DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence

Adoption Assistance Amendment Request – Confirmation of Needs
Emotional 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.

Adjustment to Past Trauma (Emotional Characteristic Over the PAST 30 DAYS)

☐ Child has demonstrated no emotional concerns related to past traumatic life events. Any concerns are **age appropriate or** this information is unknown to me.	☐ History or suspicion of problems associated with traumatic life events.	☐ Clear evidence of adjustment problems due to traumatic life events which are interfering with the child's functioning in at least one area of life.	☐ Clear symptoms of Post Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.

If the child's needs / functioning fall within a shaded box, explain why:

Adjustment to Past Trauma – Traumatic Grief / Separation (PAST 30 DAYS)

☐ There is no evidence the child has experienced traumatic grief or separation from significant caregivers **or** this information is unknown to me.	☐ Child is experiencing some level of traumatic grief due to death or loss of a significant person or distress from caregiver separation in a manner that is appropriate given the recent nature of loss or separation.	☐ Child is experiencing a moderate level of traumatic grief or difficulties with separation in a way that impairs functioning in certain but not all areas including isolation or withdraw from others.	☐ Child is experiencing significant traumatic grief or separation reactions. Child exhibits impaired functioning in several areas for a significant period of time following the loss or separation.

If the child's needs / functioning fall within a shaded box, explain why:

Adjustment to Past Trauma – Intrusions (PAST 30 DAYS)

☐ There is no evidence that the child experiences intrusive thoughts of trauma **or** this information is unknown to me.	☐ Child experiences some intrusive thoughts of trauma but they do not affect his / her functioning.	☐ Child experiences intrusive thoughts that interfere in his / her ability to functioning in some areas of life.	☐ Child experiences repeated and severe intrusive thoughts of trauma.

If the child's needs / functioning fall within a shaded box, explain why:

EMOTIONAL CHARACTERISTICS (Ages 5 to 21)

Adjustment to Past Trauma – Attachment (PAST 30 DAYS)

☐ No evidence of attachment problems. Any concerns are **age / developmentally appropriate or** this information is unknown to me.	☐ Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment.	☐ Moderate problems with attachment. Child is having problems with attachment that require intervention. A child who meets the criteria for Attachment Disorder in DSM-IV would be rated here.	☐ Severe problems with attachment. A child who is unable to separate or a child who appears to have severe problems with forming or maintaining relationships with caregivers.

If the child's needs / functioning fall within a shaded box, explain why:

Adjustment to Past Trauma – Dissociation / Emotional Disconnect from Situations (PAST 30 DAYS)

☐ There is no evidence of dissociation/emotional disconnection to a stressful situation **or** this information is unknown to me.	☐ Child may experience some symptoms of dissociation / emotional disconnection to a stressful situation.	☐ Child clearly experiences episodes of dissociation / emotional disconnection to a stressful situation which are having an impact on the child's ability to function in social situations or relate to others.	☐ Profound dissociation / emotional disconnection to a stressful situation. The periods of dissociation are having a profound effect on the child's ability to function or relate to others in several areas of life.

If the child's needs / functioning fall within a shaded box, explain why:

Eating Disturbance (PAST 30 DAYS)

☐ No evidence of eating disturbance. Any concerns are **age appropriate or** this information is unknown to me.	☐ Mild level of eating disturbance. This could include some preoccupation with weight, calories, body size, binge eating patterns **or eating non-food items that are not harmful (paper, small items)**.	☐ Clear evidence of eating disturbance that could include restrictive eating, excessive exercise, vomiting, laxatives, etc, in order to maintain below normal weight **or eating non-food items that cause pain or digestive problems**.	☐ Eating disturbance is disabling. Could include significantly low weight, excessive binge-purge behaviors (at least 1x/day), eating **dangerous non-food items (sharp items or chemicals)** and / or hospitalization.

If the child's needs / functioning fall within a shaded box, explain why:

Sleep (PAST 30 DAYS)

☐ Child gets a full night's sleep each night **or** this information is unknown to me.	☐ Child has some problems sleeping. This may include occasionally waking, bedwetting or nightmares.	☐ Child's sleep is often disrupted and child seldom obtains a full night of sleep.	☐ Child is generally sleep deprived. Sleeping is difficult for the child and he / she is not able to get a full night sleep.

If the child's needs / functioning fall within a shaded box, explain why:

EMOTIONAL CHARACTERISTICS (Ages 5 to 21)

Psychosis / Hallucinations / Delusions (PAST 30 DAYS)

☐ No evidence of hallucinations or delusions, **or** this information is unknown to me.	☐ History or suspicion of hallucinations or delusions.	☐ Clear evidence of hallucinations or delusions.	☐ Clear evidence of dangerous hallucinations or delusions which places the child or others at risk of physical harm.

If the child's needs / functioning fall within a shaded box, explain why:

Depression (PAST 30 DAYS)

☐ No evidence or concern about depression. Any concerns are **age appropriate or** this information is unknown to me.	☐ History or suspicion of depression or mild to moderate depression associated with a recent negative life event.	☐ Clear evidence of depression associated with either depressed mood which has interfered significantly in child's ability to function in at least one area of life.	☐ Clear evidence of a disabling level of depression that makes it virtually impossible for the child to function in any area of life.

If the child's needs / functioning fall within a shaded box, explain why:

Anxiety (PAST 30 DAYS)

☐ No evidence or concern about anxiety, any concerns are **age appropriate or** this information is unknown to me.	☐ History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event.	☐ Clear evidence of anxiety associated with significant fearfulness or anxious mood that has interfered significantly in child's ability to function in at least one area of life.	☐ Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any area of life.

If the child's needs / functioning fall within a shaded box, explain why:

Somatization – Expressing Feelings Through Physical Symptoms

☐ No evidence of unexplained physical symptoms **associated with emotional stress**. Any concerns are **age / developmentally appropriate or** this information is unknown to me.	☐ Mild level of physical problems (unexplained headaches, stomach problems, joint, limb or chest pain without medical cause) **associated with emotional stress**.	☐ Moderate level of physical problems (persistent physical symptoms without medical cause and **associated with emotional stress**). Somatoform disorder diagnosis.	☐ Severe physical symptoms **associated with emotional stress** and causing significant disturbance in school or social functioning.

If the child's needs / functioning fall within a shaded box, explain why:

EMOTIONAL CHARACTERISTICS (Ages 5 to 21)

Behavioral Regression

☐ Child's behaviors are consistent and **age appropriate or** this information is unknown to me.	☐ Child has some regression in age-level behavior (e.g. thumb sucking, whining when age inappropriate).	☐ Child has moderate regression in age-level behavior including loss of ability to engage with peers, stopping play or exploration, or occasional bedwetting.	☐ Child has significant regression in behaviors as demonstrated by significant periods of changes in speech or loss of bowel or bladder control.

If the child's needs / functioning fall within a shaded box, explain why:

Affect Dysregulation / Emotions Are Not Appropriate to the Situation (PAST 30 DAYS)

☐ No evidence of inappropriate emotional response, any concerns are **age appropriate or** this information is unknown to me.	☐ Child has mild to moderate problems demonstrating emotional responses that are appropriate to a given situation.	☐ Child has severe problems with appropriate emotional response but is able to control affect at times. Interferes with functioning in some areas of life.	☐ Child's emotional response to situations are mostly inappropriate and interfere in several areas of life.

If the child's needs / functioning fall within a shaded box, explain why:

Suicide Risk – Do Not Include Cutting Behaviors in This Category (PAST 30 DAYS)

☐ No evidence of suicidal thoughts or actions **or** this information is unknown to me. (Cutting behavior is not a suicidal action).	☐ History but no recent ideation or gesture.	☐ Recent ideation or gesture but not in the past 24 hours.	☐ Current ideation or intent OR command hallucinations that involve self-harm.

If the child's needs / functioning fall within a shaded box, explain why:

Self-Injurious Behavior (PAST 30 DAYS)

☐ No evidence of self-injurious behavior **or** this information is unknown to me.	☐ History of self-mutilation.	☐ Engaging in self-mutilation that does not require medical attention.	☐ Engaging in self mutilation that requires medical attention.

If the child's needs / functioning fall within a shaded box, explain why:

EMOTIONAL CHARACTERISTICS (Ages 5 to 21)

Other Self Harm (PAST 30 DAYS)

☐ No evidence of behavior that places child at risk of physical harm. Any concerns are **age appropriate or** this information is unknown to me.	☐ History of engaging in reckless or risk-taking behaviors that put the child at risk of physical harm.	☐ Engages in reckless or risk-taking behaviors that put the child at risk of serious physical harm.	☐ Engaged in reckless or risk-taking behavior that places child at immediate risk of death.

If the child's needs / functioning fall within a shaded box, explain why:

Exploited This item is used to examine a history and pattern of abuse, and / or includes a level of current risk for re-victimization (parentification of children, being bullied, prostituted, or taken advantage of by others).

☐ There is no evidence of a history of exploitation or history of victimization over the past year **or** this information is unknown to me.	☐ Suspicion or history of exploitation, but person has not been exploited to any significant degree during the past year. Person is not presently at risk for re-victimization.	☐ This level indicates a person who has been recently exploited (within the past year) but is not at acute risk of re-exploitation. (Physical or sexual abuse, significant psychological abuse, extortion violent crime, etc.).	☐ This level indicates a person who has been recently exploited and has an acute risk of re-exploitation. (Working as a prostitute, in an abusive relationship, etc.).

If the child's needs / functioning fall within a shaded box, explain why:

Return completed form to:

DCF/DSP/BPOHC
Adoption Assistance Amendment Program
212 East Washington Avenue, Suite 101
P.O. Box 8916
Madison, WI 53708-8916

Or fax to: 608-264-6750