

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Tool Name:</b> Assessment Narrative	<b>Effective Date:</b> December 1, 2009
	<b>Reference:</b> 4.B Tool ( <a href="#">4.25 – Completing the Assessment Report</a> )	<b>Version:</b> 2

When completing an assessment narrative, follow these general guidelines:

1. Write the narrative in paragraph format, using complete sentences and proper grammar and punctuation.
2. Use appropriate wording (e.g., no slang, use quotes when quoting other sources or statements by others).
3. Do not cut and paste contact logs into the narrative.
4. Do not use all capital letters.

The following information is to be included in the assessment narrative:

1. The [Preliminary Report of Alleged Abuse or Neglect \(SF114/CW310\)](#) date and summary of allegations.
2. Prior history.
3. The name of the alleged victim(s).
4. The name of the alleged perpetrator(s) and relationship to the victim.
5. A brief synopsis of the facts that led to the assessment decision. Assessment finding (substantiated or unsubstantiated)

**Note:** DO NOT include a detailed, step-by-step summary.

6. Placement type, location and date of removal, if the alleged victim was removed from his or her home.
7. Whether the alleged victim was returned to the home; if yes, include date.
8. Action taken (e.g., Informal Adjustment (IA), Child in need of Services (CHINS), no action).
9. Names of persons provided with the [Notice of Availability of Completed Reports and Information \(SF48201/CW0024\)](#), and the dates the notices were provided.
10. The date the [Preliminary Report of Alleged Abuse or Neglect \(SF114/CW310\)](#)/[Assessment of Child Abuse or Neglect \(SF113/CW0311\)](#) was sent to the Prosecutor's Office, if applicable.
11. Whether criminal charges are pending or have been brought against the alleged perpetrator, if known.
12. A brief description of any casework plan that has been developed (e.g., [Family Support/Community Services Plan \(SF53243/CW3425\)](#), etc.).
13. The name of any agency or provider to which the alleged victim or family has been referred, if any.
14. Name of Family Case Manager (FCM).