the community; however, youth has not had a leadership role in these groups.	<input type="checkbox"/> Youth has bullied other youth in school or community. Youth has bullied another by him / herself or led a group that bullied another.	<input type="checkbox"/> Youth has repeatedly utilized threats or actual violence to bully youth in school and / or community.
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If the child's needs / functioning fall within a shaded box, explain why:

Return completed form to: Adoption Assistance
 DCF/DSP
 P.O. Box 8916
 Madison, WI 53708-8916

Or fax to: 608-264-6750