

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

VERMONT 5-22

Child's Name:		DOB:	DCF: Y N	Guardian:	
Caregiver(s) Please choose one:	Bio Foster	Form Status:	Initial	Reassessment	Discharge
	Kinship Adoptive	Assessor:			
CG Name(s):		Client #:		Date of Assessment:	

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	
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Attention Deficit/Impulse Control/Hyperactivity	<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"/>	
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Anger Control	<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"/>	
Eating Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

LIFE DOMAIN FUNCTIONING					
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"/>	
Cultural Stress	<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"/>	
Developmental	<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"/>	
Job Functioning	NA <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medical/Physical	<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"/>	
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

CHILD STRENGTHS					
0=Centerpiece Strength	1=Useful Strength				
2=Identified Strength	3=No evidence				
	0	1	2	3	
Family Strengths	<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"/>	
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Educational System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Spiritual/Religious	NA <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community Connection	<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"/>	
Resiliency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

CAREGIVER NEEDS & STRENGTHS					
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"/>	
Natural Supports	<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"/>	
Safety	<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"/>	

CHILD RISK BEHAVIORS					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
	0	1	2	3	
Suicidal Thought/Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Non-Suicidal Self-Injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sexually Problematic/Harmful Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Runaway ⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Delinquency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Fire Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	