

Child and Adolescent Needs and Strengths—New York (Age 0-5)

Date:	Assessor Name (Print):
Assessment Type: Initial <input type="checkbox"/>	Reassessment <input type="checkbox"/> Major Life Event <input type="checkbox"/> Exit/Discharge <input type="checkbox"/>
Child's Name:	# 8
Child's Race/Ethnicity:	Child's Date of Birth:
Caregiver Name:	Caregiver Relationship to the child:
Caregiver Name:	Caregiver Relationship to the child:
Caregiver Name:	Caregiver Relationship to the child:
Caregiver Name:	Caregiver Relationship to the child:

For the **Life Functioning Domain**, use the following categories and action levels:

- 0 No current need; no need for action or intervention.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

LIFE FUNCTIONING DOMAIN

Family Functioning	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Living Situation	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Social and Emotional Funct.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Sleep	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Play	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Legal	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Preschool/Childcare Behavior	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Preschool/Childcare Achment.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Preschool/Childcare Attendance	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Learning Ability	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Medical/Physical [A]	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Adjustment to Trauma [B]	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

[A] Medical Health Module

Rate this module when the Medical/Physical item is rated '1', '2', or '3'.

Life Threatening	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Chronicity	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Diagnostic Complexity	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Child Emotional Response	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Impairment in Functioning	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Intensity of Treatment Support	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Organizational Complexity	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

[B] Trauma Module

Complete this module when the Adjustment to trauma item is rated '1', '2', or '3'.

For the **Potentially Traumatic/Adverse Childhood Experiences**, use the following categories and action levels:

- NO No evidence of any trauma of this type.
- YES Child has had experience or there is suspicion that child has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

Sexual Abuse	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Physical Abuse	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Emotional Abuse	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Neglect	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Medical Trauma	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Family Violence	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Community/School Violence	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Victimization/Exploitation	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Natural or Manmade Disaster	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Criminal Activity	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Disruption in Caregiving/ Attachment Losses	No <input type="checkbox"/>	Yes <input type="checkbox"/>

[B] Trauma Module continued

Traumatic Stress Symptoms

Re-experiencing	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Hyperarousal	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Avoidance	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Numbing	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Emotional and/or Physical Dysregulation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Traumatic Grief	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Please write a rationale for any item rated actionable ('1', '2', or '3').

For the **Development Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Need is interfering with functioning; Action is required to ensure that the identified need is addressed,
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

DEVELOPMENT DOMAIN

Cognitive	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Agitation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Self-Stimulation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Motor	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Communication	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Developmental Delay	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Sensory	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Atypical Behaviors	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Eating	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Mobility	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Positioning	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Transferring	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Elimination	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Sensory Reactivity	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Emotional Control	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Frustration Tolerance	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Please write a rationale for any item rated actionable ('1', '2', or '3') or 'Yes'.

For the **Behavioral/Emotional Needs Domain**, use the following categories and action levels:

- 0 No current need; no need for action or intervention.
 - 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
 - 2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
 - 3 Need is dangerous or disabling; requires immediate and/or intensive action.
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BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

Attention/Concentration (3+)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Oppositional Behavior (3+)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Impulsivity/Hyperactivity (3+)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Pica	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Depression	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Anger Control	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Anxiety	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Attachment Difficulties	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Please write a rationale for any item rated actionable ('1', '2', or '3') or 'Yes'.

For the **Risk Factors & Behaviors Domain**, use the following categories and action levels:

- 0 No current need; no need for action or intervention.
 - 1 Identified need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
 - 2 Need is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.
 - 3 Need is dangerous or disabling; requires immediate and/or intensive action.
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RISK FACTORS & BEHAVIORS DOMAIN

Risk Factors

Birth Weight	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Prenatal Care	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Length of Gestation	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Labor and Delivery	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Parental Availability	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Failure to Thrive	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Substance Exposure	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Housing Safety and Accessibility	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Risk Behaviors

Self-Harm	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Aggressive Behavior (2+)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Fire Setting	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Intentional Misbehavior	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Please write a rationale for any item rated actionable ('1', '2', or '3').

For the **Cultural Factors Domain**, use the following categories and action levels:

- 0 No current need; no need for action or intervention.
 - 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
 - 2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
 - 3 Need is dangerous or disabling; requires immediate and/or intensive action.
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CULTURAL FACTORS DOMAIN

Language 0 1 2 3
Cultural Stress 0 1 2 3

Knowledge Congruence 0 1 2 3

Please write a rationale for any item rated actionable ('1', '2', or '3').

For the **Strengths Domain**, use the following categories and action levels:

- 0 Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
 - 1 Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
 - 2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
 - 3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.
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STRENGTHS DOMAIN

Family Strengths 0 1 2 3
Interpersonal 0 1 2 3
Optimism/Positive Affect 0 1 2 3
Adaptability 0 1 2 3

Persistence 0 1 2 3
Family Spiritual/Religious 0 1 2 3
Educational Assets 0 1 2 3
Natural Supports 0 1 2 3

Please write a rationale for any useful strength ('0' or '1') or strength to build ('2' or '3').

For the **Caregiver Resources & Needs Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action. This may be a resource for the child.
 - 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.
 - 2 Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
 - 3 Need prevents the provision of care; requires immediate and/or intensive action.
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CAREGIVER RESOURCES & NEEDS DOMAIN

Medical/Physical	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Caregiver Emot. Responsiveness	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Developmental	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Residential Stability	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Mental Health	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Financial Resources	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Substance Use	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Safety	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Caregiver Adj. to Trauma	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Informal Supports	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Legal Involvement	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Transportation of Child	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Self-Care/Daily Living	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Knowledge of Condition	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Organization (Household)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Care/Treatment Involvement	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Supervision	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Family System Engagement	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Resourcefulness	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Accessibility to Childcare Svs.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Problem Solving	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Access to Technology	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Family Stress	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>					

Please write a rationale for any item rated actionable ('1', '2', or '3').
