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A. CAREGIVER STRENGTHS & NEEDS The CANS score sheet for the caregiver domain will have space to rate multiple caregivers, if applicable. The score sheet will have 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 who the child was removed. 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, so just rate the parent from who the child was removed or a different permanency resource person.

1	**PHYSICAL HEALTH:** *This item describes the presence of any medical or physical challenges to caregiving.*
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for caregiver to parent at this time.

2	**DEVELOPMENTAL:** *This item describes the presence of any developmental challenges to caregiving.*
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with the capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible to parent at this time.

3	**MENTAL HEALTH:** *This item describes the presence of any mental health challenges to caregiving.*
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with the capacity to parent.
3	Caregiver has mental health difficulties that make it impossible to parent at this time.

4	**SUBSTANCE USE:** *This item describes the presence of any substance use challenges to caregiving.*
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for caregiver to parent at this time.

5	**PARTNER RELATIONSHIP:** *This item refers to the primary caregiver's intimate relationship with another adult. If married, this refers to the primary caregiver's husband or wife.*
0	Caregiver has a strong, 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 mild 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 wellbeing 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 an extensive history of trauma exposure and there is clear evidence of trauma symptoms (e.g., numbing, nightmares, anger, dissociation, etc.) that interfere with multiple areas of functioning.

7	**LEGAL:** *This item describes the caregiver's involvement in the 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	Care giver(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 identify and current living situation.
1	Some mild or occasional stress resulting from friction between the caregiver's cultural identify 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 a high level of 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 and child.*
0	The caregiver has the skills needed to complete the daily task required to care for self and the child.
1	The caregiver needs verbal prompting to complete the daily tasks required to care for the child.
2	The caregiver needs physical prompting to complete the daily tasks required to care for the child.
3	The caregiver is unable to complete the daily living tasks required to care for the child.

11	**ORGANIZATION:** *This item describes the ability of the caregiver to organize and manage everyday responsibilities, including the household duties, as well as caregiver's and children's appointments and activities.*
0	Caregiver is well organized and efficient and the household runs smoothly
1	Caregiver has minimal difficulties with organizing and maintaining a household that supports children's needs or services.
2	Caregiver has moderate difficulty organizing and maintaining a household that supports children's needs or services.
3	Caregiver is unable to organize a household that supports children's needs or services.

12	**SUPERVISION:** *This item describes the caregivers' ability to monitor and discipline the child in all the ways that are required.*
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision; may need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring or disciplining child. 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 necessary to manage challenges faced by self or child.*
0	Caregiver is quite skilled at finding resources that are useful in achieving and maintaining safety and well-being for self and child.
1	Caregiver has some 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 has limited 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 has no skills in finding 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 mild or occasional problems thinking through problems or situations but decision-making abilities do not interfere with caregiver's functioning as a parent.
2	The caregiver has moderate or frequent problems thinking through problems or situations and this interferes with their ability to function as a parent.
3	The caregiver has severe problems with decision-making and judgment placing 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	Caregiver is able to manage the stress of the child/children's needs.
1	Caregiver has some problems managing the stress of the child/children's needs.
2	Caregiver has notable 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:** *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 with regard to fully supporting the child's health, safety and accessibility.
1	Current housing has minor challenges with regard to fully supporting 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 with regard to supporting 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	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.

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 for the caregiver or caregiver has financial resources necessary to meet needs.
1	History or suspicion, or existence of mild difficulties. Caregiver has financial resources necessary to meet most needs; however, some limitations exist.
2	Moderate difficulties. Caregiver has financial difficulties that limit their ability to meet significant family needs.
3	Significant difficulties. Caregiver is experiencing financial hardship, poverty.

19	**SAFETY FROM OTHERS:** *This item describes the caregiver's ability to ensure the child's safety within the home and community.*
0	Caregiver's household is safe and secure from potentially dangerous individuals. Child is at 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 mild 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	**ACCESSIBILITY TO CHILD CARE SERVICES:** *This item describes the access or availabilty the caregiver has to child care services.*
0	Caregiver has access to sufficient child care services or doesn't have a need (i.e., primary caregiver is the sole caretaker and doesn't require external child care services).
1	Caregiver has some limited access to child care services. Needs are met minimally by existing services.
2	Caregiver has limited access child care services. Current services do not meet the caregiver's needs.
3	Caregiver has no access to child care services.

23	**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 occasional transportation needs for appointments. Caregiver has difficulty getting child to appointments, school, activities, etc. less than once a month.
2	Child and caregiver have frequent transportation needs. Caregiver has difficulty getting child to appointments, school, activities, etc. regularly (e.g. once a week). Caregiver needs assistance transporting child and access to transportation resources.
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.

24	**KNOWLEDGE:** *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.

25	**CARE/TREATMENT INVOLVEMENT:** *This item describes the degree to which the caregiver is involved in seeking and supporting care/treatment to address the needs of the child.*
0	Caregiver is an effective advocate for child. Caregiver is actively involved in treatment and ensures that treatment is provided consistently.
1	Caregiver is open to support, education, and information. Caregiver is generally involved in treatment but may struggle to stay consistent and lapses are not significant.
2	Caregiver is generally uninvolved in treatment although they are sometimes compliant to treatment recommendations or lack of treatment consistency is having an effect on the child's health.
3	Caregiver does not wish to participate in services or interventions intended to assist the child. Caregiver's lapse in treatment involvement/consistency places child at imminent risk.

26	**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	Small or mild 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.

27	**FAMILY RELATIONSHIP TO THE SYSTEM:** *There are situations and instances when people may be apprehensive to engage with formal helping systems. Clients and providers, bring their cultural experiences to the treatment relationship. Members of some cultural groups may be accustomed to the use of traditional healers or self-management of behavioral health issues or are simply distrustful of Western medicine. Undocumented individuals may be fearful of interaction with the health care system because of their legal status. These complicated factors may translate into generalized discomfort with the formal health care system. This item rates the degree to which the family's apprehension to engage with the formal health care system creates a barrier to receipt of care. The professionals' relationship with the family may require the clinician to reconsider their approach. 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.*
0	The caregiver expresses no concerns about engaging with the formal helping system.
1	The caregiver expresses little or mild hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with the formal helping system.
2	The caregiver expresses moderate 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 at this time. When this occurs, the development of an alternate treatment plan may be required.

B. CHILD STRENGTHS

28	**FAMILY NUCLEAR:** *This item describes the degree to which positive and supportive relationships exist within the nuclear family as well as child's inclusion in family activities.*
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	Moderate level of strengths and 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	Mild level of family strengths and 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.

29	**FAMILY EXTENDED:** *This item describes the degree to which positive and supportive relationships exist within the extended family.*
0	Child has well established relationships with extended family that serve to support child's growth and development. Family members are a significant support to parents and involved most of the time with the child.
1	Child has extended family relationships that are supportive most of the time. Extended family participates in the child's life as well as the lives of other members of the child's nuclear family.
2	Child has infrequent contact with extended family members. The support the child receives is not harmful but inconsistent.
3	Child has no contact with extended family members or the contact with extended family is detrimental to the child.

30	**SOCIAL RELATIONSHIPS:** *This item describes the child's ability to make and maintain positive relationships with people other than their primary caregivers.*
0	Child has a pro-social or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. Infants exhibits anticipatory behavior when fed or held.
1	Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions.
2	Child may be shy or uninterested in forming relationships with others. If still an infant, child may have a temperament that makes connecting to others a challenge.
3	Child has no known interpersonal strengths. Child does not exhibit any age- appropriate social gestures (e.g. Social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.

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. A child in foster care would be rated here.
3	Child does not have stability in relationships. A child for whom parental rights are terminated would be rated here.

32	**OPTIMISM:** *This item refers to the child's positive orientation toward self and the future.*
0	Child has a strong and stable optimistic outlook on life.
1	Child is generally optimistic.
2	Child has difficulties maintaining a positive view of self and life; child may vary from overly optimistic to overly pessimistic.
3	Child has difficulties seeing *any* positives about self or future life.

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.*
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	Much of the time, child has difficulties adjusting to changes and transitions even with caregiver support.
3	Most of the time, 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 infant/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.

36	**RESILIENCE/INTERNAL STRENGTHS:** *This item refers to the child's ability to recognize his or her strengths and use them in times of need or to support his or her own healthy development*
0	Child is able to both identify and use internal strengths to better self and successfully manage difficult challenges.
1	Child is able to identify some internal strengths and is able to partially utilize them constructively.
2	Child is able to identify some internal strengths but is not able to utilize them constructively.
3	Child is not yet able to identify any internal strengths.

C. CHILD NEEDS & FUNCTIONING

37	**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 9 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	Mild problems with attachment; this could involve either mild problems with separation or detachment.
2	Moderate problems with attachment; 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	Severe problems with attachment; child who is unable to separate or appears to have severe 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.

38	**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	Mild problems with functioning in current living situation; caregivers are concerned about child's behavior in living situation.
2	Moderate to severe problems with functioning in current living situation; child has difficulties maintaining acceptable behavior in this setting, creating significant problems for others in the residence.
3	Profound problems with functioning in current living situation; child is at immediate risk of being removed from living situation due unacceptable behavior.

39	**ACCULTURATION/LANGUAGE:** *This item includes both spoken and sign language.*
0	Child speaks and understands English well.
1	Child speaks some English but potential communication problems exist due to limits on vocabulary or understanding nuances in the language.
2	Child does not speak English. A translator or native language speaker is needed for successful intervention and a qualified individual can be identified within natural supports.
3	Child 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.

40	**SLEEP:** *This item describes any challenges for the child or environment with regards to pattern of sleeping.* ***The child must be 12 months of age or older to rate this item.***
0	Child gets a full night's sleep each night.
1	Child has some problems sleeping. Toddlers resist sleep and consistently need a great deal pf 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.

41	**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 mild 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 moderately 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 severely impact activities.

42	**DENTAL NEEDS:** *This item refers to the child's need for dental health services.*
0	No evidence of any dental health needs.
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.

43	**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 is having moderate problems with recreational activities. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers 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.

44	**SOCIAL FUNCTIONING:** *This item describes the child's ability to establish connections with others.*
0	No evidence of problems in social functioning.
1	Child is having some minor 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 moderate problems with social relationships. 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 severe 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

45	**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. Cognitive functioning is most often measured through an IQ test. If the child does not have an identified IQ test score, please use available information in order to score the item, including input from child and family team members.*
0	Child's intellectual functioning appears to be in normal range.
1	Child has mild intellectual disabilities. 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 some of the time.
2	Child has moderate intellectual disabilities. 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 intellectual disabilities.

46	**AGITATION:** *This item includes a child's unintentional aggressive and non-aggressive behaviors. For example, hand-wringing, dressing and undressing, general restlessness, scratching, grabbing, and spitting.*
0	Child does not exhibit agitated behavior.
1	Child becomes agitated on occasion but can be calmed relatively easily.
2	Child becomes agitated often or can be difficult to calm.
3	Child exhibits a dangerous level of agitation. Child becomes agitated often and easily becomes aggressive towards self or others.

47	**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	Mild level of self-stimulation including such behaviors as periodic pacing or rocking; sensitivity to touch or texture or to loud or bright environments; or the child seeks out stimulation. 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	Moderate to severe level of self-stimulation. Examples may include frequent rocking, odd behaviors, pacing, etc. 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	Severe or profound level of 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.

48	**MOTOR:** *This item describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. walking, running) motor functioning.*
0	No evidence of problems with motor functioning.
1	Mild to moderate fine or gross motor skill deficits.
2	Moderate to severe motor deficits. 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	Severe or profound motor deficits. A non-ambulatory child with fine motor skill deficits is rated here.

49	**COMMUNICATION:** *This item refers to the 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 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's receptive and expressive communication appears developmentally appropriate; there is no reason to believe that the child has any problems communicating.
1	Child has a history of communication problems but currently is not experiencing problems. An infant may rarely vocalize. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand.
2	Child has either receptive or expressive language problems that moderately 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 has serious communication difficulties and is unable to summon assistance or cannot communicate in any way, including pointing or grunting.

50	**DEVELOPMENTAL DELAY:** *This item rates whether the child has a suspected or diagnosed developmental delay or disorder. Developmental delays are life-long disabilities attributable to mental or physical impairments and can include both psychological and physical disorders. Developmental delays or disorders may affect a single area of development (specific developmental disorders) or several (pervasive developmental disorders). If the child does not have an identified diagnosis or assessment regarding their developmental ability, please use available information in order to score the item, including input from child and family team members regarding the developmental level of the child.*
0	Child's development appears within normal range; there is no reason to believe that the child has any developmental problems.
1	Evidence of a mild developmental delay.
2	Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
3	Severe developmental disorder.

51	**SENSORY:** *This item describes the child's ability to use all senses including vision, hearing, smell, touch, and kinesthetic.*
0	The child's sensory functioning appears normal. There is no reason to believe that the child has any problems with sensory functioning.
1	The child has mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).
2	The child has moderate impairment on a single sense or mild 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).

52	**ATYPICAL BEHAVIORS:** *Behavior may include mouthing after 1 year, 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 in the infant/child.
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.

53	**FAILURE TO THRIVE:** *This item describes the child/infant experience with growth and abiltiy to gain weight or problems with their ablity 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 5^{th} 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(75^{th} to 25^{th}).
3	The infant/child has one or more of all of the above and is currently at serious medical risk.

54	**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	Mild problems with eating that have been present in the past or are currently present some of the time. Child some difficulty eating but manages by self.
2	Moderate 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, etc.) to feed self but manages by self.
3	Severe problems with eating are present, putting the child at risk developmentally. Child needs to be totally fed (including parenteral nutrition) or the child and family are very distressed and unable to overcome problems in this area.

55	**MOBILITY:** *This item refers to how the child walks.*
0	Child is fully independent in ability to move own body.
1	Child is generally 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 notable 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 severe motor challenges that prevent from any mobility without total assistance of another person or support of an adaptive device (e.g., wheelchair or crutches)

56	**POSITIONING:** *This item refers to the process of moving a limb or the entire body while in a chair or bed.*
0	Child is fully independent in ability to position body.
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.

57	**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, etc.).
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.

58	**ELIMINATION:** *This item describes any needs related to the process of eliminating (urination or moving bowels) bodily waste.*
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 significant difficulty with elimination to the extent that child is in significant distress or caregiver interventions have failed.

59	**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 mild issues currently that are managed by caregiver support.
2	Child demonstrates moderate 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 significant 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.

60	**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 mild problems with emotional control that can be overcome with caregiver support.
2	Child has a moderate level of 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 has a significant level of emotional control problems that are interfering with development and put child at imminent risk of harming self or others. Caregivers are not able to mediate the effects.

61	**FRUSTRATION TOLERANCE/TANTRUMMING:** *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	There is no evidence of any challenges dealing with frustration. Child does not tantrum.
1	Child demonstrates some difficulties dealing with frustration. Child may sometimes become agitated or verbally hostile or 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 may tantrum 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.

62	**TEMPERAMENT:** *This item describes the child's general mood state 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 mild problems being calmed, soothed, or distracted when angry or upset. Child may have occasional episodes or extended crying or tantrums.
2	Child has a difficult temperament. Child has difficulty being calmed, soothed, or distracted when angry or upset. Persistent episodes of crying, tantrums or other difficult behaviors are observed.
3	Child has significant difficulties being calmed, soothed, or distracted when angry or upset. Repeated and extreme persistent episodes of crying, tantrums or other difficult behaviors are observed when the child is angry or upset.

E. CHILD RISK FACTORS *Only complete this section if child is 36 months old or younger*

63	**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 oz at birth – extremely underweight.

64	**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 mild form of a pregnancy related illness.
2	Child's biological mother received poor prenatal care, initiated only in the last trimester or had a moderate form of a pregnancy related illness.
3	Child's biological mother had no prenatal care or had a severe pregnancy related illness.

65	**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.

66	**LABOR AND DELIVERY:** *This item describes the process of normal child birth and delivery*
0	Child and biological mother had normal labor and delivery.
1	Mother had some mild 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 severe problems during delivery that have resulted in long term implications for the child's development.

67	**SIBLING DEVELOPMENTAL ISSUES:** *This item describes the degree to which the child's siblings are experiencing developmental or behavorial problems.*
0	The child's siblings have no developmental disabilities or child has no siblings.
1	The child has siblings who are experiencing some mild 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.

68	**MATERNAL 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 minor or transient stressors which made him/her slightly less available to the child.
2	The mother/primary caregiver experienced a moderate level of 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 severely compromised.

69	**LEAD EXPOSURE:** *This item describes the child's level of exposure to lead-based products or paints. Lead exposure is most often measured by Blood Lead Level (BLL). All children must have BLL assessed at ages one and two and must be assessed for risk and tested as needed annually up to age six.*
0	Child has been assessed and BLL is under five.
1	Child has been assessed and has a BLL between five and nine. Child's blood lead levels, development and environments should be monitored over the next six months, especially if the child is two or younger.
2	There is no record of a BLL test/assessment in the past year, or the child's BLL is ten to 14. Lead testing is required every three months until the BLL is below ten.
3	Child has been assessed and BLL is 15 or higher, indicating high lead exposure. Medical and local DOH attention is required and continued BLL testing is required.

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

70	**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.
1	Mild level of self-harm behavior or history of self-harm.
2	Moderate level of self-harm behavior such a head banging that cannot be mediated by caregiver and interferes with child's functioning.
3	Severe level of self-harm behavior that put's the child's safety and well-being at risk.

71	**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 mild 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	The child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior that involves the threat of harm to animals or others. Caregivers are unable to mediate this dangerous behavior.

72	**FIRE SETTING:** *This item describes behavior related to setting fires whether intentional or accidental.*
0	Child is under age 3 or there is no evidence of fire setting.
1	History of fire setting ideation but *not in the past six months.*
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)** within the past six months. 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 acute threat of fire setting as evidenced by excessive ideation or actual fire setting behavior.

73	**PROBLEMATIC SOCIAL BEHAVIOR:** *This item refers to problematic social behavior that often leads to sanctions from adults. These behaviors occur in such a way that the child is seeking sanctions and negative attention, or acting out, or the behavior could also be seen as a cry for help.*
0	No evidence of problematic social behavior; child does not typically engage in behavior that results in sanctions from adults.
1	Mild level of problematic social behavior that might include occasional inappropriate social behavior that provokes adults to sanction the child; infrequent inappropriate comments to strangers or infrequent unusual behavior in social settings.
2	Moderate level of problematic social behavior that is causing problems in the child's life at home or in the community or school. This may include frequent moderately disruptive behavior in a variety of settings, including home and school and provokes adults to sanction child.
3	Severe level of problematic social behavior that includes frequent serious inappropriate social behavior that provokes adults to seriously or repeatedly sanction the child; or inappropriate social behaviors that are sufficiently severe that 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 answered about LIFETIME exposure to adverse childhood experiences.*

74	**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.

75	**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 child has experienced physical abuse.

76	**EMOTIONAL ABUSE/NEGLECT:** *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 both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child or "emotional neglect" defined as the denial of emotional attention or support from caregivers.*
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 or neglect.

77	**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.

78	**MEDICAL TRAUMA:** *This item describes if the child has experienced medical trauma at any point in the child's lifetime. Medical trauma results when a medical experience is perceived by the child as mentally or emotionally overwhelming. 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.*
0	There is **NO** evidence that the child has experienced medical trauma.
1	Child has experienced a medical trauma.

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.*
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 MANMADE 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 manmade 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 have ever been incarcerated.
1	Child's parents 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 has **NOT** been targeted for physical or emotional abuse due to sexual orientation, gender identity or expression.
1	Child has been targeted for physical or emotional abuse due to sexual orientation, gender identity or expression.

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.

H. SCREENING QUESTIONS FOR MODULES

91	**TRAUMA SYMPTOMS:** *This item is used to describe an individual who is having difficulties adjusting to a traumatic experience. Please note that to rate this item a traumatic event needs to have occurred. (Please refer back to the Adverse Childhood Experiences Domain – if any item is checked off as having occurred and there appears to be an impact on functioning then proceed with the screener). 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 or the exposure to traumatic/adverse events has not affected the child's functioning. In order to fully determine no impact on functioning, the event must have occurred at least 12 months before assessment.
1	There is a history of exposure or suspicion of potentially traumatic or adverse childhood experiences. Child may display mild 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 moderate trauma symptoms or functional limitations.
3	There is a known history of exposure to traumatic or adverse childhood events and child displays severe 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 dangerous or disabling emotional or behavioral difficulties.

93	**MEDICAL HEALTH:** *This item rates the child's current health status. This item does not rate depression or other mental health issues. Most transient, treatable conditions would receive a rating of '1.' Most chronic conditions (e.g. diabetes, severe asthma, HIV) would receive a rating of '2.' The rating of '3' is reserved for life threatening medical conditions or a disabling physical condition.* ***Note: A score of 1, 2 or 3 means that the Medical Health Module must be completed.***
0	Child is healthy.
1	Child has some medical problems that require medical treatment. These problems are acute and not expected to have a duration of a year or more.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening or disabling medical condition.

94	**PRESCHOOL/CHILD CARE 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/Child Care Functioning Module must be completed.***
0	No evidence of problem with functioning in current preschool or child care environment.
1	Mild problems with functioning in current preschool or child care environment.
2	Moderate to severe problems with functioning in current preschool or child care environment. Child has difficulties maintaining behavior in this setting creating significant problems for others.
3	Profound problems with functioning in current preschool or child care environment. 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 child care

91. TRAUMA SYMPTOMS MODULE

A	**TRAUMATIC GRIEF:** *This item describes the level of traumatic grief the child is experiencing due to death or separation from significant caregivers, siblings, or other significant figures.*
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 a mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected or appropriate given the recent nature of loss or separation.
2	Child is experiencing a moderate level of 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 significant traumatic grief reactions. Child 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:** *These symptoms consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences.*
0	No evidence of intrusive symptoms.
1	Child presents with mild problems with re-experiencing symptoms, such as occasional intrusive thoughts, distressing memories, or nightmares about traumatic events.
2	Child presents with moderate difficulties with re-experiencing, such as frequent intrusive symptoms/distressing memories. The child may have recurrent frightening dreams (i.e., multiple times a week) with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. The child may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions (i.e., racing heart, somatic complaints) to exposure to traumatic cues. These symptoms interfere with child's functioning in at least one area.
3	Child presents with significant problems with re-experiencing, such as 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 that impede functioning in multiple areas.

C	**HYPERAROUSAL:** *These symptoms include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper-vigilance or exaggerated startle response. Children may also commonly manifest physical symptoms such as stomach-aches and headaches.*
0	No evidence of hyperarousal symptoms.
1	Child exhibits mild hyperarousal that does not significantly interfere with his or her day-to-day functioning. Children may also occasionally manifest distress-related physical symptoms such as stomach-aches and headaches.
2	Child exhibits moderate symptoms of hyperarousal or physiological reactivity associated with the traumatic event(s). The child may exhibit one or more of the following symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper-vigilance or exaggerated startle response. Children who commonly manifest distress-related physical symptoms such as stomach-aches and headaches would be rated here. Symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits multiple and or severe hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper-vigilance or exaggerated startle response. The intensity or frequency of these symptoms are overwhelming for the child or caregiver(s) and impede day-to-day functioning in many areas.

D	**AVOIDANCE:** *These symptoms include efforts to avoid stimuli associated with traumatic experiences.*
0	No evidence of avoidance symptoms.
1	Child exhibits some avoidance. The child may exhibit one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
2	Child presents with moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, the child may also avoid activities, places, or people that arouse recollections of the trauma.
3	Child exhibits significant or multiple avoidant symptoms. The child may avoid thoughts and feelings as well as situations and people associated with the trauma and may be unable to recall important aspects of the trauma.

E	**NUMBING:** *These symptoms include numbing responses such as loss of interest in activities child once enjoyed; a difficult displaying happiness, love, anger, or sadness; or a sense of distance from others.*
0	No evidence of numbing responses.
1	Child exhibits some problems with numbing. The child may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).
2	Child presents with moderately severe numbing responses. The child may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
3	Child presents with significant numbing responses or multiple symptoms of numbing. The child may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

F	**DISSOCIATION:** *Symptoms include daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences.*
0	No evidence of dissociation.
1	Child presents with minor dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
2	Child presents with a moderate level of dissociation. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization or de-realization.
3	Child presents with severe dissociative disturbance. This can include 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:** *These symptoms are characterized by difficulties with arousal regulation. This can include difficulties modulating or expressing emotions and energy states such as emotional outbursts or marked shifts in emotions, overly constricted emotional responses, intense emotional responses, or evidence of constricted, hyperaroused, or quickly fluctuating energy level. The child may demonstrate such difficulties with a single type or a wide range of emotions and energy states. This can also include difficulties with regulation of body functions, including disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. The child's behavior likely reflects their difficulty with affective and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.* *NOTE: This item should be rated in the context of what is normative for a child's age/developmental stage.*
0	No difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.
1	Child presents with minor, occasional 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 hyper-vigilant 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 presents with moderate problems with affect/physiological regulation. The child has difficulty/may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The 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 have persistent physical or somatic complaints. The child's behavior likely reflects difficulties with 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 presents with severe and chronic problems with highly dysregulated affective or physiological responses. The child may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of emotions or lacking control over their movement as it relates to emotional states). The child may 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 (emotionally "shut down"). The child may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns or 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 DSMV 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	Minor problems with attention and concentration. Child may have some difficulties staying on task for an age-appropriate time period on 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 DSM-V diagnostic criteria for ADHD would be rated here.
3	Child has severe 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	Child may be impulsive in action or thought, such as occasional difficulty waiting turn or yelling out answers in class that are inappropriate for child's age.
2	Child is frequently impulsive and may represent a significant management problem. Child intrudes on others, demonstrates motoric difficulties (such as pushing or shoving others), or is impulsively aggressive.
3	Frequent 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 within the past 30 days, mild to moderate 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	Within the last 30 days, clear evidence of depression associated with either depressed mood or significant 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	Within the last 30 days, 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 within the past 30 days, mild to moderate 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 has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.
2	Within the last 30 days, 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	Within the last 30 days, clear evidence of a debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

E	**OPPOSITIONAL:** *This item describes deviance or non-compliance with authority figures.*
0	No evidence of oppositional behavior.
1	History or recent onset (past 6 weeks) 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 in the last 30 days.*
0	No evidence that the child ingests unusual or dangerous materials.
1	Child has a history of ingesting unusual or dangerous materials but has not done so in the last 30 days.
2	Child has ingested unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days.
3	Child has become physically ill or experienced abnormal laboratory levels (elevated blood lead levels greater than 10 mcg/dL) during the past 30 days due to ingesting dangerous materials.

G	**ANGER CONTROL:** *This item describes problems associated with anger; it may or may not be associated with loss of control of behavior.*
0	No evidence of any significant anger control problems.
1	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	Moderate anger control problems; 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	Severe anger control problems; child's temper is likely associated with frequent fighting that is often physical; others likely fear child.

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., an adolescent 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) is severe and 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 is having a severe emotional response to medical condition that 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 how effectively organizations and medical professionals 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 medical care is provided by a single medical professional.
1	Child's medical care is generally provided by a coordinated team of medical professionals who all work for the same organization.
2	Child's medical care requires collaboration of multiple medical professionals who work for more than one organization but current communication and coordination is effective.
3	Child's medical care requires the collaboration of multiple medical professionals who work for more than one organization and problems currently exist in communication among these professionals.

H	**FAMILY STRESS:** *This item refers to the mental, emotional, physical and financial strain on the parents, caregivers, siblings and other family members involved in the child's care.*
0	Child's medical condition is not adding any stress to the family.
1	Child's medical condition is a mild stressor on the family.
2	Child's medical condition is a stressor on the family and is interfering with healthy family functioning.
3	Child's medical condition is a severe stressor on family and is significantly impacting family functioning.

94. PRESCHOOL/CHILD CARE FUNCTIOING 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/CHILD CARE BEHAVIOR:** *This item describes behavior when attending school.*
0	Child is behaving well in preschool/child care.
1	Child is behaving adequately in preschool/child care although some mild behavior problems may exist. Child may have a history of behavioral problems.
2	Child is having moderate behavioral problems at preschool/child care. Child is disruptive and many types of interventions have been implemented.
3	Child is having severe problems with behavior in preschool/child care. Child is frequently or severely disruptive. The threat of expulsion is present.

C	**PRESCHOOL/CHILD CARE 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 severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas.

D	**PRESCHOOL/CHILD CARE ATTENDANCE:** *This item describes any challenge, including medically excused absences, with regard to being physically present at school.*
0	Child attends preschool/child care regularly.
1	Child has some problems attending preschool/child care but generally is present. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending regularly in the past month.
2	Child is having problems with preschool/child care attendance. Child is missing at least two days each week on average.
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	There is evidence of a moderate learning disability. The child is struggling to learn and unless challenges are addressed, learning will remain impaired.
3	There is evidence of a severe learning disability. The child is currently unable to learn as current challenges are preventing any progress.