

MD CANS for youth ages 5 years and older

Please ✓ appropriate use: Initial Reassessment Transition/Discharge

Date:

M	M	D	D	Y	Y	Y	Y
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Child's Name _____ DOB

	m		m		d		d		y		y
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 Gender M F T Race/Ethnicity _____

Current Living Situation: _____

Assessor (Print Name): _____ Signature _____

Caregiver Name: _____ Relation _____

LIFE DOMAIN FUNCTIONING					
0 = no evidence of need	2 = ACT to address need				
1 = monitor, collect more info	3 = ACT immediately, intensely				
	0	1	2	3	NA
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Social Functioning - Peer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Social Functioning - Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medical/Physical	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
Enuresis/Encopresis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Intellectual (IQ only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Speech/Language Delay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Autism Spectrum/PDD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Recreational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Job Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal (DJS/criminal court)	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
Judgment/Decision Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sexual Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL/EMOTIONAL NEEDS				
0 = no evidence of need	2 = ACT to address need			
1 = monitor, collect more info	3 = ACT immediately, intensely			
	0	1	2	3
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attn Deficit/Impulse Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression/Mood Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct/Antisocial Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Eating Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment Difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD & ENVIRONMENTAL STRENGTHS					
0 = centerpiece strength	2 = identified but not yet useful				
1 = identified & useful strength	3 = not yet identified				
	0	1	2	3	NA
Family Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Educational Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Vocational Preferences & Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Natural Supports (i.e., unpaid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Interpersonal Skills – Peer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Interpersonal Skills – Non-caregiver Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Youth Involvement w/ Care Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Resiliency (History)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Resourcefulness (History)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

CHILD RISK BEHAVIORS				
0 = no evidence of need	2 = ACT to address need			
1 = monitor, collect more info	3 = ACT immediately, intensely			
	0	1	2	3
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Injurious Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reckless Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Sexually Reactive Behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Delinquent Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire-Setting	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCULTURATION				
0 = no evidence of need	2 = ACT to address need			
1 = monitor, collect more info	3 = ACT immediately, intensely			
	0	1	2	3
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender/Sexual Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

