**COLLABORATE ASSESSMENT AND PLANNING FRAMEWORK**

Worker Name:

Family Name/ID:

Date:

|  |  |  |
| --- | --- | --- |
| What are we worried about? | **Purpose of Consultation**     **Genogram, Ecomap, Circles of Safety and Support**     **Cultural Considerations**     **SDM® System Guidance**      | What is working well? |
| **Harm and Safety Threats**      | **Safety and Permanency/Belonging**      |
| **Complicating Factors**      | **Gray Areas**      | **Strengths and Resources**      |
|
| What needs to happen? |
| **Worry Statements**      | **Goal Statements**      |
| **Action Steps**      |

Based on: Consultation and Information Sharing Framework (Lohrbach, 2000); Signs of Safety Assessment and Planning Framework (Turnell & Edwards, 1999; Department of Child Protection, 2011); The Massachusetts Safety Map (Chin, Decter, Madsen, & Vogel, 2010); and The Partnering for Safety Assessment and Planning Framework (Parker & Decter, 2012).