

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

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 (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. Any 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 (PAST 30 DAYS)

<input type="checkbox"/> Child has positive social relationships. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> Child is having minor problems in social relationships. Toddlers may need support to interact with peers and preschoolers may resist social situations.	<input type="checkbox"/> Child is having moderate problems in social relationships. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively and be unable to play in groups even with adult support.	<input type="checkbox"/> Child is experiencing severe disruption in social relationships. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults.
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If the child's needs / functioning fall within a shaded box, explain why:

BEHAVIORAL CHARACTERISTICS (Birth to 5)

Recreational Play (PAST 30 DAYS)

<input type="checkbox"/> No evidence that the child has problems with recreational play. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> Child is doing adequately with recreational or play activities although some problems may exist. Child may be uninterested or poorly able to sustain play.	<input type="checkbox"/> Child is having moderate problems with recreational activities, may resist play, show little enjoyment or interest in activities.	<input type="checkbox"/> Child has no interest in play or recreational activities. May spend most of time non-interactive or cannot demonstrate enjoyment or use play to further development.
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If the child's needs / functioning fall within a shaded box, explain why:

Preschool / Child Care (PAST 30 DAYS)

<input type="checkbox"/> No evidence of problem with functioning in current preschool or child care environment. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> Mild problems with functioning in current preschool or child care environment.	<input type="checkbox"/> Moderate to severe problems with functioning in current preschool or child care. Child has difficulties maintaining his / her behavior creating significant problems for others.	<input type="checkbox"/> Profound problems with functioning in current preschool / child care. Child is at immediate risk of being removed from program due to his / her behaviors or needs.
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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 preschool / child care regularly. Any concerns are need / age appropriate or this information is unknown to me.	<input type="checkbox"/> Child has some problems attending preschool / child care, but generally is present.	<input type="checkbox"/> Child is having problems with preschool attendance and is missing at least 2 days / week on average.	<input type="checkbox"/> Child is absent most of the time and this causes a significant challenge in achievement, socialization and following routine.
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If the child's needs / functioning fall within a shaded box, explain why:

School – Compatibility (PAST 30 DAYS)

<input type="checkbox"/> Infant / child's preschool / child care meets the needs of the infant / child or this information is unknown to me.	<input type="checkbox"/> Child's preschool / child care is marginal in its ability to meet the unusual needs of the child and / or the environment may be weak in areas.	<input type="checkbox"/> Child's preschool / child care does not meet the unusual needs of the child in most areas and the environment may not support the child's growth or promote further learning.	<input type="checkbox"/> The child's preschool / child care is contributing to problems for the child in one or more areas.
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If the child's needs / functioning fall within a shaded box, explain why:

BEHAVIORAL CHARACTERISTICS (Birth to 5)

School – Behavior (PAST 30 DAYS)

<input type="checkbox"/> Child is behaving well in preschool / child care. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> When child is in preschool / child care, he / she behaves adequately although some behavior problems exist.	<input type="checkbox"/> When child is in preschool / child care, he / she has moderate behavioral problems and is disruptive. Many interventions have been put in place.	<input type="checkbox"/> When child is in preschool / child care, he / she is having severe problems with behavior and is frequently or severely disruptive. Threat 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 learning new skills. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> Child is doing adequately learning new skills with some challenges. Child may be able to do well with extra adult support.	<input type="checkbox"/> Child is having moderate problems learning new skills. Child may not be able to retain concepts / skills or meet expectations in some areas even with adult support.	<input type="checkbox"/> Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas.
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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:

Relationship with Peers

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

BEHAVIORAL CHARACTERISTICS (Birth to 5)

Atypical Behaviors (PAST 30 DAYS)

(repetitive head banging, spinning, hand flapping, finger-flicking, rocking, toe walking, staring at lights, repetitive speech)

<input type="checkbox"/> Child has no evidence of atypical behaviors. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> History or reports of atypical behaviors from others that have not been observed by the individual completing this form.	<input type="checkbox"/> Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis.	<input type="checkbox"/> Clear evidence of atypical behaviors that are consistently present and interfere with the infants / child's functioning on a regular basis.
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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. Child is under the age of 3.	<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 (past 6 weeks) 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 which interferes with child's social and emotional development.
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If the child's needs / functioning fall within a shaded box, explain why:

Pica – Only for Children 18 Months or Older (PAST 30 DAYS)

<input type="checkbox"/> No evidence that the child eats unusual or dangerous materials. Any concerns are age appropriate or this information is unknown to me.	<input type="checkbox"/> Child has a history of eating unusual or dangerous materials but has not done so in the last 30 days.	<input type="checkbox"/> Child has eaten unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days.	<input type="checkbox"/> Child has become physically ill during the past 30 days by eating dangerous materials.
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If the child's needs / functioning fall within a shaded box, explain why:
