

(PLEASE COMPLETE AND FORWARD WITH PLACEMENT AUTHORIZATION)

Child's Name	DOB
PSP #	
HIGH RISK STRESSORS	BEHAVIORS/SYMPTOMS THAT INTERFERE WITH DEVELOPMENTALLY APPROPRIATE LEVEL OF FUNCTIONING
 □ Inability to maintain in other child care settings □ Unstable family environment □ Risk of losing current placement □ Victim of Child Abuse and Neglect □ Exposure to Domestic Violence □ Drug and Alcohol Exposure in Utero □ Psychiatric Hospitalization □ Exposure to Community Violence 	 □ Self injurious behaviors □ Severe Aggression □ Lack of Impulse Control □ Poor Social Skills □ Sexualized Behaviors □ Depressive Behaviors □ Regressive Behaviors □ Attachment Disorders □ Speech and Language Delays □ PTSD □ Anxiety Disorders □ Somatic Symptoms □ Pre Psychotic Symptoms
DSM IV - Axis I Diagnosis	
Clinician's Signature	
Date	