CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

COMPREHENSIVE MULTISYSTEM ASSESSMENT

For Infants and Children Ages 0 to 5

New York State

Reference Guide

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NEW YORK STATE OF OPPORTUNITY. | Medicaid Redesign Team | Department of Health | Office of Mental Health | Office of Alcoholism and Substance Abuse Services | Office of Children and Family Services

A large number of individuals from the New York State Office of Children and Family Services, the Office of Mental Health, the Office of Substance Abuse Services, the Department of Health, and dozens of community agencies collaborated in the development of the **CANS-New York 0-5**. This information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The **CANS-New York 0-5** is an open domain tool for use in service delivery systems that address the health and well-being of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the **CANS-New York 0-5** assessment tool contact:

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INTRODUCTION

The **CANS** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the **CANS** is to accurately represent the shared vision of the child serving system—child and families. As such, completion of the **CANS** is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the **CANS** is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the **CANS**.

SIX KEY PRINCIPLES OF THE CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.

2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. A description of the actions levels can be found on the following page.

3. Rating should describe the child, not the child in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. “2” or “3”).

4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child’s/ developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child or child regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child developmental age.

5. The ratings are generally “agnostic as to etiology.” In other words, this is a descriptive tool. It is about the “what” not the “why.” Only one item, Adjustment to Trauma, has any cause-effect judgments.

6. A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child present circumstances. However, the action levels can be used to override the 30-day rating period.

ACTION LEVELS FOR "NEED" ITEMS

0 – No Evidence of Need – No current need, no need for action.
1 – Watchful Waiting/Prevention Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.
2 – Action Needed – Need is interfering with functioning, action is required to ensure the identified need is addressed.
3 – Immediate/Intensive Action Needed Need requires immediate or intensive action.

ACTION LEVELS FOR "STRENGTHS" ITEMS

0 – Centerpiece Strength – Well-Developed centerpiece strength, may be used in an intervention/action plan.
1 – Useful Strength – Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop into a centerpiece strength.
2 – Identified Strength – Strengths have been identified but require efforts to become effectively used as part of a plan. Identified but not useful.
3 – No Strength Identified –No current strength is identified, efforts may be recommended to develop strength in this area.

GUIDANCE FOR COMPLETING THE CAREGIVER SECTION OF THE CANS (0-5)

Identifying the appropriate adults to include in the Caregiver section of the CANS is extremely important as it can affect the amount of care coordination and home-based services the child is eligible for, in addition to being critical to developing a suitable care plan for the child and family.

- For children who live at home, any parents or parent substitutes with a significant role in the child's life are considered caregivers that need to be rated in the CANS. In addition to the biological parent the child lives with, examples of parent substitutes or other "caregivers" may include a biological parent who does not live with the child but shares custody, a step-parent who does live with the child, or a grandparent who has custody of the child.

- If children are in the legal custody of their parent(s), but are temporarily living elsewhere (hospital, nursing home) then these children's CANS would include the parent(s) in the Caregiver section.

Other children and families have unique circumstances where it may not be obvious which parents, and/or parent substitutes, if any, should be included in the CANS. This section provides guidance on Caregiver selection in a variety of circumstances that you may encounter for children ages 0 to 5.

- For children in foster care, consider the child's current residence and the child's permanency goal to help decide which parent or parent substitute needs to be included in the Caregiver Section.

IF YOUNG CHILD IS IN FOSTER CARE			
CHILD'S RESIDENCE	***PERMANENCY GOAL***		
	Reunification	***Live with Relative***	***Adoption***
Foster Home	Both Parent(s) and Foster Parent(s)	Relative(s) and Foster Parent(s)	Pre-adoptive parent(s) and /or foster parent(s)
Congregate Care	Parent(s)	Relative(s)	Pre-adoptive Parent or No Caregiver

A. CAREGIVER RESOURCES & NEEDS The CANS-NY score sheet for the caregiver domain has space to rate multiple caregivers, if applicable. The score sheet has space to indicate the caregiver's relationship to the child, such as parent or foster parent.

If the child lives in a foster boarding home, complete (at least) 2 caregiver sections – one for the foster parent and one for the parent(s) from whom the child was removed.

If the child is freed for adoption, do not complete a caregiver section for the child's parents.

If the child has a permanency goal other than return home, complete a caregiver section on the intended permanency person (if identified).

If the child lives in a congregate foster care setting, there will be no foster parent to rate. For children whose permanency goal is APLA, no caregiver section should be completed. For children with other permanency goals, rate the parent from whom the child was removed and/or a different permanency resource person.

1	**PHYSICAL HEALTH:** *This item describes the presence of any medical or physical problems that prevent or limit the caregivers' parenting ability.*
0	No evidence of medical or physical health conditions.
1	History, suspicion, or caregiver is in recovery from a medical or physical condition.
2	Caregiver has medical/physical problems that interfere with capacity to parent.
3	Caregiver has medical/physical problems that make it impossible to parent at this time.

2	**DEVELOPMENTAL:** *This item describes the presence of any developmental disabilities that challenge the caregiver's ability to parent.*
0	No evidence of caregiver developmental challenges
1	Caregiver has developmental challenges that do not currently interfere with parenting capacity
2	Caregiver has developmental challenges that interfere with the capacity to parent the child.
3	Caregiver has developmental challenges that make it impossible to parent the child at this time.

3	**MENTAL HEALTH:** *This item describes the presence of any mental health challenges that limit the capacity of caregiving.*
0	No evidence of caregiver mental health needs.
1	History or suspicion of or caregiver is in recovery from mental health difficulties.
2	Caregiver's mental health difficulties interfere with the capacity to parent.
3	Caregiver has mental health difficulties that make it impossible to parent currently.

4	**SUBSTANCE USE:** *This item describes the presence of any substance use by caregivers that limits their capacity of caregiving.*
0	No evidence of caregiver substance use.
1	History or suspicion of substance use where there is no interference in the ability to parent the child
2	Caregiver has some substance use difficulties that interfere with the capacity to parent.
3	Caregiver has substance use difficulties that make it impossible to parent currently.

5	**PARTNER RELATIONSHIP:** *This item refers to the primary caregiver's intimate relationship with another adult.*
0	Caregiver has a generally positive partner relationship with another adult. This adult functions as a member of the family.
1	Caregiver has a generally positive partner relationship with another adult. This adult does not function as a member of the family.
2	Caregiver is currently involved in a negative, unhealthy relationship with another adult. This adult does not live with the caregiver and children (include recent break-ups here if the partner still has access to the household or has contact with the children).
3	Caregiver is currently involved in a negative, unhealthy relationship with another adult who is living with the primary caregiver and children.
NA	Primary Caregiver does not have an adult partner relationship.

6	**CAREGIVER ADJUSTMENT TO TRAUMA:** *This item is used to describe a caregiver who is having difficulty adjusting to traumatic experiences or events defined as traumatic by the caregiver. Informed speculation about why a person is displaying certain behavior, linking trauma and behavior, may be entertained.*
0	There is no evidence of problems associated with traumatic life events.
1	There is a history or suspicion of problems associated with a traumatic life event(s), or the caregiver is making progress adapting to trauma, or the caregiver recently experienced a trauma where the impact on their well-being is not yet known.
2	There is clear evidence of negative symptoms associated with a traumatic life event(s). The symptoms are interfering with the caregiver's functioning in at least one life domain or the caregiver has been diagnosed with a trauma-related disorder.
3	The caregiver has been diagnosed with PTSD or has a history of trauma exposure and there is clear evidence of trauma symptoms (e.g., numbing, nightmares, anger, dissociation) that interfere with multiple areas of functioning.

7	**LEGAL:** *This item describes the caregiver's involvement in any legal system due to caregiver's behavior*.
0	Caregiver has no known legal difficulties.
1	Caregiver has a history of legal problems but is not currently involved with the legal system.
2	Caregiver has some legal problems and is currently involved in the legal system.
3	Caregiver has serious current or pending legal difficulties that place them at risk for incarceration or caregiver is currently imprisoned.

8	**ACCULTURATION/LANGUAGE:** *This item includes both spoken and sign language.*
0	Caregiver(s) speaks and understands English well.
1	Caregiver(s) speaks some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Caregiver(s) does not speak English. A translator or native language speaker is needed for successful intervention and someone can be identified within natural supports (do not include children under 18 years of age).
3	Caregiver(s) does not speak English. A translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

9	**CULTURE STRESS:** *Culture stress refers to experiences and feelings of discomfort or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which the individual lives.*
0	No evidence of stress between caregiver's cultural identity and current living situation.
1	Some stress resulting from friction between the caregiver's cultural identity and current living situation.
2	Caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage culture stress.
3	Caregiver is experiencing cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce culture stress.

10	**SELF-CARE/DAILY LIVING:** *This item describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, and clothing) of self.*
0	The caregiver has the skills needed to complete the daily tasks required to care for self.
1	The caregiver needs verbal prompting to complete the daily tasks required to care for self.
2	The caregiver needs physical prompting to complete the daily tasks required to care for self.
3	The caregiver is unable to complete some or all of the daily tasks required to care for self.

11	**ORGANIZATION:** *This item describes the caregiver's ability to organize and manage their household within the context of community services to care for their child.*
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining a household that supports needed services.
2	Caregiver has difficulty organizing and maintaining a household that supports child's needed services.
3	Caregiver is unable to organize a household that supports child's needed services.

12	**SUPERVISION:** *This item describes the caregiver's capacity to monitor, discipline, and promote positive behavior of the child.*
0	No evidence of need. Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision but may need occasional help or technical assistance.
2	Supervision and monitoring are not adequate to support the child's needs. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

13	**RESOURCEFULNESS:** *This item describes the caregiver's ability to identify and use external resources/services to address needs of the child and family.*
0	Caregiver is skilled at finding resources that are useful in achieving and maintaining safety and well-being for self and child
1	Caregiver has skills in finding resources that are useful in achieving and maintaining safety and well-being for self and child, but sometimes requires assistance in identifying or accessing resources.
2	Caregiver lacks skills finding resources that are useful in achieving and maintaining safety and well-being for self and child. Caregiver requires temporary assistance with identifying and accessing resources.
3	Caregiver is unable to find resources that are useful in achieving and maintaining safety and well-being for self and child. Caregiver requires ongoing assistance with identifying and accessing resources.

14	**DECISION-MAKING:** *This item describes the caregiver's ability to comprehend and anticipate the consequences of decisions; to plan, implement, and monitor a course of action; and to judge and self-regulate behavior according to anticipated outcomes.*
0	The caregiver has no evidence of problems with decision-making.
1	The caregiver has difficulty thinking through problems or situations but decision-making abilities do not interfere with caregiver's functioning as a parent.
2	The caregiver has difficulty thinking through problems or situations and this interferes with their ability to function as a parent.
3	The caregiver demonstrates decision-making and judgment that places the child at risk.

15	**PARENTING STRESS:** *This item reflects the degree of stress or burden experienced by the caregiver as a result of the needs of all children in the household, including target child.*
0	No evidence of need
1	Caregiver has problems with the stress of the child/children's needs and is able to utilize resources to manage.
2	Caregiver has problems managing the stress of the child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with the child/children's needs. This stress prevents caregiver from parenting.

16	**HOUSING SAFETY AND ACCESSIBILITY:** *This item describes whether the caregiver's current housing circumstances are safe and accessible. Consider the child's specific medical or physical challenges when rating this item.*
0	Current housing has no challenges to fully support the child's health, safety, and accessibility.
1	Current housing has some challenges to fully support the child's health, safety, and accessibility but these challenges do not currently interfere with functioning or present any notable risk to the child or others.
2	Current housing has notable limitations to support the child's health, safety, and accessibility. These challenges interfere with or limit the child's functioning.
3	Current housing is unable to meet the child's health, safety, and accessibility needs. Housing presents a significant risk to the child's health and well-being.

17	**RESIDENTIAL STABILITY:** *This item describes the housing stability of the caregiver.*
0	No evidence of need, caregiver has stable housing.
1	Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force a housing disruption.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the recent past.

18	**FINANCIAL RESOURCES:** *This item refers to the income and other sources of money available to caregivers that can be used to address family need.*
0	No evidence of financial issues or caregiver has financial resources necessary to meet needs.
1	History or suspicion, or existence of difficulties. Caregiver has financial resources necessary to meet most needs; however, some limitations exist.
2	Caregiver has financial difficulties that limit ability to meet significant family needs.
3	Caregiver is experiencing financial hardship, poverty.

19	**SAFETY:** *This item describes the caregiver's ability to ensure the child's safety within the home.*
0	Caregiver's household is safe and secure from potentially dangerous individuals – no risk from others.
1	Caregiver's household is safe but concerns exist about the safety of the child due to history or others in the neighborhood that might be abusive.
2	Child is in some danger from one or more individuals with access to the household.
3	Child is in immediate danger from one or more individuals with unsupervised access.

20	**INFORMAL SUPPORTS:** *This item refers to the caregiver's relationship with extended family, friends, and neighbors who can provide emotional and instrumental support.*
0	The caregiver has adaptive relationships. Extended family members, friends or neighbors play a central role in the functioning and well-being of the caregiver and family. Caregiver has predominately positive relationships and conflicts are resolved quickly.
1	The caregiver's relationships are mostly adaptive. Extended family members, friends, or neighbors play a supportive role in caregiver and family functioning. They generally have positive relationships. Conflicts may linger but are eventually resolved.
2	The caregiver has limited relationships. Extended family members, friends, or neighbors are marginally involved in the functioning and well-being of the caregiver and family. The caregiver has generally strained or absent relationships with these informal supports.
3	The caregiver has significant difficulties with relationships. The caregiver is not in contact or estranged from extended family members. They may report they have no friends or no contact with neighbors. The family has negative relationships involving continuing conflicts with extended family and friends. The family does not feel supported and may feel shunned by their neighbors.

21	**CULTURAL DIFFERENCES WITHIN A FAMILY:** *Sometimes individual members within a family have different backgrounds, values or perspectives. In many cases, this may not cause any difficulties in the family as they are able to communicate about their differences, but for others it may cause conflict, stress, or disengagement between family members and impact the child's functioning. This might occur in a family where a child is adopted from a different race, culture, ethnicity, or socioeconomic status. The parent may struggle to understand or lack awareness of the child's experience of discrimination. Additionally this may occur in families where the parents are first generation immigrants to the United States. The child may refuse to adhere to certain cultural practices, choosing instead to participate more in popular U.S. culture.*
0	No evidence of conflict, stress, or disengagement within the family due to cultural differences or family is able to communicate effectively in this area.
1	Child and family have struggled with cultural differences in the past, but are currently managing them well or there are issues of disagreement.
2	Child and family experience difficulties managing cultural differences within the family which negatively impacts the functioning of the child.
3	Child and family experience such significant difficulty managing cultural differences within the family that it interferes with the child's functioning or requires immediate action.

22	**TRANSPORTATION OF CHILD:** *This item reflects the caregiver's ability to provide appropriate transportation for the child.*
0	Child and caregiver have no transportation needs. Caregiver is able to get child to appointments, school, activities, etc. consistently.
1	Child and caregiver have some transportation needs for appointments. Caregiver has difficulty getting child to appointments, school, activities.
2	Child and caregiver have frequent transportation needs. Caregiver has difficulty getting child to appointments, school, activities, etc. regularly. Caregiver needs assistance transporting child and access to transportation resources or may require a special vehicle.
3	Child and caregiver have no access to appropriate transportation and are unable to get child to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

23	**KNOWLEDGE OF CONDITION:** *This item seeks to identify whether the caregiver requires more information about the child's developmental, behavioral or medical condition(s) in order to be the best advocate for the child.*
0	Caregiver is knowledgeable about the child's condition(s), needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their parenting capacity.
2	Caregiver has clear need for information to improve knowledge about the child. Current lack of information is interfering with ability to parent.
3	Caregiver's lack of knowledge places the child at risk for significant negative outcomes.

24	**CARE/TREATMENT INVOLVEMENT:** *This item describes the caregiver's participation in seeking and supporting care/treatment to address the needs of the child.*
0	No evidence of need with caregiver involvement with services or interventions for the child or caregiver is actively involved in treatment and ensures that treatment is provided consistently or caregiver is an effective advocate for child.
1	Caregiver is open to support, education, and information. Caregiver is involved in treatment but may struggle to stay consistent.
2	Caregiver is not involved in the child's service interventions.
3	Caregiver does not participate in services or interventions intended to assist the child and their lack of involvement places child at risk. Caregiver may wish for the child to be removed from their care.

25	**KNOWLEDGE CONGRUENCE:** *This item refers to a family's explanation about their children's presenting issues, needs and strengths in comparison to the prevailing professional/helping culture(s) perspective.*
0	There is no evidence of differences/disagreements between the family's explanation of presenting issues, needs and strengths and the prevailing professional/helping cultural view(s), i.e., the family's view of the child is congruent with the prevailing professional/helping cultural perspective(s).
1	Some evidence of differences between the family's explanation and the prevailing professional/helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs.
2	Disagreement between the family's explanation and the prevailing professional/helping cultural perspective(s) creates challenges for the family or those who work with them.
3	Significant disagreement in terms of explanation between the family and the prevailing professional/helping cultural perspective(s) that places the family in jeopardy of significant problems or sanctions.

26	**FAMILY RELATIONSHIP TO THE SYSTEM:** *This item describes the degree to which the family's apprehension to engage with the formal health care system creates a barrier to receipt of care. For example, if a family refuses to see a psychiatrist due to their belief that medications are over-prescribed for children, a clinician must consider this belief and understand its impact on the family's choices. These complicated factors may translate into generalized discomfort with the formal health care system and may require the clinician to reconsider their approach.*
0	The caregiver actively engages with the formal helping system.
1	The caregiver expresses little hesitancy to engage with the formal helping system.
2	The caregiver expresses hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan
3	The caregiver expresses significant hesitancy to engage with the formal helping system that prohibits the family's engagement with the treatment team currently. When this occurs, the development of an alternate treatment plan may be required.

27	**ACCESSIBILITY TO CHILDCARE SERVICES:** *This item describes the access or availability the caregiver has to childcare services.*
0	Caregiver has access to sufficient childcare services or doesn't have a need (i.e., primary caregiver is the sole caretaker and doesn't require external childcare services).
1	Caregiver has some limited access to childcare services. Needs are met minimally by existing services.
2	Caregiver has limited access to childcare services. Current services do not meet the caregiver's needs.
3	Caregiver has no access to childcare services.

B. CHILD STRENGTHS

28	**FAMILY:** *This item describes the degree to which positive and supportive relationships exist within the family (however the child defines family; may include extended family member) as well as child's inclusion in family activities. (Do not rate foster families here.)*
0	Significant family strengths exist and family members display much love and respect for one another. Family members are central in each other's lives. Child is fully included in family activities.
1	Family has strong relationship and strengths. Family members are loving with generally good communication and ability to enjoy each other's company. There is at least one family member with a strong, loving relationship with the child and is able to provide emotional or other support
2	Presence of some family strengths and family members are able to communicate and participate in each other's lives; however, family members are not able to provide emotional or concrete support for each other.
3	This level indicates a child with no known family strengths. Child is not included in normal family activities.

29	**FOSTER FAMILY:** *This item describes whether positive and supportive relationships exist within the foster family and the child's inclusion in foster family's activities. Check NA if child is not in a foster family.*
0	Family members display much love and respect for one another. Family members are central in each other's lives. Child is fully included in family activities.
1	Family members are loving with generally good communication and ability to enjoy each other's company. There may be some problems between family members.
2	Family members are able to communicate and participate in each other's lives; however, family members are not able to provide significant emotional or concrete support for each other.
3	This level indicates a child with no known family strengths. Child is not included in normal family activities.
NA	Child does not live a family-type foster home (i.e., not in foster care, or lives in congregate care).

30	**INTERPERSONAL:** *This item describes the child's ability to make and maintain positive relationships with people other than their primary caregivers.*
0	Child has well-developed interpersonal skills and friendships.
1	Child demonstrates positive interpersonal skills and has shown the ability to develop friendships, but may have a history of struggling in this area or some areas identified for monitoring or growth.
2	Child requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
3	There is little to no evidence of observable interpersonal skills or healthy friendships at this time and/or child requires significant help to learn to develop interpersonal skills and healthy friendships.

31	**RELATIONSHIP STABILITY:** *This item refers to the stability of significant relationships in the child's life. This likely includes family members but may also include other individuals.*
0	Child has stable relationships. Family members, friends, and community have been stable for most of life and are likely to remain so in the foreseeable future.
1	Child has had stable relationships but there is some concern about instability in the near future due to such things as impending transitions such as an illness, divorce, or move.
2	Child has had at least one stable relationship over lifetime but has experienced other instability through factors such as divorce, moving, removal from home, or death, for example.
3	Child does not have relationship stability.

32	**OPTIMISM/POSITIVE AFFECT:** *Optimism in an older child refers to the child's positive orientation toward self and the future. In a young child, observations of the child's general disposition as being open and cheerful versus having an anxious, fearful, or flat affect when interacting with objects or known people could be considered a precursor to optimism. An infant/child with a strong positive affect often mirrors others' expressions and behavior.*
0	Child usually displays a strong positive affect.
1	Child frequently displays positive affect.
2	Child rarely displays positive affect.
3	Child very rarely or never displays positive affect.

33	**CURIOSITY:** *This item describes the child's eagerness or desire to know; inquisition.*
0	Child has exceptional curiosity. Infant displays mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
1	Child has good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him or her, would be rated here.
2	Child has limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.
3	Child has very limited or no observable curiosity.

34	**ADAPTABILITY:** *This item describes the child's ability to respond to changing circumstances, even when the caregiver is present.*
0	Child has a strong ability to adjust to changes and transitions.
1	Child has the ability to adjust to changes and transitions, when challenged the child is successful with caregiver support.
2	Child has difficulties adjusting to changes and transitions even with caregiver support.
3	Child has difficulties coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

35	**PERSISTENCE:** *This item describes the act of persevering or working towards accomplishing tasks or activities***.**
0	Child has a strong ability to continue an activity that is challenging even in the face of obstacles or distractions.
1	Child has some ability to continue an activity that is challenging. Adults are able to assist the child to continue attempting the task or activity.
2	Child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the child in this area.
3	Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence.

C. CHILD NEEDS & FUNCTIONING

36	**ATTACHMENT:** *This item describes the child's ability to form relationships with significant caregivers in an age-appropriate way.* ***Note that, on average, children younger than nine months old do not display a preference for a particular caregiver.***
0	No evidence of attachment problems; parent-child relationship is characterized by satisfaction of needs and child's development of a sense of safety, security and trust.
1	History or suspicion of problems with attachment; this could involve either separation or detachment.
2	Child is having problems with attachment that require intervention; child who displays behaviors of disorganized attachment would be rated here (e.g., fear around caregiver, freezing or stilling, role-reversal such as parentified or punitive behavior towards the caregiver).
3	Child who is unable to separate or appears to have problems with forming or maintaining relationships with caregivers would be rated here. Child who meets the criteria for an Attachment Disorder diagnosis (e.g., Reactive Attachment Disorder) would be rated here.

37	**LIVING SITUATION:** *This item describes the child's functioning in their current living environment.*
0	No evidence of problem with functioning in current living environment.
1	History or suspicion of problems with functioning in current living situation; caregivers are concerned about child's behavior in living situation.
2	Problems with functioning in current living situation; child has difficulties maintaining acceptable behavior in this setting.
3	Child is at immediate risk of being removed from living situation due to unacceptable behavior.

38	**ACCULTURATION/LANGUAGE:** *This item describes the need for support with communication to access resources, supports, and accommodations. This includes spoken and written communication, including literacy needs.*
0	No evidence of need.
1	History or suspicion of language accessibility needs.
2	Child or family does not understand information well enough so that a translator or native language speaker is needed for successful intervention and a qualified individual can be identified within natural supports.
3	Child or family does not understand information well enough so that a translator or native language speaker is needed for successful intervention and no such individual is available among natural supports.

39	**SLEEP:** *This item rates the child's sleep patterns.* ***The child must be 12 months of age or older to rate this item.***
0	There is no evidence of problems with sleep or child gets a full night's sleep each night. Toddlers may wake up on occasion but a consistent sleep pattern has been established.
1	Child has some problems sleeping. Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.
2	Child is having problems with sleep. Toddlers and preschooler may experience difficulty falling asleep, night waking, night terrors, or nightmares on a regular basis.
3	Child is rarely able to get a full night's sleep and is generally sleep deprived. Parents have exhausted numerous strategies for assisting child.
NA	Child is less than 12 months of age.

40	**PHYSICAL LIMITATIONS:** *This item refers to any changes in body structures, functioning or health that negatively impacts child's performance in activities. Aspects of physical health affecting performance include gross and fine motor deficits, sensory deficits related to vision and hearing, and health status. Please review the child's most recent health assessment to assist with completion of this section.*
0	Child has no physical limitations.
1	Child has one or more physical conditions that place limitations on activities. Conditions such as impaired hearing or vision would be rated here. Treatable medical conditions that result in physical limitations (e.g., asthma) could also be rated here.
2	Child has one or more physical conditions that impact activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has physical limitations due to multiple physical conditions that impact activities.

41	**DENTAL NEEDS:** *This item refers to the child's need for dental health services.*
0	No evidence of any dental health needs or needs are currently being addressed appropriately.
1	Child has not received dental health care and requires a checkup. Child may have some dental health needs but they are not clearly known at this time.
2	Child has dental health needs that require attention.
3	Child has serious dental health needs that require intensive or extended treatment/intervention.

42	**RECREATIONAL/PLAY:** *This item describes any needs in the child's use of leisure time, including play.*
0	No evidence of any problems with recreational functioning. Child has access to sufficient enjoyable activities.
1	Child participates in some recreational activities although problems may exist, such as lack of frequency or variety. Child may seem uninterested in play but with some assistance, is able to engage in activities. Toddlers and preschoolers may seem uninterested and poorly able to sustain play without some assistance.
2	Child resists play or does not have enough opportunities for play. Toddlers and preschoolers may show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.
3	Child has no access to or interest in recreational activities. Infant spends most of time non interactive. Toddlers and preschoolers even with adult encouragement cannot demonstrate enjoyment or use play to further development.

43	**SOCIAL FUNCTIONING:** *This item describes the child's ability to establish connections with others.*
0	No evidence of problems in social functioning.
1	History or suspicion child is having some problems in social relationships. Infants may be slow to respond to adults. Toddlers may need support to interact with peers and preschoolers may resist social situations.
2	Child is having some problems with social relationships and requires intervention. Infants may be unresponsive to adults, or unaware of other infants. Toddlers may be aggressive or resist parallel play. Preschoolers may argue excessively with adults and peers or lack ability to play in groups even with adult support.
3	Child is experiencing disruptions in social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, or aggression may be putting others at risk.

D. CHILD DEVELOPMENT

44	**COGNITIVE:** *This item refers to the cognitive or intellectual functioning of the child. Cognitive functions include the child's ability to comprehend ideas and involve aspects of perception, thinking, reasoning, remembering, awareness, and judgment. In an infant, cognitive functions relate to the infant's ability to understand and relate to the world around them.*
0	Child's intellectual functioning appears to be in normal range. Infant is demonstrating developmentally appropriate skills/reactions to understand and relate to the world around them (i.e., learning through their senses, recognizing and responding to caregiver, and exploring and manipulating their environment).
1	Child appears to have some delays in understanding and relating to the world around them. Infants may not consistently demonstrate familiarity with routines and anticipatory behavior. Infants may seem unaware of surroundings at times. Preschoolers may have challenges in remembering routines, and completing tasks such as sorting, or recognizing colors.
2	Child has delay in understanding and relating to the world around them. Infants may not have the ability to indicate wants/needs. Infants may not demonstrate anticipatory behavior all or most of the time. Preschoolers may be unable to demonstrate understanding of simple routines or the ability to complete simple tasks.
3	Child has profound delays in understanding and relating to the world around them.

45	**AGITATION:** *This item describes the degree to which a child's behaviors indicate irritation or restlessness. An infant may cry uncontrollably, be resistant to being held, be wildly or excessively restless that is beyond what is considered developmentally appropriate for that age or may bite or hit at an older age. Other examples of agitation for older children include hand-wringing, dressing and undressing, general restlessness, scratching, grabbing, and spitting.*
0	Child or infant does not exhibit agitated behavior.
1	Child or infant becomes agitated on occasion but can be calmed relatively easily.
2	Child or infant becomes agitated often or can be difficult to calm.
3	Child exhibits a dangerous level of agitation. Child or infant becomes agitated often and easily becomes aggressive or danger towards self or others.

46	**SELF-STIMULATION:** *This item describes/refers to self-stimulation behavior (pacing, rocking, gesticulating, some verbalizations, and other stereotypical behaviors; this rating does not include masturbation), related to the over- or under-stimulation of the sensory environment. Children are not able to control the circumstances (where, when) or how often they repeat the behavior so it is impairing their ability to function in life activities.*
0	No evidence of self-stimulation when exposed to sensory stimuli.
1	The child's self-stimulating behaviors do not impact their ability to function in their daily activities or the child easily responds to intervention from a caregiver.
2	The child does not respond to intervention from a caregiver and will continue with behaviors having a moderate impact on their ability to participate in their daily activities. The child may be easily distressed by stimulation of their senses: touch (tactile), taste, noise (hearing), lights (sight), smell, and kinesthesis/proprioception (movement/pressure).
3	Self-stimulation causes physical harm to self, others, or destruction of property. Child is unable to tolerate stimulation of senses. The child does not respond to intervention from a caregiver. The child has significant difficulty participating in their daily life activities.

47	**MOTOR:** *This item describes the child's fine (e.g., hand grasping and manipulation) and gross (e.g., lifting head, lifting chest, rolling over, sitting, standing, walking, running) motor functioning.*
0	No evidence of problems with motor functioning.
1	Fine or gross motor skill deficits that do not interfere with functioning.
2	Motor deficits that interfere with functioning. A non-ambulatory child with fine motor skills or an ambulatory child with significant fine motor deficits or a child who meets criteria for a motor disorder would be rated here.
3	A non-ambulatory child with fine motor skill deficits is rated here.

48	**COMMUNICATION:** *This item refers to the infant/child's ability to communicate at an age and developmentally appropriate level. Communication is made up of two parts: receptive and expressive communication. Receptive communication refers to the way a listener receives and understands a message. Expressive communication refers to how one conveys a message by cooing, babbling, gesturing, speaking, writing, or signing and includes how much meaning is relayed by using specific body language or vocal inflection. If the child does not have an identified assessment regarding their communication ability, use information to score the item, including input from child and family team members regarding the child's ability to communicate.*
0	Child/infant's receptive and expressive communication appears developmentally appropriate; there is no reason to believe that the child has any problems communicating.
1	Child/infant has a history of communication problems but currently is not experiencing problems. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand.
2	Child/infant has either receptive or expressive language problems that interfere with functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands. Child may rely on alternative communication systems (including, but not limited to signing or electronic communication device) for most of communication needs.
3	Child/infant has serious communication difficulties and is unable to summon assistance or cannot communicate in any way, including pointing or grunting.

49	***DEVELOPMENTAL DELAY****: This item describes the child's development compared to typical or expected development. It also includes documenting the presence of developmental delays (motor, social, and speech) or impairment associated with specific childhood-onset disorders including intellectual disability (intellectual developmental disorder) and autism spectrum disorder.*
0	No evidence of developmental delays and/or child/infant has no identified developmental problems.
1	Suspicion or evidence of a developmental delay that does not appear to interfere with functioning.
2	Evidence of a developmental delay (e.g., motor, social, speech/communication) or has been diagnosed with a pervasive developmental disorder that causes developmental delays.
3	Evidence of a developmental disorder or has been diagnosed with a pervasive developmental Disorder that causes severe developmental delays.

50	**SENSORY:** *This item describes the child's ability to use all senses including vision, hearing, smell, or touch.*
0	The child's sensory functioning appears normal or infant is developmentally on target.
1	The child has impairment on a single sense (e.g., hearing deficits, correctable vision problems).
2	The child has impairment on a single sense or impairment on multiple senses (e.g., difficulties with sensory integration, diagnosed need for occupational therapy).
3	The child has significant impairment on one or more senses (e.g., profound hearing or vision loss).

51	**ATYPICAL BEHAVIORS:** *This item describes behavior that is not developmentally typical. Behavior may include mouthing after age one, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.*
0	No evidence of atypical behaviors. Infant/child is demonstrating developmentally appropriate behaviors.
1	History or reports of atypical behaviors from others that have been occasionally observed by caregivers and don't interfere with infant/child functioning.
2	Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis and affect functioning intermittently.
3	Clear evidence of atypical behaviors that are consistently present and interfere with the infants/child's functioning in their daily routine.

52	**FAILURE TO THRIVE:** *This item describes the child/infant experience with growth and ability to gain weight or problems with their ability to maintain weight or growth.*
0	No evidence of failure to thrive.
1	The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area.
2	The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 5th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, or have a rate of weight gain that causes a decrease in two or more major percentile lines over time (75th to 25th).
3	The infant/child has one or more of all of the above and is currently at serious medical risk.

53	**EATING:** *This item refers to the process of getting food into the body by any means.*
0	No evidence of problems related to eating.
1	Problems with eating that have been present in the past or suspicion of currently present. Child has some difficulty eating but manages by self.
2	Problems with eating are present. Infants may be finicky eaters, spit food or overeat. Infants may have problems with oral motor control. Older child may have few food preferences or not have a clear pattern of when they eat. Child may need help from another person or the use of adaptive equipment (e.g., adapted utensils) to feed self but manages by self.
3	Problems with eating are present, putting the child at risk developmentally. Child needs to be totally fed (including parenteral nutrition and G tube) or the child and family are very distressed and unable to overcome problems in this area.

54	**MOBILITY:** *This item describes the ability of the child/infant to get from one place to another (e.g., creeping, crawling, walking).*
0	Child is independent in ability to ambulate or infant is developmentally on target.
1	Child is independent in mobility but has some adaptive technology that facilitates independent mobility. Mobility challenges do not have a notable impact on functioning.
2	Child has challenges with mobility that interfere with functioning. Limited mobility for short distances or short periods of time can occur when assisted by another person or adaptive technology.
3	Child has motor challenges that prevent from any mobility without total assistance of another person or support of an adaptive device (e.g., wheelchair or crutches).

55	**POSITIONING:** *This item describes the child's ability to move a limb or their entire body while stationary.*
0	Child is fully independent in ability to position body or infant appears to be developmentally on target.
1	Child is generally independent in position but has some adaptive technology that facilitates independent positioning. Positioning challenges do not have a notable impact on functioning.
2	Child has notable challenges with positioning that interfere with functioning. Physical assistance from others or adaptive technology provides some independence in positioning.
3	Child is unable to reposition self and requires 24 hour monitoring and physical assistance from others to reposition self.

56	**TRANSFERRING:** *This item refers to the process of moving between positions (e.g., to and from bed, chair to standing).*
0	Child is fully independent in ability to transfer (e.g., in and out of bed, sitting to standing) or infant is developmentally on target.
1	Child is generally independent in mobility. Child has some difficulty but is able to transfer unassisted and transfer challenges do not have a notable impact on functioning. May require the use of assistive devices.
2	Child has notable challenges with transfers that interfere with functioning; child needs some assistance from another person to transfer. May or may not require the use assistive devices.
3	Child is unable to transfer without assistance from another person.

57	**ELIMINATION:** *This item describes any needs related to urination or moving bowels.*
0	There is no evidence of elimination problems.
1	Child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.
2	Child demonstrates problems with elimination on a consistent basis or elimination is maintained with the use of an appliance or catheter. This is interfering with child's functioning. Infants may completely lack a routine in elimination and develop constipation as a result.
3	Child demonstrates difficulty with elimination to the extent that child is in significant distress or caregiver interventions have failed.

58	**SENSORY REACTIVITY:** *This item refers to the child's ability to organize (process) sensation (vision, hearing, smell, touch, taste, and kinesthetic) coming from the body and the environment. Difficulty in this area would impact the child's performance in one or more of their main functional areas such as play or activities of daily living. Examples include difficulty wearing certain fabrics or eating certain textures, tolerating background sounds such as florescent lights or heating systems.*
0	There is no evidence of sensory reactivity that is hyper or hypo reactive.
1	Child may have a history of sensory issues or have issues currently that are managed by caregiver support.
2	Child demonstrates hyper/hypo reactivity to sensory input in one or more sensory areas (including but not limited to touch, sound, movement) such that impairment in functioning is present and caregiver is able to mediate effect such that infant/child is occasionally able to participate in age appropriate activities.
3	Child demonstrates reactivity to sensory input such that caregiver cannot mediate the effects of such and frequently prevents the infant/child from participation in age appropriate activities.

59	**EMOTIONAL CONTROL:** *This item describes the child's ability to manage emotions (positive or negative). It describes symptoms of affect dysregulation.*
0	Child has no problems with emotional control.
1	Child has problems with emotional control that can be overcome with caregiver support.
2	Child has problems with emotional control that interferes most of the time with functioning. Infants may be difficult to console most of the time and do not respond well to caregiver support. Older children may quickly become frustrated and hit or bite others.
3	Child lacks emotional control and puts child at imminent risk of harming self or others. Caregivers are not able to mediate the effects.

60	**FRUSTRATION TOLERANCE:** *This item rates a child's level of agitation or anger when frustrated. This may include a demonstration of aggressive behaviors when things do not go as the child has wished. Some sources of frustration for preschoolers can be peers, adults, and new prospects at this developmental stage.*
0	Infant/child is developmentally appropriate in learning to deal with frustration and does not tantrum. In toddlers, tantrums are minimal, and when they do occur, the child can be easily distracted or redirected.
1	Child demonstrates difficulties dealing with frustration. Child may occasionally tantrum or become agitated, verbally hostile, aggressive, or anxious when frustrated.
2	Child struggles with tolerating frustration. Child's reaction to frustration impairs functioning in at least one life domain. The child frequently tantrums when frustrated.
3	Child engages in violent tantrums when frustrated. Others may be afraid of child's tantrums or child may hurt self or others during tantrums.

61	**TEMPERAMENT:** *This item describes the child's general way of being and ability to be soothed.*
0	Child has an easy temperament. The child is easily calmed or distracted when angry or upset.
1	Child has some problems being calmed, soothed, or distracted when angry or upset. Child may have occasional episodes or extended crying or tantrums. Child may display some fear or clinginess in new situations or around new people, but with encouragement child can eventually acclimate.
2	Child has a difficult temperament. Child has difficulty being calmed, soothed, or distracted when angry or upset. Persistent episodes of crying, tantrums, clinginess, or other difficult behaviors are observed.
3	Child has difficulties being calmed, soothed, or distracted when scared, angry, or upset. Repeated and extreme persistent episodes of crying, tantrums, clinginess, or other difficult behaviors are observed.

E. CHILD RISK FACTORS

Only complete this section if child is 36 months old or younger.

62	**BIRTH WEIGHT:** *This item describes in pounds and ounces the official weight immediately after the child was born.*
0	Child weighed 5 pounds 8 ounces or more at birth – within normal range.
1	Child weighed 3 pounds 5 ounces or more, but less than 5 pounds 8 ounces at birth – under normal range.
2	Child weighed 2 pounds 1 ounces or more but less than 3 pounds 5 ounces at birth – considerably underweight.
3	Child weighed less than 2 pounds 1 ounce at birth – extremely underweight.

63	**PRENATAL CARE:** *This item describes the care provided to the mother during pregnancy in order to prevent complications, and decrease the incident of maternal and infant mortality.*
0	Child's biological mother received adequate prenatal care that began in the first trimester. Child's mother did not experience any pregnancy related illnesses.
1	Child's biological mother had some short-comings in prenatal care, or had a pregnancy related illness.
2	Child's biological mother received poor prenatal care, initiated only in the last trimester or had a pregnancy related illness that has negatively impacted the child.
3	Child's biological mother had no prenatal care or had a severe pregnancy related illness.

64	**LENGTH OF GESTATION:** *This item describes the time from conception until birth.*
0	Child was born full-term.
1	Child was born pre-mature or overdue (only consider if overestimated due date caused medical issues), however no significant concerns at birth.
2	Child was born pre-mature or overdue (only consider if overestimated due date caused medical issues), and there were some complications at birth.
3	Child was born pre-mature or overdue (only consider if overestimated due date caused medical issues), and had severe problems during delivery that have resulted in significant long-term implications for development.

65	**LABOR AND DELIVERY:** *This item describes the process of normal childbirth and delivery.*
0	Child and biological mother had normal labor and delivery.
1	Mother had some problems during delivery, but child does not appear affected by problems.
2	Mother had problems during delivery that resulted in temporary functional difficulties for the child.
3	Mother had problems during delivery that have resulted in long-term implications for the child's development.

66	**SIBLING DEVELOPMENTAL ISSUES:** *This item describes the degree to which the child's siblings are experiencing developmental or behavioral problems.*
0	The child's siblings have no developmental disabilities or child has no siblings.
1	The child has siblings who are experiencing some developmental or behavioral problems. It may be that the child has at least one healthy sibling.
2	The child has a sibling who is experiencing a significant developmental or behavioral problem.
3	The child has multiple siblings who are experiencing significant developmental or behavioral problems.

67	**PARENTAL AVAILABILITY:** *This item addresses the primary caretaker's emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal/primary caregiver availability up until 12 weeks post-partum.*
0	The child's mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth.
1	The mother/primary caretaker experienced some stressors which made him/her slightly less available to the child.
2	The mother/primary caregiver experienced stress sufficient to make him/her significantly less emotionally and physically available to the child in the weeks following the birth.
3	The mother/primary caregiver was unavailable to the child to such an extent that the child's emotional or physical well-being was compromised.

68	**LEAD EXPOSURE (NY):** *This item describes the child's level of exposure to lead-based products or paints. Studies show that no amount of lead exposure is safe for children. Lead exposure is most often measured by Blood Lead Level (BLL). All children must be assessed for risk of lead exposure at every well child visit until they are 6 years old. All children must be tested for BLL,* ***regardless of risk****, at ages 1 and 2. Any child found to be at risk of exposure must have their BLL tested annually up to age six.*
0	Child has been assessed at all recommended intervals and BLL is 0.
1	Child has been assessed and has a BLL of 0 but has been identified by screening as being at risk for lead exposure. Child's blood lead levels, development and environments should be monitored every six months, especially if the child is two or younger.
2	There is no record of a BLL test age ages 1 and 2, or no record of BLL testing annually after age 2, or the child's BLL is between 1 and 5. Lead testing is required every three months until the BLL is below five.
3	Child has been assessed and BLL is 5 or higher, indicating high lead exposure. Medical and local DOH attention is required and continued BLL testing is required.

F. RISK BEHAVIORS
Lifetime histories, as well as the recency of acts, are considered when rating child risk factors and behaviors.

69	**SELF-HARM:** *This item is used to describe repetitive behaviors that result in physical injury to the child, e.g., head banging. In this rating, you should take into account whether a supervising adult (parent, early childhood professional, medical professional or other involved adult) can impact these behaviors.*
0	No evidence of self-harm behaviors.
1	History or suspicion of self-harm.
2	Self-harm behavior such as head banging that cannot be mediated by caregiver and interferes with child's functioning.
3	Self-harm behavior that puts the child's safety and well-being at risk.

70	**AGGRESSIVE BEHAVIOR:** *This item rates the child's violent or aggressive behaviors. The intention of this behavior is to cause significant bodily harm to others. A supervising adult is also taken into account in this rating, as a rating of 2 or 3 could signify a supervising adult who is not able to control the child's violent behaviors.*
0	No evidence of aggressive behaviors.
1	There is either a history of aggressive behavior towards people or animals or concerns in this area that have not yet interfered with functioning.
2	There is clear evidence of aggressive behavior towards animals or others. Behavior is persistent and a caregiver/supervising adult's attempts to change behavior have not been successful.
3	Evidence of a dangerous level of aggressive behavior that involves the threat of harm to animals or others. Caregivers are unable to mediate this dangerous behavior.

71	**FIRE SETTING:** *This item describes behavior related to setting fires whether intentional or accidental.*
0	There is no evidence of fire setting.
1	History or suspicion of fire setting ideation.
2	The child has repeatedly engaged in fire-setting behaviors (i.e., playing with matches) or ideation (i.e., talk, play, or art that involves fire-setting). Please note that children who are victims of fire may exhibit preoccupation with fire but this is different from ideations involving the setting of fires.
3	Current imminent threat of fire setting as evidenced by excessive ideation or actual fire setting behavior.

72	**INTENTIONAL MISBEHAVIOR:** *This item describes intentional behaviors that a child engages in to force others to administer consequences. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which the child lives) that put the child at some risk of consequences. This item should not be rated for children who engage in such behavior solely due to developmental delays.*
0	No evidence of problematic social behavior.
1	Some problematic social behavior that causes adults to intervene.
2	Child intentionally getting in trouble in school or at home and the consequences are causing problems in the child's life.
3	Problematic social behavior that makes it necessary for adults to repeatedly administer consequences to the child. The behaviors may cause harm to others and/or they place the child at risk of significant sanctions (e.g., expulsion from school or removal from the community).

G. EXPOSURE TO POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES

This section is based on the child's exposure to adverse childhood experiences during the child's entire **LIFETIME** so far.

73	**SEXUAL ABUSE:** *This item describes if the child has experienced sexual abuse at any point in the child's lifetime.*
0	There is NO evidence that the child has experienced sexual abuse.
1	Child has experienced or there is a suspicion that child has experienced sexual abuse.

74	**PHYSICAL ABUSE:** *This item describes if the child has experienced physical abuse at any point in the child's lifetime.*
0	There is NO evidence that the child has experienced physical abuse.
1	Child has experienced or there is a suspicion that they have experienced physical abuse, or repeated physical abuse with sufficient physical harm requiring medical treatment

75	**EMOTIONAL ABUSE:** *This item describes if the child has experienced emotional abuse at any point in the child's lifetime, including verbal and nonverbal forms. This item includes "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child.*
0	There is NO evidence that the child has experienced emotional abuse.
1	Child has experienced or there is a suspicion that child has experienced emotional abuse.

76	**NEGLECT:** *This item describes if the child has experienced neglect at any point in the child's lifetime. Neglect can refer to a lack of food, shelter or supervision (physical neglect) or a lack of access to needed medical care (medical neglect) or failure to receive academic instruction (educational neglect).*
0	There is NO evidence that the child has experienced neglect.
1	Child has experienced or there is a suspicion that child has experienced physical, medical, or educational neglect.

77	**WITNESS TO ABUSE OF ANOTHER CHILD:** *This item describes if the child has witnessed the abuse or maltreatment of another child in the home at any point in the child's lifetime.*
0	There is NO evidence that the child has witnessed the abuse of another child in the home.
1	Child has witnessed or there is a suspicion that child has witnessed the abuse of another child in the home.

78	**MEDICAL TRAUMA:** *This item describes if the child has experienced medical trauma at any point in the child's lifetime. Potential traumas include but are not limited to: the onset of a life threatening illness; sudden painful medical events; chronic medical conditions resulting from an injury or illness or another type of medically related traumatic event. This could include witnessing a close relative's medical trauma as well.*
0	There is NO evidence that the child has experienced medical trauma.
1	Child has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs. A suspicion that a child has had a medical experience that was perceived as emotionally or mentally overwhelming should be rated here.

79	**DOMESTIC VIOLENCE:** *This item describes if the child has been exposed to domestic violence between adults at any point in the child's lifetime.*
0	There is NO evidence that the child has been exposed to domestic violence.
1	Child has been exposed or there is a suspicion that child has been exposed to domestic violence.

80	**COMMUNITY VIOLENCE:** *This item describes if the child has been exposed to community violence at any point in the child's lifetime. Community violence may include direct victimization or hearing/seeing fights, muggings, gunshots, people being killed, etc. Terrorism or war-affected can be rated here.*
0	There is NO evidence that child has been exposed to violence in the community.
1	Child has been exposed or there is a suspicion that child has been exposed community violence.

81	**EXPLOITATION:** *This item describes if the child has been forced into unlawful activities such as prostitution, drug dealing or forced labor at any point in the child's lifetime.*
0	There is NO evidence that child has been exploited.
1	Child has been exploited or there is a suspicion that child has been exploited.

82	**SCHOOL VIOLENCE:** *This item describes if the child has been exposed to school violence at any point in the child's lifetime. School violence may include direct victimization or hearing/seeing fights, gunshots, muggings, people being killed, etc.*
0	There is NO evidence that child has been exposed to school violence.
1	Child has been exposed or there is a suspicion that child has been exposed to school violence.

83	**NATURAL OR MAN-MADE DISASTERS:** *This item describes if the child has experienced a natural or man-made disaster at any point in the child's lifetime.*
0	There is NO evidence that the child has been exposed to natural or man-made disasters.
1	Child has been exposed to a natural or man-made disaster.

84	**CRIMINAL ACTIVITY:** *This item describes if the child has been exposed to criminal activity at any point in the child's lifetime. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault, or battery.*
0	There is NO evidence that the child has been victimized or witnessed significant criminal activity.
1	Child has been exposed or there is a suspicion that child has been exposed to criminal activity.

85	**PARENTAL INCARCERATION:** *This item describes whether child's parents have ever been incarcerated during child's lifetime (include both biological and stepparents, and other legal guardians, not foster parents).*
0	There is NO evidence that the child's parents/caregivers have ever been incarcerated
1	Child's parents/caregivers have a history of incarceration or are currently incarcerated.

86	**DISRUPTIONS IN CAREGIVING/ATTACHMENT:** *This item describes if the child has experienced disruptions in caregiving involving separation from primary attachment figure(s) or attachment losses. Children, who have had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings, are rated here. Short term hospital stays or brief juvenile detention stays, during which the child's caregiver remains the same, would not be included in this item.*
0	There is NO evidence that the child has experienced disruptions in caregiving or attachment losses.
1	Child has experienced disruptions in caregiving or attachment losses.

87	**DEATH OF A LOVED ONE:** *This item describes if the child has experienced the death of a loved one. This includes anyone who the child had a significant attachment to including, grandparents, siblings, and other caregivers.*
0	There is NO evidence that the child has experienced the death of a loved one.
1	Child has experienced the death of a loved one.

88	**SUBSTANCE EXPOSURE:** *This item describes the child's exposure to substance use and abuse before birth.*
0	Child had NO exposure to alcohol or drugs while in utero.
1	Child was exposed to alcohol or drugs while in utero.

89	**SEXUAL ORIENTATION/GENDER IDENTITY OR EXPRESSION:** *This item refers to times when child may have been bullied, physically or emotionally abused by peers or adults, including the child's parents, because of the child's sexual orientation, gender identity or expression.*
0	Child/youth has NOT been targeted for physical or emotional abuse due to sexual orientation, gender identity or expression and/or are supported in their search for sexual orientation/gender identity
1	Child/youth has been targeted for physical or emotional abuse due to sexual orientation, gender identity or expression and/or are not supported in their search for sexual orientation/gender identity

90	**BULLIED:** *This item refers to times when child may have been bullied, physically or emotionally abused by peers for reasons other than sexual orientation, gender identity or expression. Bullying could have occurred at school or in the community. Include bullying via social media.*
0	Child has NOT been targeted for physical or emotional abuse.
1	Child has been targeted for physical or emotional abuse either directly or indirectly.

H. SCREENING QUESTIONS FOR MODULES

91	**ADJUSTMENT TO TRAUMA:** *This item is used to describe an individual who is having difficulties adjusting to a traumatic experience. Please note that to score this item as a 1, 2 or 3, a traumatic event needs to have occurred and been scored in the Adverse Childhood Experiences domain (Domain G). A rating of '0' would describe a person who has not experienced any trauma or whose exposure to traumatic/adverse experiences did not impact functioning.* ***Note: A score of 1, 2 or 3 on this item means that both the Trauma Symptoms and Behavioral Health Modules must be completed.***
0	There is no history or suspicion of exposure to potentially traumatic or Adverse Childhood Experiences.
1	There is a history of exposure or suspicion of potentially traumatic or Adverse Childhood Experiences. Child may display trauma symptoms or functional limitations or the child is too young, or the Adverse Childhood Experiences occurred too recently to determine traumatic effects.
2	There is a known history of exposure to traumatic or adverse childhood events and child displays trauma symptoms or functional limitations.
3	There is a known history of exposure to traumatic or adverse childhood events and child displays dangerous or disabling trauma symptoms or functional limitations.

92	**BEHAVIORAL HEALTH:** *This item relates information regarding a child's behavioral and emotional issues. Diagnosis is not required in rating these items, as you are only rating symptoms and behaviors. When rating these items, it is important to take the child's development into account. Remember we are rating the "What" not the "Why". This means for the purpose of this assessment you are looking at what is, what you can see, what is known, evidence of behavior, but not trying to identify why some behavior is present.* ***Note: A score of 1, 2 or 3 on this item means that the Behavioral Health Module must be completed. If the child has a score of 1 or more in the Trauma Screening question then the Behavioral Health Module must also be completed.***
0	Child has no emotional or behavioral difficulties.
1	Child has some emotional or behavioral difficulties but these challenges do not interfere with current functioning.
2	Child has notable emotional or behavioral difficulties that currently interfere with the child, family or community functioning.
3	Child has mental or emotional health issues that limit functioning and may result in danger to self or public safety issues. Immediate and/or intensive interventions are indicated

93	**MEDICAL HEALTH:** *This item rates the child's current health status.* ***Note: A score of 1, 2 or 3 means that the Medical Health Module must be completed.***
0	No evidence child has medical health concerns.
1	Child has transient or well-managed medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
2	Child has medical or physical condition(s) that require medical treatment or intervention. Caregiver requires support to manage the child's care.
3	Child has life threatening or disabling medical condition that caregiver is unable to manage currently.

94	**PRESCHOOL/CHILDCARE FUNCTIONING:** *This item describes behavior when attending school, including day care, preschool or center-based early intervention.* ***Note: A score of 1, 2 or 3 means that the Preschool/Childcare Functioning Module must be completed.***
0	No evidence of problem with functioning in current preschool or childcare environment.
1	History or suspicion of difficulty with functioning in current preschool or childcare environment.
2	Child has difficulties maintaining behavior in this setting creating significant problems for others.
3	Child is at immediate risk of being removed from program due to child's behaviors or unmet needs.
NA	Child is not currently attending preschool or childcare.

91. TRAUMA SYMPTOMS MODULE

If the Trauma Symptoms Module is completed, the Behavioral Health Module should be completed as well.

A	**TRAUMATIC GRIEF:** *This item refers to the grief a child may experience as a result of the death or separation from significant caregivers, siblings or other important figures in the child's life. This child may be preoccupied with the separation from their parents (i.e., clinginess, worrying about caregivers' safety) and this preoccupation may impact their ability to function in one or more areas. Conversely, the child may actively avoid thinking or talking about the person they lost. This child may also experience repeated images regarding this loss (i.e., intrusive memories or nightmares).*
0	There is no evidence that the child is experiencing traumatic grief reactions or separation from the loss of significant caregivers. Either the child has not experienced a traumatic loss (e.g., death of a loved one) or the child has adjusted well to separation.
1	Child is experiencing grief due to death or loss/separation from a significant person in a manner that is expected or appropriate given the nature of loss or separation.
2	Child is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some, but not all areas of daily functioning. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
3	Child is experiencing traumatic grief reactions and exhibits impaired functioning across most or all areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

B	**RE-EXPERIENCING:** *This item refers to a child who re-enacts or has intrusive memories following a traumatic event(s). These symptoms consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, and repetitive play with themes of specific traumatic experiences. Symptoms also include intense distress or physiological reactivity (sweating, heart racing) after exposure to reminders (external or internal) of the event(s).*
0	No evidence of intrusive symptoms.
1	History or suspicion of re-experiencing symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits re-experiencing symptoms associated with the traumatic event(s). Symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits re-experiencing symptoms associated with the traumatic event(s) and symptoms are highly distressing for the child or caregiver(s) and negatively impact day-to-day functioning. This child may experience frequent and overwhelming intrusive symptoms/distressing memories. The child may exhibit trauma-specific reenactments that include sexually or physically harmful behavior that could be traumatizing to other children or sexual play with adults or related behaviors that put the safety of the child or others at risk. The child may also exhibit persistent flashbacks, delusions or hallucinations related to the trauma.

C	**HYPERAROUSAL:** *This item refers to a child who experiences prolonged states of physiological arousal following trauma exposure. This may manifest behaviorally, emotionally, and cognitively. These children may appear on edge, easily startled or wound up. They may be irritable and display outbursts of anger with little or no provocation. They may constantly be on the lookout for threats around them (i.e., Hypervigilant). Because of a constant state of hypervigilance regarding their own safety, these children may have a hard time concentrating. They may also exhibit physical symptoms such as headaches or stomach aches and may have difficulty falling or staying asleep. They may engage in reckless or self-destructive behavior.*
0	No evidence of hyperarousal symptoms.
1	History or suspicion of hyperarousal symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits hyperarousal symptoms associated with the traumatic event(s). Symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits hyperarousal symptoms associated with traumatic event(s) and the intensity or frequency of these symptoms are overwhelming for the child or caregiver(s) and impede day-to-day functioning in many areas. The child may experience frequent difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance or exaggerated startle response.

D	**AVOIDANCE:** *This item refers to a child who avoids or tries to avoid places or people who remind them of earlier traumatic experiences. This may manifest as avoidance of thoughts, feelings or conversations about a traumatic event; avoidance of actual places or people connected to the event or who may remind the child of the event. Given a child's lack of control over their circumstances avoidance behaviors may manifest as clinginess to caregivers.*
0	No evidence of avoidance symptoms.
1	History or suspicion of avoidance symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits avoidance symptoms associated with the traumatic event(s). Symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits avoidance symptoms and the intensity or frequency of these symptoms are overwhelming for the child or caregiver(s) and impede day-to-day functioning in many areas. The child may avoid thoughts and feelings as well as situations and people associated with the trauma.

E	**NUMBING:** *This item refers to a child who has experienced traumatic events and displays a diminished capacity to feel or experience and express a range of emotions. This may manifest as difficulty feeling or expressing emotions such as happiness, anger or fear. The child may also withdraw from people and activities she/he used to enjoy (i.e., play). The child may also have a sense of a foreshortened future (i.e., no expectation of finishing school) or negative beliefs about self or the world (i.e., "I am bad" "I did this"). The child may also have difficulty remembering important aspects of the event.*
0	No evidence of numbing responses.
1	History or suspicion of numbing symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits numbing symptoms associated with the traumatic event(s) and symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits numbing symptoms associated with the traumatic event(s) and the intensity or frequency of these symptoms are overwhelming for the child or caregiver(s) and impede day-to-day functioning in many areas. The child may have a markedly diminished interest or participation in significant activities, have difficulty experiencing intense emotions or feel detached from others, and experience a sense of a foreshortened future.

F	**DISSOCIATION:** *This item refers to a child who may be experiencing numbing symptoms that are extreme enough to include feelings of depersonalization and derealization. This child can exhibit withdrawn behavior and appear detached or disconnected from self and others. She/he may exhibit rapid changes in personality associated with triggers of traumatic experiences. This child may also space or blank out, have a difficult time remembering past experiences (related to trauma or not) and exhibit a loss of orientation to time and place. This child may appear to be in a trance or may say that they feel like an outside observer of their feelings and behavior, or like their memories are not their own (depersonalization). The child may also say that they feel like their surroundings are artificial as if they are in a movie or in a distorted reality (derealization).* *Note: Dissociation is more notable among children exposed to complex trauma (chronic and interpersonal).*
0	No evidence of dissociation.
1	History or suspicion of dissociation that does not significantly interfere with day-to-day functioning.
2	Child exhibits dissociation associated with the traumatic event(s). Symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits dissociation symptoms associated with the traumatic event(s) and symptoms are highly distressing for the child or caregiver(s) and negatively impact day-to-day functioning. Child may exhibit significant memory difficulties associated with trauma that also impede day-to-day functioning. Child is frequently forgetful or confused about things the child should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child shows rapid changes in personality or evidence of distinct personalities.

G	**AFFECTIVE OR PHYSIOLOGICAL DYSREGULATION:** *This item refers to a cluster of symptoms often seen among children who have experienced complex (chronic and interpersonal) trauma. This child often demonstrates difficulty identifying, describing and regulating internal emotional states (affect) and may also have difficulty managing energy level and related body states/systems (physiological) such as hunger, thirst, sleep, and elimination. Affect dysregulation may manifest as problems labeling or expressing feelings, difficult or inability in controlling or modulating emotions, and difficulty communicating needs. The child may also exhibit restricted affect punctuated by outbursts of anger or sadness. Overall, it is a pattern of repeated dysregulation that is triggered by exposure to trauma cues or reminders. Once aroused this child has difficulty modulating feelings and returning to a state of equilibrium. This child may also display over-reactivity or under-reactivity to touch and sounds. Affective and physiological dysregulation may also lead to somatic complaints such as headaches and stomachaches. The child may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation*. *NOTE: This item should be rated in the context of what is normative for a child's age/developmental stage and the child's exposure to trauma. This item is highly related to other items such as hyperarousal, numbing, and anger control therefore scores in these items will likely be similar.*
0	Child has no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.
1	History or evidence of difficulties with affect/physiological regulation. The child could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g., sleeping, eating or elimination). The child may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.
2	Child has problems with affect/physiological regulation that are impacting their functioning in some life domains, but is able to control affect at times. The child may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. Child may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). The child may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g., silly behavior, loose active limbs) or under-arousal (e.g., lack of movement and facial expressions, slowed walking and talking).
3	Child is unable to regulate affect and/or physiological responses. The child may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). The child may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, the child may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally "shut down"). The child may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems.

92. BEHAVIORAL HEALTH MODULE

A	**ATTENTION/CONCENTRATION:** *Problems with attention, concentration and task completion would be rated here. These may include symptoms that are part of a diagnosis of Attention Deficit/Hyperactivity Disorder. Inattention/distractibility not related to opposition would be rated here.* ***The child should be 3 years of age or older to rate this item.***
0	No evidence of attention or concentration problems. Child stays on task in an age-appropriate manner.
1	Child may have some difficulties staying on task for an age-appropriate time period at school or play.
2	In addition to problems with sustained attention, child may become easily distracted or forgetful in daily activities, have trouble following through on activities, and become reluctant to engage in activities that require sustained effort. A child who meets diagnostic criteria for ADHD would be rated here.
3	Child has impairment of attention or concentration. A child with profound symptoms of ADHD or significant attention difficulties related to another diagnosis would be rated here.
NA	Child is under 3 years of age.

B	**IMPULSIVITY:** *Problems with impulse control, impulsive behaviors, including motoric disruptions would be rated here.* ***The child should be 3 years of age or older to rate this item.***
0	No evidence of age-inappropriate impulsivity in action or thought.
1	There is a history or suspicion of levels of impulsivity evident in action or thought.
2	There is evidence of levels of impulsivity in action or thought that may represent a significant management problem. Child intrudes on others, demonstrates motoric difficulties (such as pushing or shoving others), or is impulsively aggressive.
3	Impulsive behavior carries considerable safety risk (e.g., running into the street, dangerous driving, or bike riding). The child may be impulsive on a nearly continuous basis. He or she endangers self or others without thinking.
NA	Child is under 3 years of age.

C	**DEPRESSION:** *With children the mood state might be irritable rather than sad. This item rates displayed symptoms of a change in emotional state and can include sadness, irritability and diminished interest in previously enjoyed activities.*
0	No evidence of depression.
1	History or suspicion of depression; or depression associated with a recent negative life event with minimal impact on life domain functioning at this time. Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect.
2	Clear evidence of depression associated with either depressed mood or irritability which has interfered significantly in child's ability to function in at least one life domain. Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions.
3	Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain.

D	**ANXIETY:** *This item describes worries or fearfulness that interferes with functioning.*
0	No evidence of anxiety.
1	History or suspicion of anxiety problems; or anxiety associated with a recent negative life event with minimal impact on life domain functioning at this time. An infant may appear anxious in certain situations but can be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness that interferes significantly in child's ability to function in at least one life domain. Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.
3	Clear evidence of a debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

E	**OPPOSITIONAL (NON-COMPLIANCE WITH AUTHORITY):** *This item rates the child's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a parent, teacher, or other authority figure with responsibility for and control over the child. Oppositional behaviors rated here are inconsistent with developmentally appropriate resistance to rule following.*
0	No evidence of oppositional behavior.
1	History or evidence of defiance towards authority figures.
2	Oppositional or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain; behavior may cause emotional harm to others.
3	A dangerous level of oppositional behavior involving the threat of physical harm to others.

F	**PICA:** *This item describes the child who has eaten unusual or dangerous non-food materials.*
0	No evidence that the child ingests unusual or dangerous materials.
1	Child has a history of ingesting unusual or dangerous materials.
2	Child has ingested unusual or dangerous materials consistent with a diagnosis of Pica.
3	Child has become physically ill or experienced abnormal laboratory levels (elevated blood lead levels greater than 10 mcg/dL) due to ingesting dangerous materials.

G	**ANGER CONTROL:** *This item describes the child's ability to identify and manage their anger when frustrated.*
0	No evidence of anger control problems
1	History or suspicion of some problems with controlling anger; child may sometimes become verbally aggressive when frustrated; peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
2	Child's difficulties with controlling anger are impacting functioning. Child's temper has gotten child in significant trouble with peers, family or school; anger may be associated with physical violence; others are likely quite aware of anger potential.
3	Child's temper or anger control problem is dangerous. Child frequently has conflict that is physical.

93. MEDICAL HEALTH MODULE

A	**LIFE THREATENING:** *This item refers to conditions that pose an impending danger to life or carry a high risk of death if not treated. An infant with frequent apneic episodes requiring tactile stimulation or respiratory treatment or a child has who experienced frequent, uncontrolled seizures requiring respiratory treatment within the past month would be rated a 3.*
0	Child's medical condition has no implications for shortening child's life.
1	Child's medical condition may shorten life but not until later in adulthood.
2	Child's medical condition places child at some risk of premature death before reaching adulthood.
3	Child's medical condition places child at imminent risk of death.

B	**CHRONICITY:** *This item refers to a condition that is persistent or long-lasting in its effects or a disease that develops gradually over time and is expected to last a long time even with treatment (e.g., development of Type 2 diabetes in child who has been obese for many years). Chronic conditions are in contrast to acute conditions which have a sudden onset; a child may fully recover from an acute condition or it may become chronic.*
0	Child is expected to fully recover from current medical condition within the next six months to one year. Note: A child with this rating does not have a chronic condition.
1	Child's chronic condition is minor or well controlled with current medical management (e.g., a child with acne).
2	Child's chronic condition(s) is moderate in nature with significant effects/exacerbations despite medical management. Child may experience more frequent medical visits, including ER visits, surgeries or hospitalizations for acute manifestation or complications of chronic condition.
3	Child's chronic condition(s) places the child at risk for prolonged inpatient hospitalization or out of home placement (or in home care with what would be equivalent to institutionalized care).

C	**DIAGNOSTIC COMPLEXITY:** *This item refers to the degree to which symptoms can be attributed to medical, developmental, or behavioral conditions, or there is an acknowledgement that symptoms/behaviors may overlap, and are contributing to the complexity.*
0	The child's medical diagnoses are clear and there is no doubt as to the correct diagnoses; symptom presentation is clear.
1	Although there is some confidence in the accuracy of child's diagnoses, there also exists sufficient complexity in the child's symptom presentation to raise concerns that the diagnoses may not be accurate.
2	There is substantial concern about the accuracy of the child's medical diagnoses due to the complexity of symptom presentation.
3	It is currently not possible to accurately diagnose the child's medical condition(s).

D	**EMOTIONAL RESPONSE:** *This item refers to the strain the child's medical conditions are placing on the individual child. This family response will be measured in the FAMILY STRESS item in the MEDICAL HEALTH MODULE.*
0	Child is coping well with medical condition.
1	Child is experiencing some emotional difficulties related to medical condition but these difficulties do not interfere with other areas of functioning.
2	Child is having difficulties coping with medical condition. Child's emotional response is interfering with functioning in other life domains.
3	Child's emotional response to medical condition is interfering with treatment and functioning.

E	**IMPAIRMENT IN FUNCTIONING:** *This item refers to either a reduction in physical or mental capacity that is sufficient to interfere with managing day-to-day tasks of life. This limitation can range from a slight loss of function to a total impairment which is usually considered a disability. Some impairments may be short term while others may be permanent. Assessing the impairment can help identify the best course of treatment and whether it is responding to treatment.*
0	Child's medical condition is not interfering with functioning in other life domains.
1	Child's medical condition has a limited impact on functioning in at least one other life domain.
2	Child's medical condition is interfering in more than one life domain or is disabling in at least one.
3	Child's medical condition has disabled child in most other life domains.

F	**INTENSITY OF TREATMENT:** *This item refers to special medical services or equipment provided to a child.*
0	Child's medical treatment involves taking daily medication or visiting a medical professional for routine follow up no more than 2 times a year.
1	Child's medical treatment involves taking multiple medications daily and visiting a medical professional(s) 3-4 times a year.
2	Child's medical treatment is daily but non-invasive; treatment can be administered by a caregiver. Non-invasive treatments could include daily nebulizer treatments, chest percussion therapy, application of splints/braces and stretching exercises etc. Without a caregiver, this child's care might be provided in an alternate setting (i.e., intermediate care facility). The child could require visits every 4-6 weeks to a medical professional(s) for adjustments in medication dosing and treatment and take multiple daily medications with dosing spaced throughout the day.
3	Child's medical treatment is daily and invasive and requires either a medical professional to administer or a well-trained caregiver. Examples of treatment provided by medical professional or well-trained caregiver include catheterization of bladder, suctioning of tracheostomy tube, provision of tube feedings etc. Without a well-trained caregiver or medical professional, this child's care would be provided in a skilled alternate setting (i.e., hospital, nursing home).

G	**ORGANIZATIONAL COMPLEXITY:** *This item refers to how effectively organizations and medical/ancillary service providers caring for a child work together. The more organizations and professionals, the increased likelihood of complexity and need for ongoing communication and collaboration. A child who receives primary and specialty care from one institution in which professionals are successfully communicating (i.e., within a tertiary medical center) would score lower than a child who receives primary care from a community provider, behavioral health care from another community provider, specialty medical care from a tertiary care center and communication issues exist amongst professionals regarding the treatment plan.*
0	All care is provided by a single medical provider; there are no ancillary service providers involved.
1	Care is provided by a single or multiple medical provider(s) plus ancillary services provider(s), and communication/collaboration among providers is effective.
2	Care is provided by a single or multiple medical and/or ancillary services provider(s) and communication/collaboration among providers may present some challenges for the child's care.
3	Care is provided by a single or multiple medical and/or ancillary services provider(s) and lack of communication/collaboration among providers is presenting significant challenges for the child's care.

H	**FAMILY STRESS:** *This item refers to the physical, emotional, or financial stress on the family due to the provision of direct care, making and coordinating appointments, or obtaining medical supplies and equipment.*
0	Child's medical condition or care is not adding stress to the family.
1	Child's medical condition or care is a stressor on the family but family is functioning well.
2	Child's medical condition or care is a stressor and is somewhat interfering with family functioning.
3	Child's medical condition or care is a stressor and is significantly impacting family functioning.

94. PRESCHOOL/CHILDCARE FUNCTIONING MODULE

A	**EDUCATIONAL PARTNERSHIP:** *This item rates the degree of partnership between the school and others in meeting the child's educational needs, including but not limited to any medical accommodations needed.*
0	School works closely with child and family to identify and successfully address child's educational needs, or child excels in school.
1	School works with child and family to identify and address educational needs.
2	School is currently unable to adequately identify or address child's needs.
3	School is unable or unwilling to work to identify and address child's needs.

B	**PRESCHOOL/CHILDCARE BEHAVIOR:** *This item describes behavior when attending school.*
0	Child is behaving well in preschool/childcare.
1	Child is behaving adequately in preschool/childcare although may have a history of behavioral problems.
2	Child is disruptive and many types of interventions have been implemented.
3	Child is frequently disruptive. The threat of expulsion is present.

C	**PRESCHOOL/CHILDCARE ACHIEVEMENT:** *This item is rated based on developmental age rather than chronological age.*
0	Child is doing well acquiring new skills.
1	Child is doing adequately, acquiring new skills with some challenges. Child may be able to compensate with extra adult support.
2	Child is having moderate problems with acquiring new skills. Child may not be able to retain concepts or meet expectations even with adult support in some areas.
3	Child is having achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas.

D	**PRESCHOOL/CHILDCARE ATTENDANCE:** *This item describes any challenge, including medically excused absences, with regard to being physically present at school.*
0	Child attends preschool/childcare regularly.
1	Child has some problems attending preschool/childcare but generally is present.
2	Child is having problems with preschool/childcare attendance.
3	Child is absent most of the time and this causes a significant challenge in achievement, socialization and following routine.

E	**RELATIONSHIP WITH TEACHER(S):** *This item should be based on relationships with teachers, staff, and other school personnel.*
0	Child has good relationships with teachers and staff members.
1	Child has occasional difficulties relating with at least one teacher or staff member.
2	Child has difficult relationships with teachers or staff that notably interferes with child's education.
3	Child has very difficult relationships with all teachers and staff or all the time with their only teacher. Relations with teachers currently prevents child from learning.

F	**RELATIONSHIP WITH PEERS:** *This item should be based on relationships with peers.*
0	Child has good relationships with peers.
1	Child has occasional difficulties relating with at least one peer.
2	Child has difficult relationships with peers that notably interfere with child's education.
3	Child has very difficult relationships with all peers. Relationships with peers currently prevents child from learning.
NA	Infant is too young (less than 12 months old) to have developed peer relationships.

G	**LEARNING ABILITY:** *This item refers to the child's ability to learn. Learning disabilities are rated as a '2' or '3' depending on severity. Special educational strategies may be needed to create an environment where child can learn.*
0	The child appears fully able to effectively learn.
1	There is a history, suspicion of, or evidence of a mild learning disability.
2	The child is struggling to learn and unless challenges are addressed, learning will remain impaired.
3	The child is currently unable to learn as current challenges are preventing any progress.