CHILD AND ADOLESCEN	T NEEDS AND STRENGTHS (C	ANS) WISCONSIN	COMPREHENSIVE BIRTH - 5
Please √ appropriate use:	Initial Reassessment	Date:	M M D D Y Y
	Transition/Discharge		
	m m d d	ууМ Б	
Child/Youth's Name	DOB	Gender	Race/Ethnicity
Current Living Situation:			
Assessor (Print Name):		Signature	
Identified Permanent		Relation:	
Resource Name:		— —	
Current Caregiver Name:		Relation:	

TRAUMA (Characteristics of the trauma experience)					
	0	1	2	3	
Sexual Abuse*	0	0	0	0	
Physical Abuse	0	Ο	Ο	0	
Neglect	0	Ο	Ο	0	
Emotional Abuse	0	Ο	Ο	0	
Medical Trauma	0	Ο	Ο	0	
Natural Disaster	0	Ο	Ο	0	
Witness to Family Violence	0	Ο	Ο	000000	
Witness to Community Violence	0	Ο	Ο	0	
Witness/Victim - Criminal Acts	0	0	0	0	
Other:					
* If Convert Abuse 1. O complete	iha fa				
* If Sexual Abuse >0, complete a	the fo	niowi	ng:		
Emotional closeness to	0	0	0	0	
perpetrator Frequency	0	0	0	0	
Duration	0	õ	-	$\tilde{\circ}$	
Force	0	õ		000	
Reaction to Disclosure	0	õ	õ	$\tilde{\mathbf{O}}$	
Adjustment	0		2	3	
Affect Regulation	Ő	0	Ó	Õ	
Re-experiencing Trauma	ŏ	õ	Õ	õ	
Avoidance	õ	ŏ	ŏ	0 0	
Increased Arousal	Ő	õ	õ	Ő	
		õ	õ	õ	
Numbing Responsiveness		U	0	$\cup$	

OMAIN FUNCTIONING

0 =  no evidence of problems $1 =$ history, mild						
2 = moderate	3 = se		miu			
	0 - 00	0	1	2	3	
Family-nuclear		0	0	0	0	
Family-extended		0	0	0	0	
Living Situation		0	Ο	Ο	0	
Preschool/Child Care <sup>1</sup>		0	0	0	0	
Social Functioning		0	Ο	Ο	0	
Recreation/Play		0	Ο	Ο	0	
Developmental <sup>2</sup>		0	0	Ο	0	
Regulatory <sup>3</sup>		Ο	0	0	0	
Motor		Ο	Ο	Ο	0	
Communication		0	Ο	Ο	0	
Sleeping		0	Ο	Ο	0	
Medical <sup>4</sup>		0	0	0	0	
Physical		0	0	0	0	
Dental		0	Ο	0	0	
Sexual Development		0	Ο	0	0	
Daily Functioning		0	0	0	0	

<b>CHILD STRENGTHS</b>					
0 = centerpiece	1 = use	eful			
2 = identified	3 = not	yet id	dentifi	əd	
		0	1	2	3
Family-nuclear		0	Ο	0	0
Family-extended		Ο	Ο	Ο	0
Interpersonal		Ο	Ο	Ο	0
Adaptability		Ο	Ο	Ο	0
Persistence		Ο	Ο	Ο	0
Curiosity		Ο	Ο	Ο	0
Relationship Permanence		Ο	Ο	Ο	0
Resiliency		0	0	0	0

CHILD & FAMILY ACCULT	ſUR	RATI	ON		
0 = no evidence 1 =	= miı	nimal	needs	5	
2 = moderate needs 3 =	= se	vere r	leeds		
		0	1	2	3
Language		Ο	Ο	0	0
Identity		Ο	Ο	Ο	0
Ritual		Ο	Ο	Ο	0
Cultural Stress		Ο	Ο	Ο	0
Knowledge congruence		Ο	Ο	Ο	0
Helpseeking congruence		Ο	Ο	Ο	0
Expression of distress		0	0	0	0

<b>CHILD BEHAVIORAL / EMOT</b>	<b>TION</b>	AL N	EED	S
0 = no evidence				
1 = history or sub-threshold, watch/prevent				
2 = causing problems, consistent with		osable	disor	der
3 = causing severe/dangerous probler	ns			
	0	_ 1	2	3
Attachment	0	Ο	Ο	Ο
Failure to Thrive	0	Ο	0	0
Depression (withdrawn)	0	Ο	Ο	Ο
Anxiety	0	Ο	Ο	Ο
Atypical Behaviors	0	Ο	Ο	Ο
Impulsive/Hyperactivity	0	Ο	0	Ο
Oppositional	0	0	0	0

## CHILD RISK FACTORS

0 = no evidence	1 = history, watch/prevent					
2 = recent, act	3 = acute, act immediately				ely	
	0 1 2 3					
Birth Weight		Ο	Ο	Ο	0	
Pica		Ο	Ο	Ο	0	
Prenatal Care		Ο	Ο	Ο	0	
Length of Gestation		Ο	Ο	Ο	0	
Labor & Delivery		Ο	Ο	Ο	0	
Substance Exposure		Ο	Ο	Ο	0	
Parent/Sibling Problem		Ο	Ο	Ο	0	
Maternal Availability		0	0	0	0	

CHILD RISK BEHAVIOR	S				
0 = no evidence	1 = history, watch/prevent				
2 = recent, act	3 = acute, act immediately				ŧly
		0	1	2	3
Self Harm		0	0	0	0
Aggressive Behavior		Ο	Ο	Ο	0
Social Behavior		0	Ο	0	0

IDENTIFIED PERMANE STRENGTHS & NEEDS					
O Not applicable – r					1
0 = no evidence 2 = moderate needs	1 = mi 3 = se		needs		
z = moderate needs	3 = 50	0	leeus 1	2	3
Supervision		Ŏ	Ó	0	Õ
Involvement with care		0	Ō	0	0
Knowledge		0			0
Organization		0		Ο	0
Problem Solving		0	Ο	Ο	0
Social Resources		0		Ο	0
Residential Stability		0	Ο	Ο	0
Physical Health		Õ	Ο	Ο	0
Mental Health		()	0	Ο	0
Substance Abuse		Õ	0	Ο	0
Developmental		0 0	0	0	0
Self Care		0	0	0	0
Access to Child Care		0	Ο	0	0
Family Stress		0	0 0	0 0	0
Empathy with child		0	0	0	0
Acculturation		0	0	0	0
Employment		0	0	0	0
Education		000000000	0 0	0000	0
Financial Resources		0	0	Ο	0
Community Connect		0	0	0	000000000000000000000000000000000000000
Legal		Õ	0	0	0
Transportation		0	0	0	0
Safety		0	0	0	0

## CURRENT CAREGIVER

	0	1	2	3
Supervision	0	0	0	0
Problem Solving	Ο	Ο	Ο	Ο
Involvement with care	Ο	Ο	Ο	Ο
Knowledge	Ο	Ο	Ο	Ο
Empathy with child	Ο	Ο	Ο	0
Organization	Ο	Ο	Ο	0
Social Resources	Ο	Ο	Ο	Ο
Physical Health	Ο	Ο	Ο	Ο
Mental Health	Ο	Ο	Ο	0
Substance Use	Ο	Ο	Ο	Ο
Developmental	Ο	Ο	Ο	0
Family Stress	Ο	Ο	Ο	Ο
Cultural Congruence	0	Ο	Ο	0
•				

## MODULES

1-PRESCHOOL/CHILD CARE						
0 = no evidence	1 = minimal needs					
2 = moderate needs	3 = se	vere r	needs			
		0	1	2	3	
Attendance		0	0	0	0	
Compatibility		0	0	0	0	
Behavior		0	0	0	0	
Achievement		0	0	0	0	
Relation with Teachers		0	0	0	0	
Relation with Peers		0	0	0	0	

2-DEVELOPMENTAL NEEDS (DD)						
	0	1	2	3		
Cognitive	0	0	0	0		
Autism Spectrum	0	0	0	0		
Communication	0	0	0	0		
Self Care / Daily Living	0	0	0	0		

3-REGULATORY FUNCTIONING					
	0	1	2	3	
Eating	0	0	0	0	
Elimination	0	0	0	0	
Sensory Reactivity	0	0	0	0	
Emotional Control	0	0	0	0	

4-MEDICAL				
	0	1	2	3
Life Threat	0	0	0	0
Chronicity	0	0	0	0
Diagnostic Complexity	0	0	0	0
Emotional Response	0	0	0	0
Impairment in Functioning	0	0	0	0
Treatment Involvement	0	0	0	0
Intensity of Treatment	0	0	0	0
Organizational Complexity	0	0	0	0