02/01/2020 Please Check:

New Birth Assessment

Parenting Open **Education Open Education Close** Parenting Close Therapy Open Therapy Close Date of this CANS Completion (mm/dd/yyyy): Level of engagement within the last quarter: Number of meetings: (For Education, Parenting, and Therapy only) (For Education, Parenting, and Therapy only) Youth Parent Information Youth's First Name: Last Name: Date of Birth (mm/dd/yyyy): Gender: □ M □ F DCFS/CYCIS Child ID # (8 characters): Current Living Arrangement (check one): **HMR HMP HFK** SPEC/SFC TLP RTC GH UAP SSU Traditional Foster Care ILO **PAC** Other (please specify): Is the youth currently staying at the above placement? Yes Nο If no, please specify what type of residence or with whom they are staying Child Information Date of Birth (mm/dd/yyyy): Total number of youth parent's biological children: Number of children currently in youth parent's care: **CANS Assessor Information** Assessor's First Name: Last Name: Ext: Phone #: Agency Name: Agency Address: Agency City: Agency Zip Code: Assessor's Email Address: Date: Assessor's Initials: Assessor Approval Last Name: Supervisor First Name: Supervisor Email Address:

Please fax or mail this completed cover page and CANS scoring sheet to:

Date:

Supervisor's Initials:

TPSN, Attn: PPT CANS 3605 W. Fillmore, Chicago, IL 60624 Fax: (773) 588-5386

If you have questions about the CANS please call or e-mail:

Shannan Krull (312) 503-1488 shannan.krull@northwestern.edu

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Supervisor Approval

PARENTING YOUTHS NAME:

KEY: Use for items 1-13 - These ratings are made based on lifetime exposure of trauma

- 0 = indicates a dimension where there is no evidence of any trauma of this type.
- 1 = indicates a dimension where a single incident of trauma occurred or suspicion exists of trauma experiences.
- 2 = indicates a dimension on which the child has experienced multiple traumas or a moderate degree of trauma.
- 3 = indicates a dimension which describes repeated and severe incidents of trauma with medical and physical consequences

TRAUMA EXPERIENCES

 $0 \quad 1 \quad 2 \quad 3 \qquad \qquad 0 \quad 1 \quad 2 \quad 3$

- 1. Sexual Abuse
- 2. Physical Abuse
- 3. Emotional Abuse
- 4. Neglect
- 5. Medical Trauma
- 6. Witness to Family Violence
- 7. Community Violence

- 8. School Violence
- 9. Natural or Manmade Disasters
- 10. War Affected
- 11. Terrorism Affected
- 12. Witness/Victim to Criminal Activity
- 13. Parental Criminal Behavior

Trauma Experiences: Please write a note for each item in this domain that is <u>scored a 2 or a 3.</u> Please specify which CANS item you are referencing; (eg. #4 client was left at home with no food.). If additional space is needed, please use the last page.

KEY: Use for items 14-19

- 0 = no evidence or no reason to believe that the rated item requires any action.
- 1 = a need for watchful waiting, monitoring or possibly preventive action.
- 2 = a need for action. Some strategy is needed to address the problem/need.
- 3 = a need for immediate or intensive action. This level indicates an immediate safety concern or a priority for intervention.

TRAUMATIC STRESS SYMPTOMS

0 1 2 3

- 14. Adjustment to Trauma
- 15. Traumatic Grief/Separation
- 16. Re-experiencing
- 17. Avoidance
- 18. Numbing
- 19. Dissociation

Traumatic Stress Symptoms: Please write a note for each item in this domain that is <u>scored a 2 or a 3</u>. Please specify which CANS item you are referencing. If additional space is needed, please use the last page.

YOUTH STRENGTHS

KEY: *Use for items 20-30*

- 0 = Well-developed or centerpiece strength; immediately accessible by the youth.
- 1 = Useful strength is evident but requires some effort to maximize the strength.
- 2 = Strength has been identified but requires significant strength building efforts before it can be effectively utilized.
- 3 = No current strength is identified; efforts are needed to identify potential strength.

N/A= this selection should only be used when rating a child who is non-communicative due to age or developmental disability and no adult can sufficiently answer the item.

0 1 2 3 NA 0 1 2 3

- 20. Family
- 21. Interpersonal
- 22. Educational Setting
- 23. Vocational
- 24. Coping and Savoring

Skills

- 26. Talents/ Interests
 - 27. Spiritual/Religious
 - 28. Community Life
 - 29. Relationship Permanence
 - 30. Resilience

25. Optimism

Youth Strengths: Please write a note for each item in this domain that is <u>scored a 0 or a 1</u>. Please specify which CANS item you are referencing. If additional space is needed, please use the last page.

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PARENTING YOUTH'S NAME:

KEY: *Use for items 31-139*

- 0 =no evidence or no reason to believe that the rated item requires any action.
- 1 = a need for watchful waiting, monitoring or possibly preventive action.
- 2 = a need for action. Some strategy is needed to address the problem/need.
- 3 = a need for immediate or intensive action. This level indicates an immediate safety concern or a priority for intervention.

LIFE DOMAIN FUNCTIONING

| | | U | 1 | 2 | 3 | | | U | 1 | 2 | 3 | NA |
|-----|----------------------------|---|---|---|---|-----|--------------------|---|---|---|---|----|
| 31. | Family | | | | | 38. | Physical | | | | | |
| 32. | Living Situation | | | | | 39. | Sleep | | | | | |
| 33. | Social Functioning | | | | | 40. | Sexual Development | | | | | |
| 34. | Developmental/Intellectual | | | | | 41. | School Behavior | | | | | |
| 35. | Recreational | | | | | 42. | School Achievement | | | | | |
| 36. | Legal | | | | | 43. | School Attendance | | | | | |
| 37. | Medical | | | | | | | | | | | |

Life Domain Functioning: Please write a note for each item in this domain that is <u>scored a 2 or a 3</u>. Please specify which CANS item you are referencing. If additional space is needed, please use the last page.

ACCULTURATION

0 1 2 3

- 44. Language
- 45. Identity
- 46. Ritual
- Culture Stress

• Acculturation: Please write a note for each item in this domain that is scored a 2 or a 3. Please specify which CANS item you are referencing. If additional space is needed, please use the last page.

YOUTH BEHAVIORAL/EMOTIONAL NEEDS

0 1 2 3

- 48. Psychosis
- 49. Attention Deficit/ Impulse Control
- 50. Depression
- 51. Anxiety
- 52. Oppositional Behavior
- 53. Conduct
- 54. Substance Abuse
- 55. Attachment Difficulties
- 56. Eating Disturbances
- 57. Affect Dysregulation
- 58 Behavioral Regressions
- 59. Somatization
- 60. Anger Control

Youth Behavioral/Emotional Needs: Please write a note for each item in this domain that is scored a 2 or a 3. Please specify which CANS item you are referencing. If additional space is needed, please use the last page.

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PARENTING YOUTHS NAME:

YOUTH RISK BEHAVIORS

0 1 2 3

- 61. Suicide Risk
- 62. Self Mutilation
- 63. Other Self Harm
- 64. Danger to Others
- 65. Sexual Aggression
- 66. Runaway
- 67. Delinquency
- 68. Judgment
- 69. Fire Setting
- 70. Social Behavior
- 71. Sexually Reactive Behaviors

Youth Risk Behaviors: Please write a note for each item in this domain that is scored a 2 or a 3. Please specify which CANS item you are referencing. If additional space is needed, please use the last page.

RATING OF CHILDREN FIVE YEARS OLD AND YOUNGER

Required if **pregnant and parenting teen is developmentally disabled (DD) at any age**, or **if any of these are relevant needs regardless of age**. N/A can be used for children age 6 and older. Unknown can be used when you are actively seeking more

NA

information. 1 2 3 NA 2 3 U U 72. Motor 80. Labor & Delivery 73. Sensory 81. Parent/Sibling Problems 74. Communication 82. Maternal Availability 75. Failure to Thrive 83 Curiosity Feeding/Elimination 84. Playfulness 76. 77. Birth Weight 85. **Temperament** 78. Prenatal Care 86. Day Care Preschool

79. Substance Exposure

Intimate Relationships

Children Five Years Old and Younger: Please write a note for each item in this domain that is <u>scored a 2 or a 3</u>. Please specify which CANS item you are referencing. If additional space is needed, please use the last page.

TRANSITION TO ADULTHOOD

Required if youth is 14 years and 6 months or older or if any of these are relevant needs regardless of youth's age:

0 1 2 3 0 1 2 3 NA 37. Independent Living Skills 91. Medication Compliance

87. Independent Living Skills
88. Transportation
89. Parenting Roles
91. Medication Compliance
92. Educational Attainment
89. Victimization

Transition to Adulthood: Please write a note for each item in this domain that is <u>scored a 2 or a 3</u>. Please specify which CANS item you are referencing. If additional space is needed, please use the last page.

94.

Job Functioning

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PARENTING YOUTH'S NAME:

CAREGIVER NEEDS & STRENGTHS

@AF7, If youth is pregnant with their first child, caregiver assessment does not need to be filled out. Otherwise, **use this section to assess the pregnant/parenting teen as a caregiver** to their new birth and any other children. (Self as caregiver)

SAFETY (birth parents and substitute caregivers)

0 1 2 3 N/A

95. Safety 98. Condition of Home

Supervision 99. Marital/Partner Violence In the Home

97. Neighborhood Safety & Resources

Caregiver; Safety: Please write a note for each item in this domain that is <u>scored a 2 or a 3</u>. Please specify which CANS item you are referencing. If additional space is needed, please use the last page.

KNOWLEDGE OF PARENTING & CHILD DEVELOPMENT (birth parents and substitute caregivers)

 $1 \quad 2 \quad 3 \qquad \qquad 0 \quad 1 \quad 2 \quad 3$

100. Knowledge of Child's Needs 103. Learning Environment

101. Nutrition Management 104. Effective Parenting Approach

102. Discipline

Caregiver; Knowledge of Parenting & Child Development: Please write a note for each item in this domain that is <u>scored a 2 or a 3</u>. Please specify which CANS item you are referencing. If additional space is needed, please use the last page.

IDENTIFICATION & USE OF CONCRETE SUPPORTS (birth parents and substitute caregivers)

0 1 2 3

105. Involvement with Care 109. Resources

106. Rights/Responsibilities 110. Knowledge of Social Service Options

107. Financial Status 111. Residential Stability

108. Organization 112. Job Functioning

Caregiver; Identification & Use of Concrete Supports: Please write a note for each item in this domain that is <u>scored a 2</u> <u>or a 3.</u> Please specify which CANS item you are referencing. If additional space is needed, please use the last page.

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PARENTING YOUTH'S NAME:

POSITIVE FAMILY, COMMUNITY, & SOCIAL CONNECTIONS (birth parents and substitute caregivers)

0 1 2 3

- 113. Partner Relations
- 114. Relations with Extended Family
- 115. Community Involvement
- 116. Natural Supports

Caregiver; Positive Family, Community, & Social Connections: Please write a note for each item in this domain that is <u>scored a 2 or a 3</u>. Please specify which CANS item you are referencing. If additional space is needed, please use the last page.

ABILITY TO NURTURE SOCIAL & EMOTIONAL COMPETENCE (birth parents and substitute caregivers)

0 1 2 3

- 117. Ability to Listen As Parent
- 118. Understanding of Impact of Own Behavior
- 119. Empathy with Children
- 120. Ability to Communicate

Caregiver; Ability to Nurture Social & Emotional Competence: Please write a note for each item in this domain that is <u>scored a 2 or a 3</u>. Please specify which CANS item you are referencing. If additional space is needed, please use the last page.

FACTORS CONTRIBUTING TO PARENT/CAREGIVER RESILIENCE (birth parents and substitute caregivers)

0 1 2 3 0 1 2 3

121. Physical Health 125. Post Traumatic Reactions 122. Mental Health 126. Hygiene/Self-Care Substance Use 127. Independent Living Skills 123. 128. Recreation 124. Developmental

Caregiver; Factors Contributing to Parent/Caregiver Resilience: Please write a note for each item in this domain that is scored a 2

or a 3. Please specify which CANS item you are referencing. If additional space is needed, please use the last page.

PARENTING YOUTH'S NAME:



0 1 2 3

- 133. Relationship/ Contact w/Caseworker
- 134. Involvement in Treatment

Caregiver; Commitment to Permanency Plan Goal –Biological Parent: Please write a note for each item in this domain that is <u>scored a 2 or a 3</u>. Please specify which CANS item you are referencing. If additional space is needed, please use the last page.

Note: Please make as many photocopies of the Caregiver Domain (items 95-128, 133-134) or use the electronic version of the extra caregiver form as needed to complete ratings on all necessary caregivers.

PARENTING TEEN'S NAME:

Additional Notes:

Please specify which CANS item you are referencing.