

CANS 0-5

Client: _____ Client #: _____ Assessment Date _____

Assessment Type: **Initial** **Reassessment** **Discharge** **Administrative Close** **Urgent**

Caregiver Name _____ Relationship: _____

Child has no known caregiver. Skip Caregiver Needs Domain

KEY: 0=Centerpiece 1=Useful Strength 2=Potential Strength 3=Not Identified/No Evidence

STRENGTH DOMAIN

Family	0 1 2 3	Special Skills/Talents/Interests	0 1 2 3
Extended Family Relationships	0 1 2 3	Cultural Identity	0 1 2 3
Interpersonal/Social Connectedness	0 1 2 3	Spiritual/Religious - Family	0 1 2 3
Relationship Permanence	0 1 2 3	Natural Supports	0 1 2 3
Curiosity	0 1 2 3	Resiliency -Persistence & Adaptability	0 1 2 3
Playfulness	0 1 2 3	Self Esteem / Self Confidence	0 1 2 3
Creativity/Imagination	0 1 2 3		

KEY:	0=No Evidence	1=history or suspicion; monitor	2 = Interferes with Functioning; Action Needed	3=Disabling, Dangerous; Immediate or Intensive Action Needed
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LIFE DOMAIN FUNCTIONING

Intellectual/Developmental (IQ)	0 1 2 3	Sensory	0 1 2 3
<i>Cognitive</i>	0 1 2 3	Family Functioning	0 1 2 3
<i>Communication</i>	0 1 2 3	Social Functioning	0 1 2 3
<i>Self Care/Independent Daily Living Skills</i>	0 1 2 3	Sleep	0 1 2 3
Medical/Physical	0 1 2 3	Parent/Child Interaction	0 1 2 3
<i>Primary Care Physician Connected</i>	0 1 2 3	Early Education	
		Transportation	0 1 2 3

CULTURAL FACTORS

Language	0 1 2 3	Cultural Stress	0 1 2 3
Traditions and Rituals	0 1 2 3		

CARE INTENSITY

Service Intensity	0 1 2 3	Service Access/Availability	0 1 2 3
Service Coordination	0 1 2 3	Cultural Appropriateness of Services	0 1 2 3

CAREGIVER NEEDS

Supervision	0 1 2 3	Family Relationship to the System	0 1 2 3
Involvement with Care	0 1 2 3	Mental Health	0 1 2 3
Medical/Physical Health	0 1 2 3	Substance Use	0 1 2 3
Knowledge	0 1 2 3	Developmental	0 1 2 3
Organizaton	0 1 2 3	Knowledge of Service Options	0 1 2 3
Financial Resources	0 1 2 3	Access to Childcare	0 1 2 3
Social Resources	0 1 2 3	Caregiver Emotional Responsiveness	0 1 2 3
Residential Stability	0 1 2 3	Caregiver Resourcefulness	0 1 2 3
Safety	0 1 2 3	Caregiver Adj. to Traumatic Experiences	0 1 2 3
Family Stress	0 1 2 3	Legal Involvement	0 1 2 3
Empathy for Child	0 1 2 3		

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MENTAL HEALTH / BEHAVIORAL AND EMOTIONAL NEEDS & CHALLENGES

Attachment	0 1 2 3	Anxiety	0 1 2 3
Impulsivity/Hyperactivity	0 1 2 3	Oppositional Behavior	0 1 2 3
Aggression	0 1 2 3	Regulatory	0 1 2 3
Atypical Behavior	0 1 2 3	Adjustment to Trauma	0 1 2 3
Depression	0 1 2 3		

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES

	Y	N		Y	N
Neglect	<input type="checkbox"/>	<input type="checkbox"/>	Disrupt. in Caregiving/Attach Losses	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Witness to Family Violence	<input type="checkbox"/>	<input type="checkbox"/>
Parents Separated/Changes in Rel Status	<input type="checkbox"/>	<input type="checkbox"/>	Parent Criminal Behaviors	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Caregiver Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	Parent/Caregiver Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>	Natural or Manmade Disaster	<input type="checkbox"/>	<input type="checkbox"/>
Witness to Community/School Violence	<input type="checkbox"/>	<input type="checkbox"/>	Witness/Victim - Criminal Acts	<input type="checkbox"/>	<input type="checkbox"/>
War/Terrorism Affected	<input type="checkbox"/>	<input type="checkbox"/>			

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RISK BEHAVIORS

Self Harm	0 1 2 3	Exposure	0 1 2 3
Prenatal Care	0 1 2 3	Victimization/Exploitation	0 1 2 3
Birth Weight	0 1 2 3	Failure To Thrive	0 1 2 3
Labor & Delivery	0 1 2 3		

NOTES: (please enter any significant information into your progress note in Avatar)
