ADHS-DBHS BEHAVIORAL HEALTH CLIENT COVER SHEET

Name_____ DOB_____ Client CIS ID#_____
Address _____ Client SS#_____
City_____ State_____ Zip _____ AHCCCS ID#_____
Phone_____ E-Mail_____ AHCCCS Health Plan_____
Gender: □ Male □ Female Primary/Preferred Language_____

Special Needs:

Interpreter	□ No	□ Yes, specify language_____
Mobility Assistance	□ No	□ Yes, identify assistance needed_____
Visual Impairment Assistance	□ No	□ Yes, identify assistance needed_____
Hearing Impairment Assistance	□ No	□ Yes, identify assistance needed_____
Need Childcare Arrangements	□ No	□ Yes, identify need_____

Key Contacts:

PCP/Physician: _____ Phone_____ Fax_____
PCP/Physician Address: _____
Legal Guardian: _____ Phone_____
Custody: □ Sole □ Joint □ Ward of Court (DES Legal Guardian)_____
Parent(s)/Step Parent(s) _____ Phone_____
_____ Phone_____
_____ Phone_____
Emergency Contact: _____ Phone_____
Address_____

Other Key Contacts (e.g., school, probation/parole officer, other involved agencies (CPS, DDD), neighbors, grandparents):

Name and Relationship to Person _____
Phone_____ Fax_____
Name and Relationship to Person _____
Phone_____ Fax_____
Name and Relationship to Person _____
Phone_____ Fax_____
Name and Relationship to Person _____
Phone_____ Fax_____

Insurance Coverage: □ Medicare □ Private (self-pay) □ TriCare □ Blue Cross □ HMO □ Other □ None

Insurance Co_____ Insurance ID #:_____ Policy No:_____
(Attach copy of insurance card)

Individual Completing Form and Title:_____ Date_____

ADHS-DBHS BEHAVIORAL HEALTH ASSESSMENT: *BIRTH – 5* AND SERVICE PLAN CHECKLIST

Name_____ Date of Birth_____ Client CIS ID#_____

Accompanying Parent/Caregiver (note relationship to child):_____

Part A: Core Assessment (must be completed at this initial interview) **Pages 3 - 16**

- Reason for Assessment
- Child's Routines/Activities
- Developmental Issues
- Child's Medical History
- Risk Assessment
- Family Information
- Observations and Reported Observations of the Child
- Observations of the Family-Child Interaction
- Clinical Formulation and Diagnoses
- Next Steps/Interim Service Plan

Part B: Addenda (may be completed at subsequent appointment) **Pages 17 - 42**

Indicate below, which of the addenda you as the assessor have completed on the child during this interview

Yes	To Be Completed Later	Not Applicable	Name of Addendum
☐	☐	☐	Family Culture and History Biological and Adoptive Families
☐	☐	☐	Family Culture and History Foster Families
☐	☐	-------	Developmental Checklist (or Ages and Stages Questionnaire) by age of child. (For all children, but if developmental issues are indicated at initial interview must be completed as part of Core Assessment.)
☐	☐	☐	Behavioral Analysis (For children in which primary need identified is a behavioral issue(s).)
☐	☐	☐	Medical Care (For children who have been hospitalized, resided outside of home for medical reasons or have been treated for seizures.)
☐	-------	☐	Child Protective Services (Used for 24-hour urgent response for children removed by Child Protective Services.)

Part C: Behavioral Health Service Plan (may be completed at subsequent appointment) **Page 43**

☐ Completed at initial interview ☐ Will be completed later

Part D: Annual Update and Review Summary **Pages 44 - 47**

_____ _____ _____

Assessor's Name (print) / Signature Credentials/Position Date

_____ _____ _____

Behavioral Health Professional Reviewer Name (print) / Signature Credentials/Position Date

_____

Agency

PART A: CORE ASSESSMENT: *BIRTH – 5*

(For children from birth until the day they turn 5)

REASON FOR ASSESSMENT

1. What concerns, needs or questions do you have regarding your child? What encouraged you to come in at this point in time? (Ask the parent/caregiver to describe the frequency, intensity and duration of symptoms, the circumstances in which they develop and continue to occur, the circumstances that improve or worsen them, etc.). _____

2. What effect have these difficulties had on your family? What effect have these difficulties had on others who are involved with your child or family?_____

3. What have you already tried that has helped, not made a difference, or made it worse?_____

4. Has your child received any previous evaluations or behavioral health services? Is your child currently receiving services from any other social service agency?_____

5. What is the most important thing that we can do for you today?_____

6. What outcomes would you like to see occur from the services we will provide?_____

CHILD'S ROUTINES/ACTIVITIES

1. How well does your child fall asleep, stay asleep, or wake up in the morning?_____

2. How well does your child eat? (Any difficulties or sensitivities to certain foods or food characteristics such as texture, smell, temperature? Any dietary restrictions? Any feeding or nursing problems with newborns?) _____

3. How well does your child adapt to new situations or changes in routines? How well does your child respond to your attempts to soothe or console him/her when something upsets him/her?_____

4. How does your child react to everyday experiences such as being bathed, having hair washed, wearing new clothes, being swung or lifted in the air, hearing loud sounds or being in noisy situations, seeing vivid colors or bright lights? (Does your child seem overly sensitive to any of these? Does your child seem to not respond to things that you would expect him/her to?)_____

5. Describe your child's typical day._____

DEVELOPMENTAL ISSUES

1. What do you consider most unique or special about your child. What do you most appreciate, enjoy or take pride in about your child? What talents, gifts or strengths do you believe your child displays? _____

DEVELOPMENTAL ISSUES (con't)

2. Are there things your child learns more quickly than other children of the same age or can do physically that others cannot?
☐ No ☐ Yes, if yes explain. _____
_____
_____
_____
_____
_____

3. Are there things your child learns more slowly than other children of the same age or cannot do physically that others can? ☐ No ☐ Yes, if yes explain. _____
_____
_____
_____
_____
_____

4. Do you have concerns about your child's body control (e.g., toilet training, sitting up, taking first steps, using words, feeding self)? ☐ No ☐ Yes, if yes explain. _____
_____
_____
_____
_____
_____

5. Do you have concerns that your child may not be growing at a normal pace? ☐ No ☐ Yes, if yes explain _____
_____
_____
_____
_____
_____

6. Is your child unable to keep up with other children the same age when they play together? ☐ No ☐ Yes, if yes explain._____
_____
_____
_____
_____
_____

7. Has your child ever been referred to, or received services through, the Division of Developmental Disabilities (DDD), Arizona Early Intervention Program (AzEIP) or Healthy Families or had an Individualized Education Plan (IEP)? ☐ No ☐ Yes, if yes explain. _____
_____
_____
_____
_____
_____

Complete the Developmental Checklist or ASQ Addendum NOW if the responses to questions 3, 4, 5, 6 or 7 are YES.
If not, the Addendum can be completed at a follow up appointment.

CHILD'S MEDICAL HISTORY

1. How is your child's overall health today? (Do you consider him/her healthy?) _____
_____
_____
_____
_____

2. Does your child have any medical problems? Has he/she had any in the past? ☐ No ☐ Yes, if yes explain. Has your child had regular medical care? ☐ Yes ☐ No, if no explain. _____
_____
_____
_____
_____
_____

3. Does your child have any allergies to medicines, foods or other things in the environment (dust, pets, certain plants or pollens, etc.)? ☐ No ☐ Yes, if yes explain. _____
_____
_____
_____
_____
_____

4. Has your child had any head injuries or other injuries or illnesses that required a visit to a doctor, urgent care center or emergency room? ☐ No ☐ Yes, if yes explain. _____
_____
_____
_____
_____
_____

5. Does your child take any prescription medication? ☐ No ☐ Yes, if yes explain. Any natural, herbal or alternative medicines or supplements? ☐ No ☐ Yes, if yes explain. Has your child required long term medications for any reason in the past? ☐ No ☐ Yes, if yes describe._____
_____
_____
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_____

6. Has your child ever been hospitalized, or needed to reside outside the home to receive medical care? ☐ No ☐ Yes, if yes explain _____
_____
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_____

7. Has your child been treated for seizures? ☐ No ☐ Yes, if yes explain. _____
_____
_____
_____
_____

Complete the Medical Addendum if the response to questions 6 or 7 is Yes.

 Name:_____

RISK ASSESSMENT

1. Has your child ever been hurt physically, emotionally or sexually? Has your child ever been abused? ☐ No ☐ Yes, if yes explain. Is your child currently in danger? ☐ No ☐ Yes, if yes explain._____

2. Has your child experienced neglect or deprivation of proper care-giving for any significant period? ☐ No ☐ Yes, if yes explain. Do you have any current concerns that your child is not well cared for? ☐ No ☐ Yes, if yes explain. _____

3. Has your child ever struck or intentionally harmed you or anyone else? ☐ No ☐ Yes, if yes explain. Do you or others feel unsafe around your child? ☐ No ☐ Yes, if yes explain._____

4. Have you ever harmed your child, felt close to harming your child or been accused of harming your child? ☐ No ☐ Yes, if yes explain. _____

5. Has your child ever sexually acted out? ☐ No ☐ Yes, if yes explain. _____

6. Has your child ever witnessed violence between other people? ☐ No ☐ Yes, if yes explain.

ONLY complete the questions below, if the response is Yes to one or more of the above questions.

7. How do you believe the issues above have affected you and your child?

8. Do you believe any of these issues should be a focus of treatment at this time? ☐ No ☐ Yes, if yes explain.

RISK ASSESSMENT

9. Based on the responses above and your own observation, do you as the assessor believe:

   a. There is an immediate safety risk for the child or for any others close to the child? ☐ No ☐ Yes, if yes explain.

_____
_____
_____
_____
_____
_____

   b. The parent/caregiver appears to be at risk or has indications of the need for a crisis evaluation (observable symptoms, risk for withdrawal, malodorous, malnourished, dehydrated, etc)? ☐ No ☐ Yes, if yes explain.

_____
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Duty to Report: If you as the assessor believe that the child is or has been the victim of non-accidental physical injury, abuse, sexual abuse or deprivation, there is a duty to report to a peace officer or CPS (See A.R.S. 36-2881). If you are unclear about your duty to report, please consult with your supervisor.

If duty to report is warranted, explain the action taken.

_____
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FAMILY INFORMATION

1. Who lives at home all the time? Some of the time? Who else in the family lives nearby?

_____
_____
_____
_____
_____

2. Who provides care for your child and who else is important as a source of support or an important influence on your child (include grandparents, extended family, day care providers, teachers, physicians, ministers/pastors or other persons providing spiritual support)?

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3. Are there any current family stressors or situations that are affecting family functioning? ☐ No ☐ Yes, if yes explain.

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OBSERVATIONS AND REPORTED OBSERVATIONS OF THE CHILD

Based on his/her observations and impressions of the child, the assessor should describe the child's:

1. Appearance.

2. General presentation:

a. 0-3 years of age (calm or fussy; clingy or detached; agitated or at ease; easy to soothe or hard to soothe; under reactive or over reactive to stimuli; content or crying; regressed or mature for age) **or**

b. 4-5 years of age (involved or detached; relaxed or anxious; playful or resistant to engaging; fearful or confident; labile or consistent).

3. Initial **reaction to changes** during the assessment process (presence of strangers, changes in activity, brief separations and reunions with parents/caregiver).

4. Ability to **self regulate** (reactions to external stimuli, atypical behaviors or movements, frustration tolerance).

5. **Speech** (quality and quantity, age appropriateness of speech or vocalizations, volume, rate).

OBSERVATIONS AND REPORTED OBSERVATIONS OF THE CHILD (con't)

6. **Motor activity and coordination**:

a. Muscle tone and mobility:

b. Gross coordination (infants: ability to push him/herself up, control head, sit or stand; toddlers: ability to walk, run, jump, hop, catch)

c. Fine motor coordination (infants: ability to grasp, throw, transfer from one hand to the other; toddlers: use of scissors, scribbling, catching)

d. Quality and quantity of activity (hyperactive, fidgety, restless, agitated, slowed)

7. **Thoughts** (fears, dreams or nightmares, preoccupations, disconnectedness, hallucinations).

8. **Mood and affect** (verbal and nonverbal communication; facial expression; range, intensity and duration of expressed emotion; responsiveness to situations, parents/caregivers).

9. **Relatedness** (to parents, to other family members, to examiner; describe level of physical contact, verbal and nonverbal expressions of affection).

10. **Play** (level of sophistication, themes, level of initiation with family members or clinician, responsiveness to the initiation of play by others).

11. Level of **consciousness** (alert, sedate, asleep).

OBSERVATIONS OF FAMILY-CHILD INTERACTIONS

Based on his/her observations and impressions of the family-child interaction, the assessor should describe:

1. How the family plays together.

2. The child's interactions with siblings.

3. The parents'/caregivers' level of affection for their child.

4. The parents'/caregivers' willingness to engage and interact with their child.

5. The appropriateness of the parents'/caregivers' response to their child's cues.

6. The parents'/caregivers' abilities to set limits for their child and to discipline.

OBSERVATIONS OF FAMILY-CHILD INTERACTIONS (con't)

7. The parents'/caregivers' ability to respond to and regulate their child's emotional responses (are they able to soothe?).

8. The parents'/caregivers' level of vigilance and protectiveness of their child

9. The quality of the parents'/caregivers' presentation of their child (How much do the parents/caregivers know about their child? What is their general attitude towards their child? What is their general attitude towards the assessor? How do they talk about their child?).

CLINICAL FORMULATION AND DIAGNOSES

A. Clinical Formulation/Case Summary: In a succinct paragraph, the assessor should:

- Provide a descriptive picture of the child and family by summarizing pertinent data from the child and family's history, the observations of the child, and the observations of the family-child interaction. Summarize how biopsychosocial, cultural, environmental and family factors have impacted the child and family's history and current condition.
- Consider how issues such as parental neglect or abuse, inconsistent availability of primary caregivers, or environmental situations that interfered with appropriate care giving have impacted stable attachments.
- Identify the strengths and needs of the child and family.
- Prioritize the needs to be addressed in a manner that allows the family to readily understand what needs to be done next.

If the primary needs identified thus far are related to the child's behavior, the Behavioral Analysis Addendum should be completed but this can occur at a follow-up appointment.

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B. Diagnostic Summary:

1. **Axis I**

DSM-IV TR Code	DSM-IV Diagnosis	DSM-IV TR Code	DSM-IV Diagnosis
DSM-IV TR Code	DSM-IV Diagnosis	DSM-IV TR Code	DSM-IV Diagnosis
DSM-IV TR Code	DSM-IV Diagnosis		

2. **Axis II**

DSM-IV TR Code	DSM-IV Diagnosis	DSM-IV TR Code	DSM-IV Diagnosis

CLINICAL FORMULATION AND DIAGNOSES (con't)

3. **Axis III - Medical Conditions:** Identify the person's specific medical conditions and check the disease categories below that apply.

- ☐ **Infectious and Parasitic Diseases** (001-139): abscesses, infections, tuberculosis, HIV/AIDS, pneumonia, blood infections, CMV, RSV
- ☐ **Neoplasms** (140-239): cancer
- ☐ **Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders** (240-279): diabetes, thyroid disorders, iron or vitamin deficiencies, immune deficiencies
- ☐ **Diseases of the Blood and Blood-Forming Organs** (280-289): hemophilia, anemia
- ☐ **Diseases of the Nervous System and Sense Organs** (320-389): blindness, deafness, loss of sensation, hypoxic encephalopathy, intraventricular hemorrhage, meningitis, hydrocephalus, seizures
- ☐ **Diseases of the Circulatory System** (390-459): congenital heart defect, cardiomyopathy
- ☐ **Diseases of the Respiratory System** (460-519): asthma, chronic lung disease, tracheomalacia
- ☐ **Diseases of the Digestive System** (520-579): stomach disorders, ulcers, esophageal reflux (GERD), liver disease, pancreatic disease, pediatric under-nutrition, anomalies, feeding difficulties
- ☐ **Diseases of the Genitourinary System** (580-629): bladder problems, kidney (renal) disorders or anomalies
- ☐ **Complications of Pregnancy, Childbirth, and the Puerperium** (630-676): prematurity, intrauterine growth retardation, intrauterine drug or alcohol exposure, fetal alcohol syndrome
- ☐ **Diseases of the Skin and Subcutaneous Tissue** (680-709)
- ☐ **Diseases of the Musculoskeletal System and Connective Tissue** (710-739): orthopedic disorders, fractures/dislocations /deformities, cerebral palsy
- ☐ **Congenital Anomalies** (740-759): genetic disorders, birth deformities
- ☐ **Certain Conditions Originating in the Perinatal Period** (760-779): failure to thrive, colic, feeding problems
- ☐ **Symptoms, Signs, and Ill-Defined Conditions** (780-799): retinopathy or prematurity, rickets, chronic otitis media (ear infections)
- ☐ **Injury and Poisoning** (800-999): traumatic injuries, ingestions of poisonous/toxic substances

4. **Axis IV - Psychosocial or Environmental Stressors**

Problems with / related to:

☐ Primary Support Group	☐ Educational Problems	☐ Occupational Problems
☐ Marital Problems	☐ Housing Problems	☐ Interaction with Legal System
☐ Access to Health Care Services	☐ Family Problems	☐ Substance Use in Home

☐Other_____

Significant recent losses:

☐ Death	☐ Injury	☐ Medical/Surgical
☐ Job	☐ Divorce/Separation	☐ Accident/Injury
☐ Child removed from home	☐ Violent Acts Against Person/Family	

☐Other_____

5. **Axis V –Children's Global Assessment Scale (CGAS) Score** (specific score not a range): _____**

Scale	Children's Global Assessment Scale (CGAS) Children
100-91	Superior Functioning
90-81	Good Functioning in All Areas
80-71	No More Than Slight Impairment in Functioning
70-61	Some Difficulty in A Single Area, But Generally Functioning Pretty Well
60-51	Variable Functioning with Sporadic Difficulties or Symptoms in Several but Not All Social Areas
50-41	Moderate Degree of Interference in Functioning in Most Social Areas or Severe Impairment of Functioning in One Area
40-31	Major Impairment in Functioning in Several Areas and Unable to Function in One of These Areas
30-21	Unable to Function in Almost All Areas
20-11	Needs Considerable Supervision (above and beyond that which is age appropriate)
10-1	Needs Constant Supervision (above and beyond that which is age appropriate)

NEXT STEPS/INTERIM SERVICE PLAN

1. **Interim Service Plan.** Based on the child's presenting issues, your impressions and the preferences of the child and his/her parents/caregivers, describe in the Interim Service Plan below recommended next steps (e.g., formation of a Team*, response to immediate risks and needs of the child, further assessment, appropriate referrals). Additionally, this Interim Service Plan should include:

   - Referral to the child's primary care physician, if *physical health problems* have been identified or if the child has not had regular well-child EPSDT visits.
   - Referral of any child under the age of 3 to AzEIP, if triggered by *the Developmental Checklist Addendum.*
   - Additional considerations for urgent response for children removed by Child Protective Services**

   The assessor may also add a goal statement, if appropriate.

*If an AzEIP IFSP team has been formed for the child, the Clinical Liaison will coordinate CFT functions with IFSP functions so as to avoid duplicative processes between systems and to ensure consistency and compatibility of service plans.

For urgent response for **children removed by Child Protective Services, the assessor must include as part of the recommended next steps/interim service plan, identification of:

1. Actions needed to be taken immediately to mitigate the effects of the removal itself;
2. Supports and services the child's caregivers may need to meet the child's needs; and
3. A plan to ensure that even asymptomatic children are reassessed and observed for surfacing behavioral health needs within at least the next 23 days (or sooner if indicated).

The assessor may also provide any input he/she has regarding the types and amount/frequency of contact (e.g., visits, phone calls, e-mail), the child should have with parents, siblings, relatives and other individuals important to the child.

Description of Next Steps (Action) to Be Taken	**Who Will Be Responsible to Ensure Action Occurs**	**Where Action/Step Will Take Place (e.g., provider)**	**When Action/ Step Will Take Place**

NEXT STEPS/INTERIM SERVICE PLAN (con't)

2. Identify any immediate next steps to be taken by the parent/caregiver (including how these next steps will be accomplished and where and when these steps will be taken):

_____
_____
_____
_____
_____
_____

3. Identify specific people who may be supportive and helpful and who should be invited to be part of the child's Child and Family Team (or AzEIP Team), including phone numbers and action to be taken:

_____
_____
_____
_____
_____

4. Identify any additional documentation (e.g., medical records, IEP), which needs to be collected to assist in the ongoing assessment and service planning including the individuals and/or agencies and action to be taken to obtain this information:

_____
_____
_____
_____
_____

5. Identify who the parent/caregiver should contact if their child needs immediate assistance before the next appointment:

_____
_____
_____
_____
_____

_____ _____
Parent/Caregiver Signature/Guardian Date

_____ _____ _____
Assessor's Name (print) / Signature Credentials/Position Date

_____ _____ _____
Behavioral Health Professional Reviewer Name (print) / Signature Credentials/Position Date

_____
Agency

Note: The assessor should make sure to provide the parent/caregiver with a copy of the interim service plan. The CPS specialist, however, should receive a copy of the entire next steps/ interim service plan section.

PART B: ADDITIONAL ADDENDA: *BIRTH – 5*

FAMILY CULTURE AND HISTORY
(BIOLOGICAL AND ADOPTIVE FAMILIES)

If addendum completed at follow-up appointment, assessor should sign _____ and date _____

1. What are the things that make your family members feel good about themselves and help make your lives meaningful (include interests, strengths, talents, skills and abilities, knowledge/education, friends, extended family, values, religion/spirituality, culture/community, work, school, etc.)?

_____
_____
_____
_____

2. Is there anything that your family describes about itself or its cultural background that would help the assessor understand you better or how people respond to you? How does your cultural background influence you or the people who are most important to you?

_____
_____
_____
_____

3. Describe your family's support system (the individuals with whom you are most comfortable, to whom do you turn for help, with whom do you feel most comfortable when talking about important matters?).

_____
_____
_____
_____

4. Who in the family does your child remind you of the most, and what is each parent's response to that person?

_____
_____
_____
_____

5. Has your child ever experienced any situations where he/she had multiple or inconsistent caregivers? ☐ No ☐ Yes, if yes explain.

_____
_____
_____
_____

6. Have you used the services of any daycare? ☐ No ☐ Yes Has your child been in a nursery or pre-school? ☐ No ☐ Yes

_____
_____

FAMILY CULTURE AND HISTORY
(BIOLOGICAL AND ADOPTIVE FAMILIES) (con't)

7. Has your child ever lived outside the home (with relatives, CPS, temporary guardian, crisis nursery, shelter etc.)? ☐ No ☐ Yes, if yes for **each** out of home experience, describe the following: (If the child resided outside of the home due to **medical** needs, please complete the Medical Care Addendum.)

   - The timeframe your child was out of home.
   - Where your child lived.
   - The reason your child was out of home.
   - Who decided your child needed to be placed out of home
   - Any behavioral, developmental or health changes noticed upon your child's return to home.

8. Were there any complications during the pregnancy, at the time of birth, or in the first year after the delivery for either mother or baby (including mother's injuries, use of drugs/alcohol during the pregnancy or extended hospital stay for mother or baby)?

9. Describe the important events in the personal history of each parent (e.g., deaths, separations from a parent or sibling, their parent's separation or divorce, physical or sexual abuse or exposure to violence).

10. Describe each parent's experience of being raised in his/her own family (who raised them, who had the most influence, who is their positive and negative model for how to parent their own child?).

FAMILY CULTURE AND HISTORY
(BIOLOGICAL AND ADOPTIVE FAMILIES) (con't)

11. Describe the medical and mental health/substance abuse history of each parent, including current and past problems, evaluations or services.

12. Describe the history of the parents' relationship with each other (how long have they known each other, how well do they get along, have there been any separations or divorce)?

13. Any history of arrests or current legal involvement? ☐ No ☐ Yes, if yes explain.

14. Describe the medical and mental health/substance abuse history of grandparents, including current and past problems, evaluations or services.

15. Any history of arrests or current legal involvement in grandparents' history? ☐ No ☐ Yes, if yes explain.

For Biological Families only:

16. What effect did the pregnancy have on each parent, their relationship with each other and with other family members?

FAMILY CULTURE AND HISTORY
(BIOLOGICAL AND ADOPTIVE FAMILIES) (con't)

17. Did the pregnancy create any additional stresses on either parent or other family members?

_____
_____
_____
_____

18. What changed for each parent when they became aware of the pregnancy (e.g., work, schedule, lifestyle, attitudes)?

_____
_____
_____
_____

For Adoptive Families only:

19. What do you know about the pregnancy, delivery, and early life experiences of the child?

_____
_____
_____
_____

20. Does the child remember the biological parents/family? Does the child ask for or inquire about them?

_____
_____
_____
_____

FAMILY CULTURE AND HISTORY
(FOSTER FAMILIES)

If addendum completed at follow-up appointment, assessor should sign _____ and date _____

1. What are the things that make your family members feel good about themselves and help make your lives meaningful (include interests, strengths, talents, skills and abilities, knowledge/education, friends, extended family, values, religion/spirituality, culture/community, work, school, etc.)?

_____
_____
_____

2. Is there anything that your family describes about itself or its cultural background that would help the assessor understand you better or how people respond to you? How does your cultural background influence you or the people who are most important to you?

_____
_____
_____

3. Describe your family's support system (the individuals with whom you are most comfortable, to whom do you turn for help, with whom do you feel most comfortable when talking about important matters?).

_____
_____
_____

4. Has your child ever experienced any situations where he/she had multiple or inconsistent caregivers? ☐ No ☐ Yes, if yes explain.

_____
_____
_____

5. Have you used the services of any daycare? ☐ No ☐ Yes Has the child been in a nursery or pre-school? ☐ No ☐ Yes

_____
_____
_____

6. How long has the child been in your home?

_____
_____
_____

7. How many previous placements have there been and what for what lengths of time?

_____
_____
_____

8. How have the relationships between your family and the child developed?

_____
_____
_____

9. What was the child like when he/she first arrived?

_____
_____
_____

10. How would you describe the child now?

_____
_____
_____

FAMILY CULTURE AND HISTORY
(FOSTER FAMILIES) (con;t)

11. What effect did the child's entry into your home have on others in the family?

_____
_____
_____

12. What do you know about the pregnancy, delivery, and early life experiences of the child?

_____
_____
_____

13. Does the child remember the biological parents/family? Does the child ask for or inquire about them?

_____
_____
_____

14. Describe the important events in the personal history of each foster parent (e.g., deaths, separations from a parent or sibling, their parent's separation or divorce, physical or sexual abuse or exposure to violence).

_____
_____
_____

15. Describe each foster parent's experience of being raised in his/her own family (who raised them, who had the most influence, who is their positive and negative model for how to parent their own child?).

_____
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DEVELOPMENTAL CHECKLIST[2]

If addendum completed at follow-up appointment, assessor should sign _____ and date _____

(Must be completed *at initial visit* if developmental concerns are identified on the Developmental Issues Section)
The Ages and Stages Questionnaire may be used as an alternative to the Developmental Checklist.

I. ONE TO THREE MONTHS

A. Developmental Checklist

Movement	Yes	No
Raises head and cheek when lying on stomach (3 mos.)	☐	☐
Supports upper body with arms when lying on stomach (3 mos.)	☐	☐
Stretches legs out when lying on stomach or back (2-3 mos.)	☐	☐
Opens and shuts hands (2-3 mos.)	☐	☐
Pushes down on his legs when feet are placed on firm surface (3 mos.)	☐	☐
Visual		
Watches face intently (2-3 mos.)	☐	☐
Follows moving objects (2 mos.)	☐	☐
Recognizes familiar objects and people at a distance (3 mos.)	☐	☐
Starts using hands and eyes in coordination (3 mos.)	☐	☐
Hearing and Speech		
Smiles at the sound of voice (2-3 mos.)	☐	☐
Cooing noises; vocal play begins at 3 mos.	☐	☐
Attends to sound (1-3 mos.)	☐	☐
Startles to loud noise (1-3 mos.)	☐	☐
Social and Emotional		
Begins to develop a social smile (1-3 mos.)	☐	☐
Enjoys playing with other people and may cry when playing stops (2-3 mos.)	☐	☐
Becomes more communicative and expressive with face and body (2-3 mos.)	☐	☐
Imitates some movements and facial expressions	☐	☐

[2] With permission of the authors, this checklist is based on a checklist adapted by First Look and The Early Childhood Direction Center from Shelov, S.P. & Hannenmann, R.E. (1994). The American Academy of Pediatrics: Caring for Your Baby and Young Child Birth to Age 5: The Complete and Authoritative Guide. New York: Bantam Doubleday Dell Pub.

DEVELOPMENTAL CHECKLIST: 1-3 MONTHS. (con't)

B. Developmental Red Flags*

- Does not seem to respond to loud noises
- Does not follow moving objects with eyes by 2-3 mos.
- Does not smile at the sound of your voice by 2 mos.
- Does not grasp and hold objects by 3 mos.
- Does not smile at people by 3 mos.
- Cannot support head well at 3 mos.
- Does not reach for and grasp toys by 3-4 mos.
- Does not bring objects to mouth by 4 mos.
- Does not push down with legs when feet are placed on a firm surface by 4 mos.
- Has trouble moving one or both eyes in all directions
- Crosses eyes most of the time (occasional crossing of the eyes is normal in these first months)

Comments:

*Please note that any "Red Flags" identified should trigger a referral to the child's PCP as well as a referral to AzEIP.

DEVELOPMENTAL CHECKLIST[3]

If addendum completed at follow-up appointment, assessor should sign _____ and date _____

(Must be completed *at initial visit* if developmental concerns are identified on the Developmental Issues Section)
The Ages and Stages Questionnaire may be used as an alternative to the Developmental Checklist.

II. FOUR TO SEVEN MONTHS

A. Developmental Checklist

Movement	Yes	No
Pushes up on extended arms (5 mos.)	☐	☐
Pulls to sitting with no head lag (5 mos.)	☐	☐
Sits with support of hands (5-6 mos.)	☐	☐
Sits unsupported for short periods (6-8 mos.)	☐	☐
Supports his/her whole weight on legs (6-7 mos.)	☐	☐
Grasps feet (6 mos.)	☐	☐
Transfers objects from hand to hand (6-7 mos.)	☐	☐
Uses raking grasp (not pincer) (6 mos.)	☐	☐
Visual		
Looks for toy beyond tracking range (5-6 mos.)	☐	☐
Tracks moving objects with ease (4-7 mos.)	☐	☐
Grasps objects dangling in front of him/her (5-6 mos.)	☐	☐
Looks for fallen toys (5-7 mos.)	☐	☐
Language		
Distinguishes emotions by tone of voice (4-7 mos.)	☐	☐
Responds to sound by making sounds (4-6 mos.)	☐	☐
Uses voice to express joy and displeasure (4-6 mos.)	☐	☐
Syllable repetition begins (5-7 mos.)	☐	☐
Cognitive		
Finds partially hidden objects (6-7 mos.)	☐	☐
Explores with hands and mouth (4-7 mos.)	☐	☐
Struggles to get objects that are out of reach (5-7 mos.)	☐	☐

[3] With permission of the authors, this checklist is based on a checklist adapted by First Look and The Early Childhood Direction Center from Shelov, S.P. & Hannenmann, R.E. (1994). The American Academy of Pediatrics: Caring for Your Baby and Young Child Birth to Age 5: The Complete and Authoritative Guide. New York: Bantam Doubleday Dell Pub.

DEVELOPMENTAL CHECKLIST: 4-7 MONTHS. (con't)

Social Emotional	Yes	No
Enjoys social play (4-7 mos.)	☐	☐
Interested in mirror images (5-7 mos.)	☐	☐
Responds to other people's expression of emotion (4-7 mos.)	☐	☐

B. Developmental Red Flags*

- Seems very stiff, tight muscles
- Seems very floppy, like a rag doll
- Head still flops back when body is pulled to sitting position (by 5 mos. still exhibits head lag)
- Shows no affection for the person who cares for him/her
- Does not seem to enjoy being around people
- One or both eyes consistently turn in or out
- Persistent tearing, eye drainage, or sensitivity to light
- Does not respond to sounds around him/her
- Has difficulty getting objects to mouth
- Does not turn head to locate sounds by 4 mos.
- Does not roll over (stomach to back) by 6 mos.
- Cannot sit with help by 6 mos. (not by themselves)
- Does not laugh or make squealing sounds by 5 mos.
- Does not actively reach for objects by 6 mos.
- Does not follow objects with both eyes
- Does not bear some weight on legs by 5 mos.

Comments:

*Please note that any "Red Flags" identified should trigger a referral to the child's PCP as well as a referral to AzEIP.

DEVELOPMENTAL CHECKLIST[4]

If addendum completed at follow-up appointment, assessor should sign _____ and date _____

(Must be completed *at initial visit* if developmental concerns are identified on the Developmental Issues Section)
The Ages and Stages Questionnaire may be used as an alternative to the Developmental Checklist.

III. EIGHT TO TWELVE MONTHS

A. Developmental Checklist

Movement	Yes	No
Gets to sitting position without assistance (8-10 mos.)	☐	☐
Crawls forward on belly	☐	☐
Assumes hand and knee position	☐	☐
Creeps on hands and knees	☐	☐
Gets from sitting to crawling or prone (lying on stomach) position (10-12 mos.)	☐	☐
Pulls self up to standing position	☐	☐
Walks holding onto furniture	☐	☐
Stands momentarily without support	☐	☐
May walk two or three steps without support	☐	☐
Hand and Finger Skills		
Uses pincer grasp (7-10 mos.)	☐	☐
Bangs two cubes together	☐	☐
Puts objects into container (10-12 mos.)	☐	☐
Takes objects out of container (10-12 mos.)	☐	☐
Pokes with index finger	☐	☐
Tries to imitate scribbling	☐	☐
Cognitive		
Explores objects in many different ways; shaking, banging, throwing, dropping (8-10 mos.)	☐	☐
Finds hidden objects easily (10-12 mos.)	☐	☐
Looks at correct picture when image is named	☐	☐
Imitates gestures (9-12 mos.)	☐	☐

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DEVELOPMENTAL CHECKLIST: 8-12 MONTHS. (con't)

Language	Yes	No
Responds to simple verbal requests	☐	☐
Responds to "no"	☐	☐
Makes simple gestures such as shaking head for no (8-12 mos.)	☐	☐
Babbles with inflection (8-10 mos.)	☐	☐
Babbles "dada" and "mama" (8-10 mos.)	☐	☐
Babbles "dada" and "mama" for specific person (11-12 mos.)	☐	☐
Uses exclamations such as "oh-oh"	☐	☐
Social and Emotional		
Shy or anxious with strangers (8-12 mos.)	☐	☐
Cries when mother or father leaves (8-12 mos.)	☐	☐
Enjoys imitating people in play (10-12 mos.)	☐	☐
Social and Emotional (continued)		
Shows specific preferences for certain people and toys (8-12 mos.)	☐	☐
Prefers mother and/or regular care provider over all others (8-12 mos.)	☐	☐
Repeats sounds or gestures for attention (10-12 mos.)	☐	☐
Finger-feeds him/herself (8-12 mos.)	☐	☐
Extends arm or leg to help when being dressed	☐	☐

B. Developmental Red Flags*

- Does not crawl
- Drags one side of body while crawling (for over one month)
- Cannot stand when supported
- Does not search for objects that are hidden (10-12 mos.)
- Does not say single words ("mama" or "dada")
- Does not learn to use gestures such as waving or shaking head
- Does not sit steadily by 10 mos.
- Does not show interest in "peek-a-boo" or "patty cake" by 8 mos.
- Does not babble by 8 mos.
- Does not babble by 8 mos. ("dada", "baba", "mama")

Comments:

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*Please note that any "Red Flags" identified should trigger a referral to the child's PCP as well as a referral to AzEIP.

DEVELOPMENTAL CHECKLIST[5]

If addendum completed at follow-up appointment, assessor should sign _____ and date _____

(Must be completed *at initial visit* if developmental concerns are identified on the Developmental Issues Section)
The Ages and Stages Questionnaire may be used as an alternative to the Developmental Checklist.

IV. TWELVE TO TWENTY-FOUR MONTHS

A. Developmental Checklist

Movement	Yes	No
Walks alone (12-16mos.)	☐	☐
Pulls toys behind while walking (13-16 mos.)	☐	☐
Carries large toy or several toys while walking (12-15 mos.)	☐	☐
Begins to run stiffly (16-18 mos.)	☐	☐
Walks into ball (18-24 mos.)	☐	☐
Climbs onto and down from furniture unsupported (16-24 mos.)	☐	☐
Walks up and down stairs holding on to support (18-24 mos.)	☐	☐
Stands momentarily without support	☐	☐
Hand and Finger Skills		
Scribbles spontaneously (14-16 mos.)	☐	☐
Turns over container to pour out contents (12-18 mos.)	☐	☐
Building tower of 4 blocks, or more (20-24 mos.)	☐	☐
Language		
Points to object or picture when it's named for him/her (18-24 mos.)	☐	☐
Recognizes names or familiar people, objects, and body parts (18-24 mos.)	☐	☐
Says several single words (15-18 mos.)	☐	☐
Uses two word sentences (14-18 mos.)	☐	☐
Follows simple one-step instructions (14-18 mos.)	☐	☐
Repeats words overheard in conversations (16-18 mos.)	☐	☐
Cognitive		
Finds objects even when hidden under 2 or 3 covers	☐	☐
Begins to sort shapes and colors (20-24 mos.)	☐	☐

[5] With permission of the authors, this checklist is based on a checklist adapted by First Look and The Early Childhood Direction Center from Shelov, S.P. & Hannenmann, R.E. (1994). The American Academy of Pediatrics: Caring for Your Baby and Young Child Birth to Age 5: The Complete and Authoritative Guide. New York: Bantam Doubleday Dell Pub.

DEVELOPMENTAL CHECKLIST: 12-24 MONTHS. (con't)

	Yes	No
Begins make-believe play (20-24 mos.)	☐	☐
Imitates behavior of others, especially adults and older children (18-24 mos.)	☐	☐
Increasingly enthusiastic about company of other children (20-24 mos.)	☐	☐
Social and Emotional		
Demonstrates increasing independence (18-24 mos.)	☐	☐
Begins to show defiant behavior (18-24 mos.)	☐	☐
Episodes of separation anxiety increase toward midyear, then fade	☐	☐

B. Developmental Red Flags*

- Cannot walk by 18 mos.
- Fails to develop a mature heel-toe walking pattern after several months of walking, or walks exclusively on his toes
- Does not speak at least 15 words by 18 mos.
- Does not use two word sentences by age 2
- Does not seem to know the function of common household objects (brush, telephone, bell, fork, spoon) by 15 mos.
- Does not imitate actions or words by 24 mos.
- Does not follow simple one-step instructions by 24 mos.

Comments:

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*Please note that any "Red Flags" identified should trigger a referral to the child's PCP as well as a referral to AzEIP.

DEVELOPMENTAL CHECKLIST[6]

If addendum completed at follow-up appointment, assessor should sign _____ and date _____

(Must be completed *at initial visit* if developmental concerns are identified on the Developmental Issues Section)
The Ages and Stages Questionnaire may be used as an alternative to the Developmental Checklist.

V. TWENTY-FOUR TO THIRTY-SIX MONTHS

A. Developmental Checklist

Movement	Yes	No
Climbs well (24-30 mos.)	☐	☐
Walks down stairs alone, placing both feet on each step (26-28 mos.)	☐	☐
Walks up stairs alternating feet with support (24-30 mos.)	☐	☐
Swings leg to kick ball (24-30 mos.)	☐	☐
Runs easily (24-26 mos.)	☐	☐
Pedals tricycle (30-36 mos.)	☐	☐
Bends over easily without falling (24-30 mos.)	☐	☐
Hand and Finger Skills		
Makes vertical, horizontal, circular strokes with pencil or crayon (30-36 mos.)	☐	☐
Turns book pages one at a time (24-30 mos.)	☐	☐
Builds a tower of more than 6 blocks (24-30 mos.)	☐	☐
Holds a pencil in writing position (30-36 mos.)	☐	☐
Screws and unscrews jar lids, nuts and bolts (24-30 mos.)	☐	☐
Turns rotating handles (24-30 mos.)	☐	☐
Language		
Recognizes and identifies almost all common objects and pictures (26-32 mos.)	☐	☐
Understands most sentences (24-40 mos.)	☐	☐
Understands physical relationship, e.g., on, in, under (30-36 mos.)	☐	☐
Can say name, age, and sex (30-36 mos.)	☐	☐
Uses pronoun, e.g., you, me, we, they (24-30 mos.)	☐	☐
Strangers can understand most of his/her words (30-36 mos.)	☐	☐

[6] With permission of the authors, this checklist is based on a checklist adapted by First Look and The Early Childhood Direction Center from Shelov, S.P. & Hannenmann, R.E. (1994). The American Academy of Pediatrics: Caring for Your Baby and Young Child Birth to Age 5: The Complete and Authoritative Guide. New York: Bantam Doubleday Dell Pub.

DEVELOPMENTAL CHECKLIST: 24-36 MONTHS. (con't)

Cognitive	Yes	No
Makes mechanical toys work (30-36 mos.)	☐	☐
Matches an object in hand or room to a picture in a book (24-30 mos.)	☐	☐
Plays make believe with dolls, animals, and people (24-36 mos.)	☐	☐
Sorts objects by color (30-36 mos.)	☐	☐
Completes puzzles with 3 or 4 pieces (24-36 mos.)	☐	☐
Understands concept of "two" (26-32 mos.)	☐	☐
Social and Emotional		
Separates easily from parents by three	☐	☐
Expresses a wide range of emotions (24-36 mos.)	☐	☐
Objects to major changes in routine (24-36 mos.)	☐	☐

B. Developmental Red Flags*

- Frequent falling and difficulty with stairs
- Persistent drooling or very unclear speech
- Inability to build a tower of more than 4 blocks
- Difficulty manipulating small objects
- Inability to copy a circle by 3
- Inability to communicate in short phrases
- No involvement in pretend play
- Failure to understand simple instructions
- Little interest in other children
- Extreme difficulty separating from primary caregiver

Comments:

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*Please note that any "Red Flags" identified should trigger a referral to the child's PCP as well as a referral to AzEIP.

DEVELOPMENTAL CHECKLIST[7]

If addendum completed at follow-up appointment, assessor should sign _____ and date _____

(Must be completed *at initial visit* if developmental concerns are identified on the Developmental Issues Section)
The Ages and Stages Questionnaire may be used as an alternative to the Developmental Checklist.

VI. THREE TO FOUR YEARS

A. Developmental Checklist

Movement	Yes	No
Hops and stands on one foot up to 5 seconds	☐	☐
Goes upstairs and downstairs without support	☐	☐
Kicks ball forward	☐	☐
Throws ball overhand	☐	☐
Catches bounced ball most of the time	☐	☐
Moves forward and backward	☐	☐
Uses riding toys	☐	☐
Hand and Finger Skills (by the end of age 3)		
Copies square shapes	☐	☐
Draws a person with 2 to 4 body parts	☐	☐
Uses scissors	☐	☐
Draws circles and squares	☐	☐
Begins to copy some capital letters	☐	☐
Can feed self with spoon	☐	☐
Language (by the end of age 3)		
Understands the concepts of "same" and "different"	☐	☐
Has mastered some basic rules of grammar	☐	☐
Speaks in sentences of 5 to 6 words	☐	☐
Asks questions	☐	☐
Speaks clearly enough for strangers to understand	☐	☐
Tells stories	☐	☐

[7] With permission of the authors, this checklist is based on a checklist adapted by First Look and The Early Childhood Direction Center from Shelov, S.P. & Hannenmann, R.E. (1994). The American Academy of Pediatrics: Caring for Your Baby and Young Child Birth to Age 5: The Complete and Authoritative Guide. New York: Bantam Doubleday Dell Pub.

DEVELOPMENTAL CHECKLIST: 3-4 YEARS. (con't)

Cognitive (by the **end** of age 3)	**Yes**	**No**
Correctly names some colors	☐	☐
Understands the concept of counting and may know a few numbers	☐	☐
Begins to have a clearer sense of time	☐	☐
Follows three-part commands	☐	☐
Recalls parts of a story	☐	☐
Understands the concept of same/different	☐	☐
Engages in fantasy play	☐	☐
Understands causality ("I can make things happen")	☐	☐

Social and Emotional (by the **end** of age 3)		
Interested in new experiences	☐	☐
Cooperates/plays with other children	☐	☐
Plays "mom" or "dad"	☐	☐
More inventive in fantasy play	☐	☐
Dresses and undresses	☐	☐
More independent	☐	☐
Often cannot distinguish between fantasy and reality	☐	☐
May have imaginary friends or see monsters	☐	☐

B. Developmental Red Flags*

- Cannot jump in place
- Cannot ride a trike
- Cannot grasp a crayon between thumb and fingers
- Has difficulty scribbling
- Cannot copy a circle
- Cannot stack four blocks
- Still clings or cries when parents leave him
- Shows no interest in interactive games
- Ignores other children
- Does not respond to people outside the family
- Does not engage in fantasy play
- Resists dressing, sleeping, using the toilet
- Lashes out without any self-control when angry or upset
- Does not use sentences of more than three words
- Does not use "me" or "you" appropriately

Comments:

_____
_____
_____
_____
_____
_____

*Please note that any "Red Flags" identified should trigger a referral to the child's PCP and any symptoms that suggest likely difficulties learning should trigger a referral to the school for an evaluation.

DEVELOPMENTAL CHECKLIST[8]

If addendum completed at follow-up appointment, assessor should sign _____ and date _____

(Must be completed *at initial visit* if developmental concerns are identified on the Developmental Issues Section)
The Ages and Stages Questionnaire may be used as an alternative to the Developmental Checklist.

VII. FOUR TO FIVE YEARS

A. Developmental Checklist

Movement	Yes	No
Stands on one foot for 10 seconds or longer	☐	☐
Hops, somersaults	☐	☐
Swings, climbs	☐	☐
May be able to skip	☐	☐
Hand and Finger Skills (by the end of age 4)		
Copies triangle and other geometric patterns	☐	☐
Draws person with body	☐	☐
Prints some letters	☐	☐
Dresses and undresses without assistance	☐	☐
Uses fork, spoon	☐	☐
Usually cares for own toilet needs	☐	☐
Language (by the end of age 4)		
Recalls parts of a story	☐	☐
Speaks sentences of more than 5 words	☐	☐
Uses future tense	☐	☐
Tells longer stories	☐	☐
Says name and address	☐	☐
Cognitive (by the end of age 4)		
Can count 10 or more objects	☐	☐
Correctly names at least 4 colors	☐	☐
Better understands the concept of time	☐	☐
Knows about things used every day in the home (money, food, etc.)	☐	☐

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 Name:_____

DEVELOPMENTAL CHECKLIST: 4-5 YEARS (con't)

Cognitive (continued)	Yes	No
Wants to please and be with friends	☐	☐
More likely to agree to rules	☐	☐
Likes to sing, dance, and act	☐	☐
Shows more independence	☐	☐

B. Developmental Red Flags*

- Exhibits extremely aggressive, fearful or timid behavior
- Is unable to separate from parents
- Is easily distracted and unable to concentrate on any single activity for more than 5 minutes
- Shows little interest in playing with other children
- Refuses to respond to people in general
- Rarely uses fantasy or imitation in play
- Seems unhappy or sad much of the time
- Avoids or seems aloof with other children and adults
- Does not express a wide range of emotions
- Has trouble eating, sleeping or using the toilet
- Cannot differentiate between fantasy and reality
- Seems unusually passive
- Cannot understand two part commands and prepositions ("put the cup on the table"; "get the ball under the couch")
- Cannot give first and last name
- Does not use plurals or past tense
- Cannot build a tower of 6 to 8 blocks
- Seems uncomfortable holding a crayon
- Has trouble taking off clothing
- Cannot brush teeth or wash and dry hands

Comments:

_____
_____
_____
_____
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_____
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_____

*Please note that any "Red Flags" identified should trigger a referral to the child's PCP and any symptoms that suggest likely difficulties learning should trigger a referral to the school for an evaluation.

BEHAVIORAL ANALYSIS

If addendum completed at follow-up appointment, assessor should sign _____ and date _____

(For children in which primary need identified is related to the child's behavior)

A. Descriptive Analysis of the Child's Behavior.

1. Describe the behavior of concern by general type (e.g., aggressive, self injurious, oppositional), then in specific terms (e.g., biting, refusing to eat, screaming). *This should be listed as one of the needs and objectives in the Service Plan.*

_____
_____
_____

2. When did the behavior first start? Were there any significant events or changes in your child's life, family or routine about this same time?

_____
_____
_____
_____
_____
_____

3. Describe the duration of the behavior (e.g., minutes, hours, days).

_____
_____

4. Describe the frequency of the behavior (e.g., every hour, three times a day, once a week).

_____
_____

5. Describe where the behavior occurs (e.g., everywhere, only at home, only in the car).

_____
_____

6. Identify in whose presence the behavior occurs (e.g., everyone, only mother, anyone except grandmother).

_____
_____

7. Does this behavior bother everyone involved with the child equally, or does it bother some more than others?

_____
_____

8. Describe when the behavior occurs (e.g., all day, bedtime, when hungry, when left alone, when ill or fatigued).

_____
_____

9. Describe any activities that are associated with the behavior (e.g., feeding child, arguing with someone, picking up child).

_____
_____

10. What do you (or other parent/caregiver) usually do to prevent the behavior, and how effective is this?

_____
_____

BEHAVIORAL ANALYSIS (con't)

11. What is usually your (or other parent/caregiver) immediate reaction to the behavior?

_____
_____

12. What do you (or other parent/caregiver) usually do as a consequence to the behavior, and how effective is this?

_____
_____
_____
_____

13. Is the behavior worse, better or different if routines are followed or disrupted?

_____
_____

B. Need/Intention Analysis

1. What do you believe is the reason for the behavior or the cause of the behavior?

_____
_____
_____
_____

2. Describe any additional or different possible needs or intentions behind the behavior that you as the assessor see.

_____
_____
_____
_____

3. If certain needs or intentions are believed to be driving the behavior, describe how often and how well you believe these needs are being met?

_____
_____
_____
_____
_____
_____

4. How do you believe that these needs or intentions should be handled given your preferences, cultural background, beliefs, etc.?

_____
_____
_____
_____
_____
_____

MEDICAL CARE

If addendum completed at follow-up appointment, assessor should sign _____ and date _____

(For children, who have been hospitalized, resided outside of home for medical reasons or have been treated for seizures)

A. If your child has a history of seizures, answer the following questions:

1. What kind of seizures has your child had?

_____
_____

2. When was the diagnosis made?

_____
_____

3. Did you notice any behavioral changes after your child began to have seizures?

_____
_____
_____
_____

4. Who currently is providing treatment for your child?

_____
_____

5. What kind of treatment is being provided (meds, alternative therapies)?

_____
_____

6. Is your child still having seizures? If so, how often? How long do they last? How frequently to they occur?

_____
_____
_____
_____
_____
_____

B. For **each** instance that your child was hospitalized or placed in out of home care for a medical condition, answer the following questions.

- Why did your child require such services (surgery, rehab, etc.)?
- Where was your child placed?
- How long did your child remain outside the home?
- What kind of services did your child receive?
- Did you notice any significant behavioral changes as a result of the placement?

_____
_____
_____
_____
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_____
_____
_____

CHILD PROTECTIVE SERVICES

(For 24-hour urgent response for children removed by Child Protective Services)

The questions contained in this addendum are primarily intended to be responded to by the Child Protective Service specialist involved with the child's case. In addition to this addendum, the assessor should complete the Behavioral Health Client Sheet, the Client Demographic Information Sheet and the following sections in the Core Assessment: Risk Assessment, Observations and Reported Observations of the Child (and if possible, Observations of the Family-Child Interaction), Diagnostic Summary and the Next Steps/Interim Service Plan. The remainder of the Core Assessment should only be completed at this time if the child's clinical condition/circumstances allow. The assessor should make sure that the Child Protective Service Specialist's name and phone number is recorded on the Cover Sheet.

1. What are the reasons for the removal of the child from the parent /guardian? Are there other siblings in the family and/or living in the same home? Are other siblings victims of abuse and has CPS removed them? Explain.

2. Has the child had prior involvement with Child Protective Services? ☐ No ☐ Yes, if yes explain.

3. What is the child's perception of his/her parents, siblings, and/or family? What is the child's perception of his/her relationship with his/her parents/siblings/family? What are the child's feelings, sense of attachment, trust, security, love and affection toward his/her parents/guardian?

4. Was the child or the family receiving behavioral health services prior to the removal from the parent/guardian's home?
☐ No ☐ Yes, if yes explain.

CHILD PROTECTIVE SERVICES (con't)

(For 24-hour urgent response for children removed by Child Protective Services)

For Questions 5 through 9 the assessor should check below those statements which best describe the child based on the assessor's observations and discussion with the Child Protective Service specialist at the time of the interview.

5. General presentation for children 0-3 years of age:

- ☐ Crying
- ☐ Clingy
- ☐ Hard to soothe
- ☐ Regressed
- ☐ Tantruming
- ☐ Disengaged
- ☐ Head-banging
- ☐ Calm
- ☐ Easy to soothe

6. General presentation for children 4 years of age or older:

- ☐ Listless, withdrawn
- ☐ Disinterested
- ☐ Anxious
- ☐ Fearful
- ☐ Angry
- ☐ Labile
- ☐ Fussy
- ☐ Shocked
- ☐ Sad
- ☐ Hearing voices
- ☐ Violent, homicidal
- ☐ Suicidal
- ☐ Relaxed
- ☐ Euthymic
- ☐ Attentive

7. Understanding of removal process:

- ☐ Confused
- ☐ Self Blaming
- ☐ Realistic
- ☐ Distorted
- ☐ Age appropriate
- ☐ No understanding
- ☐ No age appropriate understanding

8. Sense of future

- ☐ Hopeful
- ☐ Realistic
- ☐ Unrealistically Optimistic
- ☐ Pessimistic
- ☐ Empowered
- ☐ Planning own destiny
- ☐ Unable to perceive a future
- ☐ No age appropriate understanding

9. Understanding of placement options:

- ☐ Good
- ☐ Poor
- ☐ No age appropriate understanding

10. Describe the child's way of coping with the removal (e.g., blaming others, in denial, developing physical symptoms, regressing in behavior, accepting).

_____
_____
_____
_____

11. What do you or the child feel will be helpful in soothing the child, providing immediate comfort or mitigating the trauma of the removal (e.g., special foods, transitional object, parental visits, maintenance in current school, contact with friends, church attendance.)?

_____
_____
_____
_____

 Name:_____

CHILD PROTECTIVE SERVICES (con't)

12. Describe any requirements of the child welfare plan that may affect the child's behavioral health service plan (e.g., limited parental or sibling involvement.).

13. Assessor should provide summary of observations:

PART C: BEHAVIORAL HEALTH SERVICE PLAN: *BIRTH – 5*

Name: _____ CIS Client ID# _____ Program:_____ Today's Date: _____
Individuals at Service Planning Meeting: _____
_____

RECOVERY GOAL/CHILD-FAMILY VISION:

CHILD'S STRENGTHS:

Review Date (Objective Target Date): _____

IDENTIFIED NEEDS and SPECIFIC OBJECTIVES (to address these needs)	**Current Measure**	**INTERVENTIONS to MEET OBJECTIVES**		**Desired Measure**	**Achieved Measure** (at target date)	**Measure Met** (Y/N)
		Specific Services and Frequency	**Strengths Used**			
1						
2						
3						

DISCHARGE PLAN (add discharge date if known):

Parent/Caregiver _____ Date:_____

☐ Yes, I am in agreement with the types and levels of services included in my service plan. ☐ No, I disagree with the types and/or levels of some or all of the services included in my service plan. By checking this box, I will receive the services that I have agreed to receive and may appeal the treatment team's decision to not include all the types and/ or levels of services that I have requested. *

Clinical Liaison_____ Date:_____ Other_____ Date:_____

BH Prof. Rev._____ Date:_____ Other_____ Date:_____

BEHAVIORAL HEALTH SERVICE PLAN REVIEW OF PROGRESS: *BIRTH - 5*

Name:_____

I. Review of Progress

Provide a summary below of the progress the child and family has made toward meeting the objectives identified on the service plan. In addition, indicate any adjustments that are being made to the service plan objectives and/or measures, including the justification and any additional needs or strengths that have been identified.

II. Current Diagnostic Summary

Describe and explain any changes in diagnoses and functioning of the child:

III. Team Members Present at Plan Review Meeting (CFT Planning):

IV. Date of Next Plan Review (CFT Planning) Meeting:_____

V. Clinical Liaison (responsible for reviewing clinical record)

_____	_____	_____
Clinical Liaison's Name (print) / Signature	Credentials/Position	Date
_____	_____	_____
Behavioral Health Professional Reviewer Name (print) / Signature	Credentials/Position	Date

PART D: ANNUAL BEHAVIORAL HEALTH UPDATE AND REVIEW SUMMARY: *BIRTH – 5*

Name _____ Date of Birth _____ Client CIS ID# _____

Accompanying Family Member/Significant Other (Note relationship to person):_____

Date of Current Assessment/Review _____ Date of Initial Assessment/Last Review_____

I. STATUS REVIEW

1. **Emotional**: List all therapeutic interventions/services/supports utilized over the past year (if medications are being used, include in question 2). What helped? What did not help or made the condition worse? What has been the overall functioning over time since the last assessment? What is the current status?

_____
_____
_____
_____
_____
_____
_____
_____

2. **Medical**: describe all medications tried and symptomatic response to treatment; significant medication side effects/adverse drug reactions, AIMS tests; significant changes in medical condition and hospitalizations; physical development

_____
_____
_____
_____

List all currently prescribed medications and dosages, including medications prescribed for other physical/medical conditions:

Medication	Dosage/Frequency	Purpose

3. **Environmental**: List all significant events/trauma since the last assessment/review, placements outside the home; family's cultural preferences/ considerations for service provision.

_____
_____
_____
_____

4. **Progress**: Describe child's progress in reaching treatment objectives (Consider functioning related to the following areas as appropriate: living environment; activities of daily living; school preparation; interpersonal relationships; developmental progress).

_____
_____
_____

5. **Risk Factors**: Describe any significant long-term chronic risk factors such as harm to self or others; exposure to drug use; personal drug use; nutrition; exploitation, abuse, or neglect.

_____
_____
_____

PART D: ANNUAL BEHAVIORAL HEALTH UPDATE AND REVIEW SUMMARY: *BIRTH – 5*

II. CURRENT DIAGNOSIS

1. **Axis I**. DSM-IV TR Code | Diagnosis | Justification for diagnoses (es)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **Axis II** . DSM-IV TR Code | Diagnosis | Justification for diagnosis (es)

_____	_____	_____
_____	_____	_____

3. **Axis III**. Identify the child's specific medical conditions and check below the disease categories that apply.

☐ Infectious and Parasitic Diseases (001-139)
☐ Neoplasms (140-239)
☐ Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (240-279)
☐ Diseases of the Blood and Blood-Forming Organs (280-289)
☐ Diseases of the Nervous System and Sense Organs (320-389)
☐ Diseases of the Circulatory System (390-459)
☐ Diseases of the Respiratory System (460-519)
☐ Diseases of the Digestive System (520-579)
☐ Diseases of the Genitourinary System (580-629)
☐ Complications of Pregnancy, Childbirth, Puerperium (630-676)
☐ Diseases of the Skin and Subcutaneous Tissue (680-709)
☐ Diseases of the Musculoskeletal System and Connective Tissue (710-739)
☐ Congenital Anomalies (740-759)
☐ Certain Conditions Originating in Perinatal Period (760-779)
☐ Symptoms, Signs, and Ill-Defined Conditions (780-799)
☐ Injury and Poisoning (800-999)

4. **Axis IV**. (Psychosocial or Environmental Stressors)
_____

5. **Axis V**. (CGAS score)_____

PART D: ANNUAL BEHAVIORAL HEALTH UPDATE AND REVIEW SUMMARY: *BIRTH – 5*

III. RECOMMENDATIONS FOR CURRENT AND ONGOING SERVICE/TREATMENT

1. List prior goals that have not been achieved that still need to remain a focus of services/treatment:

_____
_____
_____
_____
_____
_____
_____

2. List any new goals for the service plan:

_____
_____
_____
_____
_____
_____

3. List other ongoing needs or concerns that need to be addressed, including coordination of care with PCP:

_____
_____
_____
_____
_____
_____

4. Identify any areas in the assessment that need to be reassessed due to significant changes, e.g., child's condition, living environment, support structure:

_____
_____
_____
_____
_____
_____

_____ _____ _____
Clinical Liaison's Name (print) / Signature Credentials/Position Date

_____ _____ _____
Behavioral Health Professional Reviewer Name (print) / Signature Credentials/Position Date

_____
Agency

REMINDER: All demographic data reported to ADHS/DBHS must be reviewed during annual update. Based on this review:

- At a minimum the following demographic/clinical data fields must be reported to ADHS/DBHS regardless of whether they have changed since the last data submittal: Axis I, II and V, behavioral health category, educational status, primary residence, since the last data update and primary and secondary substance use; and/or
- All other demographic information that has changed (e.g., other agency involvement, income for non-Title XIX/XXI eligibles).