

## Alameda County Behavioral Health Care Services

### Children's Services Form (0-5 Version) Community Functioning Evaluation

Client Name:			Date Completed:										
	Last	First		MM/DD/YYYY									
Client ID Number:			Date of Birth:										
				MM/DD/YYYY									
Reporting Unit Number and Name:													
Assessment Type:	Initial	6 mos.	Annual	Discharge									
Source of Information (check all that applies):	Caregiver	ECE Provider	Pediatrician	Help Me Grow Referral									
Primary caregiver has changed during the last six months													
<b>OBSERVED STRENGTHS</b> Rating Scale: 0=Not True 1=A Little True 2=True 3=Very True 8=Don't Know 9=Not Applicable													
	0	1	2	3	8	9		0	1	2	3	8	9
Notices, attends and self-regulates In their world							Caregivers provide consistency and predictability in child's life						
Demonstrates curiosity and motivation to explore							Caregivers are attuned and responsive to child's needs						
Uses gestures and language to get needs met							Daily opportunities for self-expression, play and creativity						
Forms relationships/mutual engagement							Has nurturing, accepting and encouraging early care and education environment						
Is aware of others feelings							Safety and security in child's life						
Expresses caring							Strong community support and sense of belonging						
<b>PRESENTING CONCERNS</b> Rating Scale: 0=No Problem 1=Mild Problem 2=Moderate Problem 3=Severe Problem 8=Don't Know 9=Not Applicable													
<b>EARLY CARE AND EDUCATION:</b>	0	1	2	3	8	9	<b>HEALTH OF CHILD:</b>	0	1	2	3	8	
Attendance							Medical						
Learning Difficulties							Dental						
Group Care Interactions							Vision						
Conduct/Behavior in ECE Setting							Hearing						
							Nutrition/Eating Habits						
							Receives Consistent Medical Care						

<b>EMOTIONAL &amp; BEHAVIORAL FUNCTIONING:</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>8</b>	<b>BASIC NEEDS:</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>8</b>
Impulse Control						Housing					
Concentration/Attention Span						Clothing					
Oppositional Behavior						Transportation					
Verbal Abuse						Food					
Aggressive/Assaultive											
Poor Boundaries											
Obsessive/Compulsive Behavior						<b>EXPOSURES &amp; SAFETY CONCERNS:</b>					
Anxiety/Fears						Grief/Loss/Separation/Bereavement					
Depression						Immigration/Legal Status					
Self Injurious Behavior						Incarceration					
Suicidality						Community Violence					
Withdrawn						Domestic Violence					
Unusual Thoughts/Verbalizations						Child Abuse or Neglect					
Separation Problems						<b>SOCIAL RELATIONSHIPS:</b>					
Ability to Regulate						Interactions with Adults					
Sexualized Behaviors						Ability to Seek Help from Adults					
<b>DEVELOPMENTAL FUNCTIONING:</b>						Interactions with Peers					
Gross Motor						<b>LIVING SITUATION &amp; FAMILY FUNCTIONING:</b>					
Fine Motor						Family Stability					
Speech/Language						Caregiver-Child Relationship					
Cognitive						Sibling Relationship(s)					
Feeding						Caregiver Physical Health					
Toileting						Caregiver Mental Health					
Sleep						Caregiver Substance Abuse					
Evaluator Number and Name:							Phone Number:				
Socio-Cultural Considerations—Specify:											
Linguistic Considerations – Specify:											