

CDR CANS-PA

PROBLEM PRESENTATION

Psychosis (Thought Disorder)	0 1 2 3
Impulsivity/Hyperactivity	0 1 2 3
Autism Spectrum*	0 1 2 3
Depression/Anxiety	0 1 2 3
Oppositional Behavior	0 1 2 3
Conduct	0 1 2 3
Anger Control	0 1 2 3
Substance Use*	0 1 2 3
Severity of Use	0 1 2 3
Duration of Use	0 1 2 3
Stage of Recovery	0 1 2 3
Peer Influences	0 1 2 3
Parental/Caregiver Influences	0 1 2 3
Environmental Influences	0 1 2 3
Adjustment to Trauma*	0 1 2 3
Affect Regulation	0 1 2 3
Intrusions	0 1 2 3
Dissociation	0 1 2 3
Attachment Difficulties	0 1 2 3

RISK BEHAVIORS

Suicide Risk	0 1 2 3
Danger to Others	0 1 2 3
Other Self Harm	0 1 2 3
Runaway	0 1 2 3
Exploitation	0 1 2 3
Sexually Aggressive Behavior (SAB)*	0 1 2 3
Prior Treatment	0 1 2 3
Severity of Sexual Abuse	0 1 2 3
History of SAB	0 1 2 3
Temporal Consistency	0 1 2 3
Response to Accusation	0 1 2 3
Type of Sex Act	0 1 2 3
Age Differential	0 1 2 3
Planning	0 1 2 3
Physical Force/Threat	0 1 2 3
Relationship	0 1 2 3
Intentional Misbehavior	0 1 2 3
Delinquent Behavior	0 1 2 3
Firearms Risk	0 1 2 3

RISK BEHAVIORS CONT'D

Fire Setting*	0 1 2 3
History	0 1 2 3
Seriousness	0 1 2 3
Planning	0 1 2 3
Use of Accelerants	0 1 2 3
Intention to Harm	0 1 2 3
Community Safety	0 1 2 3
Response to Accusation	0 1 2 3
Remorse	0 1 2 3

FUNCTIONING

Intellectual Disability	0 1 2 3
Medical/Physical	0 1 2 3
Sleep	0 1 2 3
Family Functioning	0 1 2 3
Living Situation	0 1 2 3
Social Functioning	0 1 2 3
School Achievement	0 1 2 3
School Behavior	0 1 2 3
School Attendance	0 1 2 3
Sexual Development	0 1 2 3
Self-Care/Activities of Daily Living	0 1 2 3

CHILD SAFETY

Child Safety	0 1 2 3
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CAREGIVER NEEDS

Caregiver Behavioral/Physical Health	0 1 2 3
Supervision	0 1 2 3
Involvement with Care	0 1 2 3
Knowledge	0 1 2 3
Organization	0 1 2 3
Resources	0 1 2 3
Residential Stability	0 1 2 3

STRENGTHS

Family Strengths	0 1 2 3
Interpersonal	0 1 2 3
Relationship Permanence	0 1 2 3
Educational Setting	0 1 2 3
Vocational	0 1 2 3
Well-Being	0 1 2 3
Optimism	0 1 2 3
Spiritual/Religious	0 1 2 3
Talents & Interests	0 1 2 3
Community Life	0 1 2 3
Resilience	0 1 2 3
Resourcefulness	0 1 2 3

* A rating of '1', '2', or '3' on these items trigger the completion of specific Individualized Assessment Modules. The Autism Spectrum Module can be found on page 2.

Optional Modules (selected contracts)

AUTISM SPECTRUM MODULE*

Temperament/Emo. Responsiveness	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Parent/Child Interaction	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Adaptation to Change	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Life Transitions	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Autonomy	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Sensory/Motor Functioning*	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
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Gross Motor	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Fine Motor	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Coordination	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Vision and Hearing	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Sensory Responsiveness	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Neuro-Communication Disorders*	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
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Augmented Communication	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Receptive Language	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Expressive Language	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Manding	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Speech – Sound Production	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Social/Pragmatic Language	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Stereotyped Sound Output	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Gestures	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Repetitive and Restrictive Behaviors*	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
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Repetitive Behaviors	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Restricted Interests	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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TRAUMA EXPERIENCES

Sexual Abuse	<input type="checkbox"/> Y <input type="checkbox"/> N
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Physical Abuse	<input type="checkbox"/> Y <input type="checkbox"/> N
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Neglect	<input type="checkbox"/> Y <input type="checkbox"/> N
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Emotional Abuse	<input type="checkbox"/> Y <input type="checkbox"/> N
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Medical Trauma	<input type="checkbox"/> Y <input type="checkbox"/> N
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Natural or Manmade Disaster	<input type="checkbox"/> Y <input type="checkbox"/> N
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Witness to Family Violence	<input type="checkbox"/> Y <input type="checkbox"/> N
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Witness to Comm./School Viol.	<input type="checkbox"/> Y <input type="checkbox"/> N
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Victim/Witness to Criminal Act.	<input type="checkbox"/> Y <input type="checkbox"/> N
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War/Terrorism Affected	<input type="checkbox"/> Y <input type="checkbox"/> N
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Disruptions in Care/Attach. Losses	<input type="checkbox"/> Y <input type="checkbox"/> N
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Parental Criminal Behavior	<input type="checkbox"/> Y <input type="checkbox"/> N
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SOCIAL DETERMINANTS OF HEALTH

Childcare Access and Affordability	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Clothing	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Financial Strain	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Employment	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Food Insecurity	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Transportation	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Utilities	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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[The CDR CANS-PA was last updated on June 28, 2022.]

* Complete the Autism Spectrum Module only for clients who received a score of 1, 2, or 3 on the Autism Spectrum item on page 1.