## CANS Results (Ages 0 to 5)

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| Youth’s name: | Date of birth: | Case#/person letter: |

The results of the CANS identify the individual needs and strengths of the child. For needs, a rating of 0 indicates no evidence of a problem; 1 indicates the need to keep an eye on; 2 indicates the need for some type of action; 3 indicates a priority for planning. For strengths, 0 or 1 indicates the existence of the strength; 2 or 3 indicates the need to develop the strength. The summary lists expectations for supervision based on the needs identified for a rating of 2 or 3.

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| **CHILD RISK FACTORS/BEHAVIORS DOMAIN** | | | | |
| **Element** | **0** | **1** | **2** | **3** |
| 1. Birth Weight |  |  |  |  |
| 2. Prenatal Care |  |  |  |  |
| 3. Substance Exposure |  |  |  |  |
| 4. Parent or Sibling Challenges |  |  |  |  |
| 5. Self-Harm |  |  |  |  |
| 6. Aggressive Behavior |  |  |  |  |
| 7. Sexual Behavior |  |  |  |  |
| Document any presenting behaviors, actions, or other concerning factors that support the above findings: | | | | | |

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| **CHILD STRENGTHS DOMAIN** | | | | |
| **Element** | **0** | **1** | **2** | **3** |
| 8. Family Strengths |  |  |  |  |
| 9. Interpersonal Skills |  |  |  |  |
| 10. Adaptability |  |  |  |  |
| 11. Persistence |  |  |  |  |
| 12. Curiosity |  |  |  |  |
| 13. Playfulness |  |  |  |  |
| 14. Relationship Permanence |  |  |  |  |
| Document any presenting behaviors, actions, or other concerning factors that support the above findings: | | | | |

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| **EXPOSURE TO POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES DOMAIN** | | |
| **Element** | **Yes** | **No** |
| 15. Sexual Abuse |  |  |
| 16. Physical Abuse |  |  |
| 17. Emotional/Verbal Abuse |  |  |
| 18. Neglect |  |  |
| 19. Medical Trauma |  |  |
| 20. Witness to Family Violence |  |  |
| 21. Witness to Community/School Violence |  |  |
| 22. War Affected |  |  |
| 23. Terrorism Affected |  |  |
| 24. Witness/Victim of Criminal Activity |  |  |
| 25. Parental Criminal Behavior |  |  |
| 26. Disruptions in Caregiving/Attachment Losses |  |  |
| Document any presenting behaviors, actions, or other concerning factors that support the above findings: | | |

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| **TRAUMA STRESS SYMPTOMS DOMAIN** | | | | |
| **Element** | **0** | **1** | **2** | **3** |
| 27. Reaction to Traumatic Life Experiences |  |  |  |  |
| 28. Traumatic Grief & Separation |  |  |  |  |
| 29. Intrusions/Re-experiencing |  |  |  |  |
| 30. Hyperarousal |  |  |  |  |
| 31. Attempts to Avoid Stimuli |  |  |  |  |
| 32. Numbing |  |  |  |  |
| 33. Dissociation |  |  |  |  |
| 34. Emotional and/or Physical Regulation |  |  |  |  |
| Document any presenting behaviors, actions, or other concerning factors that support the above findings: | | | | |

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|  | **LIFE FUNCTIONING DOMAIN** | | | | | |
| **Elements** | | **NA** | **0** | **1** | **2** | **3** |
| 35. Family Functioning | |  |  |  |  |  |
| 36. Living Situation | |  |  |  |  |  |
| 37. Preschool/Daycare Behavior | |  |  |  |  |  |
| 38. Preschool/Daycare Achievement | |  |  |  |  |  |
| 39. Social Functioning | |  |  |  |  |  |
| 40. Recreational/Play | |  |  |  |  |  |
| 41. Developmental/Intellectual | |  |  |  |  |  |
| 42. Sensory | |  |  |  |  |  |
| 43. Self-care Daily Living Skills | |  |  |  |  |  |
| 44. Motor | |  |  |  |  |  |
| 45. Communication (Receptive/Expressive) | |  |  |  |  |  |
| 46. Sleep | |  |  |  |  |  |
| 47. Medical | |  |  |  |  |  |
| 48. Physical | |  |  |  |  |  |
| Document any presenting behaviors, actions, or other concerning factors that support the above findings: | | | | | | |

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| **CULTURAL CONSIDERATIONS DOMAIN** | | | | |
| **Elements** | **0** | **1** | **2** | **3** |
| 49. Language |  |  |  |  |
| 50. Cultural Identity |  |  |  |  |
| 51. Cultural Events and Activities |  |  |  |  |
| 52. Cultural Stress |  |  |  |  |
| Document any presenting behaviors, actions, or other concerning factors that support the above findings: | | | | |

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|  | **BEHAVIORAL/EMOTIONAL NEEDS** | | | | | |
| **Elements** | | **NA** | **0** | **1** | **2** | **3** |
| 53. Attachment Difficulties | |  |  |  |  |  |
| 54. Impulsivity/Hyperactivity | |  |  |  |  |  |
| 55. Temperament | |  |  |  |  |  |
| 56. Failure to Thrive | |  |  |  |  |  |
| 57. Eating/Elimination | |  |  |  |  |  |
| 58. Depression | |  |  |  |  |  |
| 59. Anxiety | |  |  |  |  |  |
| 60. Atypical Behaviors | |  |  |  |  |  |
| 61. Service Permanence | |  |  |  |  |  |
| Document any presenting behaviors, actions, or other concerning factors that support the above findings: | | | | | | |