

This assessment summary contains confidential information
Iowa Department of Human Services
CHILD PROTECTIVE ASSESSMENT SUMMARY - Part B
Assessment of the Child and Family Functioning, and Development of Suggested Plan of Action

Completion Date: _____
 Intake Date: _____ Child Protection Worker: _____ Incident: _____ County: _____
 Household Address: _____
 Telephones: (Household) _____ (Other) _____
 Current Location Of Child/Subject: _____

TYPE OF ASSESSMENT SUMMARY:
HOUSEHOLD COMPOSITION: SEX (M) Male, (F) Female;; ROLE (V) Child Subject, (S) Sibling, (P) Parent, (F) Foster Parent, (R) Relative, (L) Paramour, (O) Other.

NAME	DOB	ROLE	SEX	FACS#	COMMENTS

HISTORY OF SERVICES

PRESENTING PROBLEM

EVALUATION OF THE FAMILY FUNCTIONING - STRENGTHS AND NEEDS: (Describe each of the following, identifying strengths and needs.)

Home Environment:

Parent/Caretaker:

Child(ren): (Include all children in home.)

Domestic Violence/Substance Abuse:

Social/Environment:

Analysis of Family Functioning (Strengths and Needs) in Relation to Child(ren)'s Safety: (Provide rationale)

SUGGESTED PLAN OF ACTION: (Provide rationale for any of the following suggested plans of action recommended, indicate with a N/A if the section is not applicable.)

Identification/Development of Informal Supports for Child and/or Family (if any):

Identification/Development of Services Provided by Community Agencies or Organizations (if any):

Department Services Provided and Recommendations (if any):

 , Child Protection Worker

 Date

 , Supervisor

 Date