PROVIDED ARE ADDITIONAL ASSESSMENT QUESTIONS TO ASK WHEN A YOUNG CHILD HAS BEEN PLACED OUT OF HOME IN THE CUSTODY OF THE DEPARTMENT OF CHILD SAFETY (DCS). SOME OF THESE QUESTIONS ARE APPLICABLE ONLY AT INITIAL APPOINTMENT, OTHERS ARE ONLY APPLICABLE AT SUBSEQUENT APPOINTMENTS, AND SOME CAN BE USED THROUGHOUT A CHILD'S PLACEMENT OUT OF HOME. THESE QUESTIONS ARE TO BE UTILIZED WHEN CLINICALLY INDICATED. REFER TO ACOM POLICY 449 FOR ADDITIONAL INFORMATION REGARDING CHILDREN IN CUSTODY OF DCS.

What is the reason for the child not living with the child's parents?

How long has the child been living in your home?

Does the child have any prior familiarity with the current placement?

Describe the child's behavior and expression of emotions when the child first arrived:

How would you describe the child's behavior and expression of emotions in your home now? Give specific examples:

Does the child let you know when the child has a need? If yes, how? Has this changed over the time the child has been in your home?

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How does the child interact/respond to different members of the household?

Does the child have siblings? Are they placed with or separated from them? What are their interactions with their siblings like? Are there any biological family dynamics that are impacting the sibling relationship (examples: parentification or alignment with an abuser that has led to a continuation of the abusive behavior by a sibling)?

What effect did the child's entry into your home have on you and others in the family?

What changes have been made in the home to accommodate the child?

Are there any immediate needs? Is the child missing anything from home that may provide them with comfort? (examples: special stuffed animal, blanket, transitional object etc.) Is there anything that the Child and Family Team can do to ease the transition for the child?

Does the child have any immediate health needs? Has the child been scheduled for medical and dental visits?

Behavioral Health Servicing Provider (if applicable (**PRINT**)	Name of Behavioral Health Personnel **(PRINT)**	
Signature of Behavioral Health Personnel with credentials if applicable (BHT)	Date	Time: Begin/End
Behavioral Health Professional (BHP) Reviewer **(PRINT)**	Signature of Licensed BHP	
BHP Reviewer: Professional Credential(s)	Date	Time: Begin/End

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