

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

VIRGINIA 0-4 STANDARD

Child's Name:		DOB:	Gender:	Race/Ethnicity:					
Caregiver(s):	Form Status:	Initial	Subsequent	Annual	Discharge				
Assessor:		Date of Assessment:		m	m	d	d	y	y

LIFE FUNCTIONING DOMAIN				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool/Daycare ¹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation/Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental ²	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acculturation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD RISK FACTORS DOMAIN				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Birth Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PICA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labor & Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent or Sibling Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal Availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Reactive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse/Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD STRENGTHS DOMAIN				
<i>*Please note only for the Strengths section 3 is "no evidence"</i>				
0=Centerpiece strength	1=Useful strength			
2=Identified strength	3=No evidence			
	0	1	2	3
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supportive Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persistence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PARENT/GUARDIAN/CAREGIVER NEEDS & STRENGTHS DOMAIN				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social & Family Connections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to Child Care Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment/Educational Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL/EMOTIONAL NEEDS				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regulatory ³	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failure to Thrive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atypical Behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma ⁴	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GENERAL QUESTIONS			
Intensive Community Based Svrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age of Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of Placement	<input type="radio"/>	<input type="radio"/>	N/A
Foster Home	<input type="radio"/>	<input type="radio"/>	N/A
Group Home	<input type="radio"/>	<input type="radio"/>	N/A
Residential Treatment Center	<input type="radio"/>	<input type="radio"/>	N/A
Family/Relative	<input type="radio"/>	<input type="radio"/>	N/A

MODULES Complete any specific module only if indicated on the initial page	¹ Preschool/Daycare Module
	² Developmental Disability (DD) Module
	³ Regulatory Functioning Modules
	⁴ Trauma Module
	⁵ Sexual Abuse Module

PRESCHOOL/DAYCARE MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Preschool/Daycare Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool/Daycare Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool/Daycare Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DEVELOPEMTNAL DISABILITY (DD) MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social/Emotional Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

REGULATORY FUNCTIONING MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensory Reactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TRAUMA				
Characteristics of the Traumatic Experience				
<i>Please rate over the lifetime</i>				
0=no evidence of trauma	1=suspicion or single incident			
2=moderate or multiple incidents	3=severe or repeated incidents			
	0	1	2	3
Sexual Abuse ⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness/Victim to Criminal Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SEXUAL ABUSE MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MODULES

