**COLLABORATE ASSESSMENT AND PLANNING FRAMEWORK**

Worker Name:

Family Name/ID:

Date:

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| 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** | |
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| 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).