

CDR CANS-PA



Client Name: _____

DOB: ____/____/____ MA#: _____

Date of Assessment: ____/____/____

Clinician Name: _____

PROBLEM PRESENTATION

0 1 2 3

Psychosis	0	1	2	3
Attention Deficit/Impulse	0	1	2	3
Autism Spectrum	0	1	2	3
Depression/Anxiety	0	1	2	3
Oppositional Behavior	0	1	2	3
Antisocial Behavior	0	1	2	3
Anger Control	0	1	2	3
Substance Abuse*	0	1	2	3
<i>Severity of Use</i>	0	1	2	3
<i>Duration of Use</i>	0	1	2	3
<i>Stage of Recovery</i>	0	1	2	3
<i>Peer Influences</i>	0	1	2	3
<i>Parental Influences</i>	0	1	2	3
<i>Environmental Influences</i>	0	1	2	3
Adjustment to Trauma*	0	1	2	3
<i>Affect Regulation</i>	0	1	2	3
<i>Intrusion</i>	0	1	2	3
<i>Dissociation</i>	0	1	2	3
Attachment	0	1	2	3

RISK BEHAVIORS

0 1 2 3

Danger to Self	0	1	2	3
Danger to Others	0	1	2	3
Other Self Harm	0	1	2	3
Runaway/Elopement	0	1	2	3
Exploitation	0	1	2	3
Sexually Aggressive Behavior (SAB)*	0	1	2	3
<i>Prior Treatment</i>	0	1	2	3
<i>Severity of Sexual Abuse</i>	0	1	2	3
<i>History of SAB</i>	0	1	2	3
<i>Temporal Consistency</i>	0	1	2	3
<i>Response to Accusation</i>	0	1	2	3
<i>Type of Sex Act</i>	0	1	2	3
<i>Age Differential</i>	0	1	2	3
<i>Planning</i>	0	1	2	3
<i>Physical Force/Threat</i>	0	1	2	3
<i>Relationship</i>	0	1	2	3
Social Behavior	0	1	2	3
Crime/Delinquency	0	1	2	3
Firearms Risk	0	1	2	3
Fire Setting*	0	1	2	3
<i>Seriousness</i>	0	1	2	3
<i>History</i>	0	1	2	3
<i>Planning</i>	0	1	2	3
<i>Accelerants</i>	0	1	2	3
<i>Intention</i>	0	1	2	3
<i>Community Safety</i>	0	1	2	3
<i>Accusation</i>	0	1	2	3
<i>Remorse</i>	0	1	2	3

FUNCTIONING

0 1 2 3

Intellectual Delay	0	1	2	3
Physical/Medical	0	1	2	3
Sleep	0	1	2	3
Family	0	1	2	3
Living Situation	0	1	2	3
Social Functioning – Peer	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
Sensory/Motor Functioning*	0	1	2	3
<i>Gross Motor</i>	0	1	2	3
<i>Fine Motor</i>	0	1	2	3
<i>Coordination</i>	0	1	2	3
<i>Vision and Hearing</i>	0	1	2	3
<i>Sensory Responsiveness</i>	0	1	2	3
Communication*	0	1	2	3
<i>Augmented Communication</i>	0	1	2	3
<i>Receptive Language</i>	0	1	2	3
<i>Expressive Language</i>	0	1	2	3
<i>Speech – Sound Production</i>	0	1	2	3
<i>Social/Pragmatic Language</i>	0	1	2	3
<i>Stereotyped Sound Output</i>	0	1	2	3
<i>Gestures</i>	0	1	2	3
Maladaptive Behaviors*	0	1	2	3
<i>Repetitive Behaviors</i>	0	1	2	3
<i>Restricted Interests</i>	0	1	2	3

CHILD SAFETY

0 1 2 3

Safety	0	1	2	3
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CAREGIVER NEEDS & STRENGTHS

0 1 2 3

Physical/Behavioral Health	0	1	2	3
Supervision	0	1	2	3
Involvement	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

0 1 2 3

Family	0	1	2	3
Interpersonal	0	1	2	3
Relationship Permanence	0	1	2	3
Educational	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
Inclusion	0	1	2	3
Resiliency	0	1	2	3
Resourcefulness	0	1	2	3

*Scores of 1 or higher, require the completion of the module (e.g. the extra items).