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www.in.gov/dcs

Child Abuse and Neglect Hotline: 800-800-5556

Family Functional Assessment (FFA) Field Guide

I. FAMILY STORY:

Describe current and past DCS involvement with the child and family from the family's perspective. (Include dates and outcomes)
Understand the position of each family member. Possible questions to initiate the family telling the story:

1. Regarding the presenting issues or allegation:

- From this referral/ court order you can see how others view things. Tell me your perspective on what has occurred?
- How would you describe what is happening in your family as a result of the problem/issue?
- How do you make sense of what s/he does?
- How do you explain what you did?
- How do you think your child would explain what happened?
- You said earlier that it hasn't always been like this. Can you tell me about times when things have been going well in your family/child?
- What was different about the times when you felt that you handled the situation well with your child?

2. With other family members:

- How would you describe the situation?
- How do you think the children understand what has happened?
- How willing on a scale of 1 to 10 are you to be of help to the family.

II FAMILY STRENGTHS AND RESOURCES:

Discovering family strengths and resources

- We have been talking about some serious matters. To give me a more balanced view can you tell me some of the good qualities of your family/child/children?
- If you were describing yourself to others, what sort of things would you say you are good at?
- What do you like about being a parent?
- What do you like about your child? Or your parent?
- Who can help you with these issues?
- How is it that you have been able to handle all that you have been under?

III. FUNCTIONAL ASSESSMENT

SAFETY

A) Maltreatment Allegations/ Delinquent or Unruly Behaviors

Narrative

Use this narrative textbox to document the results of the risk and safety assessment tools and factual information that relates to domestic violence or substance abuse [children and/or parents (guardians)].

Strengths (Signs of Safety)

- What happens when someone in your house gets angry? When [this] happens, what do you do?
- What do you do to keep your family safe?
- What have you tried that has worked/not worked?
- What have you done to keep things from getting worse?
- When was the last time you expected this to happen and it didn't?
- What has stopped you in the past from doing [this]?
- How do you keep your children safe?
- If parent or child reveals maltreatment, ask about how they managed to overcome this? What recommendations do you have to your child get through difficult times?
- When you are out with your friends, what kinds of things do you do to keep yourself safe?
- I noticed that you do.... to keep your children safe. What else do you do to keep them from harm?
- How do you view your role in the home? to establish boundaries? And ensure safety for your child?
- Who in your family has dealt successfully with this problem? How do you think they did it?

Risks, Needs, and Concerns (Signs of Risk)

- On a scale of 1 to 10 how safe do you feel?
- Tell me about a time when you haven't felt safe in your home? What was going on that made you feel not safe?
- How do you define "safe?"
- How safe do you feel in your environment/home?
- Under what circumstances is this likely to occur?
- When this happens, what do you do?
- How often did it happen last week? month? year?
- Where were you when this happened?
- What needs to change to make you feel safer?
- When you are not with your child, does your child do things that make you worry about his/her safety?
- When the problem is solved, how do you think your relationship with _____ (child) would be different? What will you be doing then that you are not doing now?
- Tell me what is different for you at those times when you don't lose control.

- On a scale of 1-10, with 10 meaning you have every confidence that this problem can be solved a 1 means no confidence at all, where would you put yourself today? On the same scale, how hopeful are you that this problem can be solved?
- Ask a youth, what are you willing to do to keep yourself and others safe?
- Have you ever run away from home? Where did you go? Have you ever thought of running away but didn't? What stopped you?
- Many kids tell me that when things are difficult they feel like escaping somehow. What kinds of things do you do to escape tough times?
- Have you ever thought of hurting yourself? What stopped you from following through?
- Out of everything, what is the one thing that you need to keep your child/ren safe

B) Domestic Violence

Narrative

All narrative information for Safety issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- Do you have a girlfriend/boyfriend? What do you like about her/him?
- What positive things do you get from your relationship with your partner?
- Who makes the important decisions in your family?
- What do you (and your partner) do for a break?
- How much time do you spend with family? friends? alone?
- Do you drive a car? Do you have your driver's license?
- How are you able to meet your personal and interpersonal needs (intimacy)?

Child:

- What happens when your parents are angry with you? Or when you break a rule?
- How is it okay to be angry in your house?
- Who do you feel "safe" with?
- What happens when your parents argue?
- Are there a lot of rules in the house?

Risks, Needs, and Concerns (Signs of Risk)

Parent/Caregiver:

- In many families, the partner does not experience as much safety as they want. On a scale of 1 to 10, where 10 is safe and 1 is not safe, how safe do you feel in your home?
- How does your partner feel about your friends and family?
- How is it okay to be angry in your house?
- Sometimes, when I'm working with a family and I'm talking with mom/woman I find out that she is afraid to share information with me because of what might happen to her if her husband/boyfriend/partner finds out that she told me. Is this something you worry about?
- Have you ever left because of violence in your home? If yes, where did you go? What gave you the courage to do this? How long were you gone?

C) Sex Abuse

**When asking questions that might reveal the possibility of sexual abuse, take care not to ask leading questions. If you suspect child sexual abuse, please follow agency protocol for handling these cases.*

Narrative

All narrative information for Safety issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- What is your child's schedule?
- Where does everyone sleep?
- What have you done in the past to protect your child?

Child:

- Who do you feel safe with?
- What sort of activities do you (child) do with your Mom? Dad? Brother? Sister? Other Relatives? Others?

Risks, Needs, and Concerns (Signs of Risk)

- When did you first hear about this?
- What do you think happened?
- What do you think your child might need right now?
- It's natural to have a hard time believing this could be true. What would it mean to you if it were true?
- What do you think happened?
- What do you think the alleged offender will say when we talk with him or her?
- What might make this a little easier to discuss this with me right now?
- What would you like to know about the child sexual abuse specialist who will meet with your child?
- What would like to know about the process?

D) Substance Abuse

Narrative

All narrative information for Safety issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- We all have ways of dealing with stress, what are the ways you deal with stress?
- Do you know/suspect your child is drinking/using drugs?
- Tell me about the use of drug/or alcohol in your family. How do you think this has affected you? Or your child? What did you do to handle this?
- You said that you didn't drink for five days last week. How did you do it?

Risks, Needs, and Concerns (Signs of Risk)

- When was there a time that you thought your child would "get high" with friends, and did not? What did (he/she) do that time?
- Describe a time when you wanted to get high, but you didn't. What helped you through that time?

- What might help us know if drugs or alcohol are a problem in your family?
- Has your child's behavior changed significantly in the past six months? How do you account for this change?
- You said you have quit before. How did you manage to do that?
- Has anyone in your family ever thought you might have a problem with drugs or alcohol?
- When did you first use alcohol/drug on your own, away from family/caregivers?
- How often do you drink/use drugs? When did you last use?

WELL-BEING

A) Current Functioning

Narrative

Use this narrative textbox to document the children's perception of self as well as how the children are perceived by others, such as parents, teachers, other authority figures, or peers. Indicate the parents' views on discipline, allowance, earning privileges, etc. Is the parent able to meet the basic needs of the children? Note any recent changes in personality (i.e. mood changes, withdrawal, depressions, etc.). Identify the children's desired changes to come from DCS involvement or the current situation in general.

Include information regarding the dates of any psycho-educational evaluations, parents' feelings about education, parental academic background and aspirations, school extracurricular activities, etc.

Here is where the FCM would include the children's early development history and any factual physical or mental health information that would not be a strength or risk.

Strengths (Signs of Safety)

Parent/Caregiver:

- Describe a typical day for yourself.
- What 3 words describe your child/children
- What are the good things that will come from your current situation?
- What is working now? What is making a difference?
- How do you ask for help from others when you need it?
- Tell me about your child's friends.
- How does your child interact with authority figures?
- Tell me about your other children?
- If I asked your neighbors to describe your family what would they say?
- Describe how you know when your child is happy or sad?
- What do you like to do for fun?
- Have you ever had a vacation? Where do you go for vacation?
- What helps to keep you in a positive mood?
- Have your sleeping/eating habits changed?
- If your best friend were here, how would he or she describe you?
- Where do you and your friends go to hang out?
- What do people like about you the most?
- What is one personal trait that you value the most?

Child:

- Describe yourself in 3 sentences.
- What do you like to do with your parents/family/friends?
- Do you have any special talents?
- What would you like to do when you get older?
- What do you and your family do for fun?
- Who do you admire the most? What would help you to follow in their footsteps?
- What are the qualities of a good friend?
- Do you have any pets? What do you do to take care of them?

Risks, Needs, and Concerns (Signs of Risk)

- What kinds of changes in your child's behavior have you noticed?
- What do you most want me to know about your family?
- What are some things you used to do for fun?
- What are some things that you wish your family did together?
- If you had three wishes, what would they be?
- Have you ever done something and then later worried about the consequences that could have followed?
- When you are out with your friends, what things do you do to make sure you are safe?
- If you could change something about your attitude/mood, what would you change?
- Are there people that you used to spend time with that you would like to spend more time with? If so, who are they?
- What could improve the time you spend with family and friends?

B) Education

Narrative

In the FFA document, this area will contain education information from ICWIS for the child whose FFA document is open. All schools and academic years will be listed, as well as special education certification reasons. All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- When you talk with your child about school, what does he/she tell you?
- Does your child have an IEP? If so, when was the last IEP conference?
- What were your experiences in school? How has this influenced your role in your child's education?
- What do you like about the child's school? What do you like about the child's teacher?
- What would you need to feel more confident interacting with the school personnel?

Child:

- What do you like about school?
- What class(es) do you have the most success in?
- Who helps or has helped you experience success with _____ (various school subjects)?
- Tell me about any work related training you have had or are interested in.
- What do you want to do when you grow up?
- Do you have a teacher that you like? Who? What subject does he/she teach? What did (does) your favorite teacher do that helps/helped you learn?
- Are you involved in any extracurricular activities?

Risks, Needs, and Concerns (Signs of Risk)

- If you had three wishes, what would you want to have happen with your schooling?
- Which classes do you wish you could do better in?
- What do you think your child needs to feel more confident?
- Tell me about any difficulties you have in school, such as absences or disciplinary issues.

- If _____ has quit, when did he/she quit? _____ What grade were they in? _____
- What would you like to do to complete your education?
- You said you would like to know more about how _____ is doing at school, what would be your first step to find out?

C) Employment

Narrative

All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- Tell me how your job benefits you.
- What do you like best about your job? How flexible is your work when it comes to your children?
- If unemployed, why?

Child:

- Employed? Where? How long?
- How does your job benefit you?

Risks, Needs, and Concerns (Signs of Risk)

- Are there things about your job that you wish you could change?
- If you could do what you really wanted to be doing for a living, what would that be?
- How are you meeting your financial needs? (Rent, food, etc?)

D) Family's Parenting Capabilities

Narrative

All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- Tell me about a time when you felt good about spending time with your child.
- You have been parenting for # years now, so can you tell me what you are most proud of? What brings a smile to your face?
- Can you remember a time when there was a crisis how you were able to handle it?
- This is a difficult time. How are you managing to keep it all together?
- Tell me about some of your parenting successes.
- What would your children say they like best about your parenting style?
- How are rules about behavior decided upon in the family?
- Tell me about your best memory growing up.
- What do you believe is the most important thing you as the parent want to teach your children?
- Do you have any family routines which are important for your children to continue to follow?
- Tell me about your family holidays. How are birthdays celebrated in your family?
- How have you been able to provide basic needs for yourself and your family? (food, clothing, shelter)

Risks, Needs, and Concerns (Signs of Risk)

- What do you want to happen so you see yourself as a success with your son?
- Tell me about a typical daily routine. How do you get the children fed clothed and off to school? How do you get the children to bed?
- How do you know when you need a break?
- What do you do when your child does not behave or breaks a family rule?
- How did you discipline your children when they were younger?

E) Physical Health

Narrative

All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- What does your pediatrician say about the success your child has experienced?
- Describe child's current health. What do you do to keep your child so healthy?
- Describe child's development.
- How old was child when he/she walked? Talked?
- Do you have insurance, a doctor or clinic you trust?
- Are you taking any medications? What health issues are these medications helping you to deal with?
- How are you feeling physically?
- Describe child's personality as a baby
- Tell me about the birth of your pregnancy/birth of your baby?

Risks, Needs, and Concerns (Signs of Risk)

Parent/Caregiver:

- Tell me about any health problems.
- Does your child have any medical limitations or special medical needs or treatment
- If you could change one thing about your physical health, what would it be?
- What would help you to manage that pain more effectively?
- Tell me about any serious accidents or illnesses your child has had during childhood?
- Did the child ever display early childhood behavioral problems or unusual habits?
- Tell me about your child's eating? How about sleeping? Has there been any change?

F) Mental Health

Narrative

All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- How can someone else tell when you're having a bad day?
- What does it look like when you are taking your medication?
- What are some things that have helped you during difficult times?
- Think of a good day or activity. What was it?
- Have you ever had a vacation? Where did you go? What did you do?

- Has this child ever seen a psychologist or counselor? Tell me about that/those experiences. What was successful about counseling or treatment?
- I can see why you are depressed. What do you suppose might help you be a little less depressed?

Risks, Needs, and Concerns (Signs of Risk)

- What might it look like if your child was “like his/her peers?”
- How do your children express their feelings?
- What do you think you need to make your life better?
- What do you want right now?
- What do you need from others when you are having a difficult time?
- Has the child ever had any mental health testing?
- Were services recommended as a result of the evaluation?
- How long were services provided?
- Tell me how receiving the service helped.
- Have you ever had any gotten help for nerve problems before?
- When you force yourself to get out of bed, what do you suppose your children will notice is different?

G) Sexual Orientation and/or Identity if Youth has Self-Disclosed Related Information

Narrative

All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

It is important to remember that not all LGBTQ youth in an out-of-home placement enter placement because of issues directly related to their gender/sexual orientation.

Parent/Caregiver:

- Tell me about your relationship with your LGBTQ youth. What are your youth’s strengths?
- How do you demonstrate that you understand the unique needs of your LGBTQ youth?
- Have you actively participated in family counseling that focused on understanding and repairing your relationship with your LGBTQ youth? What are the outcomes of the counseling sessions?
- How do you show your youth that you will support them, regardless of their gender or sexual orientation?
- If applicable, how has your previous use of rejecting words and/or actions impacted your LGBTQ youth?
- Is unsupervised visitation allowed, or was a trial home visit permitted due to positive behavioral and attitudinal changes made by the parents?

Youth:

- Do you feel safe and ready to return home?
- How are your visits going?
- Are you willing to work on mutually established goals?
- Are you willing to participate in therapy?
- If applicable, are you willing to abide by court requirements?
- If applicable, are you willing to refrain from using illegal substances?

Risks, Needs, and Concerns (Signs of Risk)

- How would you describe your youth's sexual orientation and/or gender identity?
 - Note if parents demonstrate anti-LGBTQ attitudes and reject their LGBTQ-youth
 - Note if parents make verbally or physically threatening statements toward/about their youth
- What is your attitude toward your LGBTQ youth?
- How do you feel about your youth's boyfriend/girlfriend?
- What are your expectations for your LGBTQ youth?
- What needs to change in order for your LGBTQ youth to return home?
 - Note whether parents insist the youth be heterosexual

PERMANENCE

A) Relationships and Connections

Narrative

In this first narrative textbox of the Permanence domain, describe the interaction between the parent/caregiver and children, from the children's perspective and the parent/caregiver's perspective. Include demographic information for a stepparent or significant other and how each family member describes these relationships. Describe how the family interacts socially. Note if the family has an extensive or minimal social network. Identify any groups, organizations, etc. that the family is involved with. Describe what was learned from the Pictorial Tool(s) used. Include any pertinent information with regard to current placement, stability and transitions, and transition to adulthood that would not be a strength or risk.

Strengths

- How long have you lived here?
- Tell me about your family. What makes ___ (family member) unique?
- Do you identify with one or more cultural groups?
- How do people help each other out in this family? What is the role of other family members in helping your family?
- What goals do you have for your children/family?
- How would ___ say you've been helpful to them?
- For a special celebration, where do you go? Who celebrates with you?
- Who do you go to when you need help with something?
- What would your sister/brother say s/he likes about spending time with you?
- In the past, what has your (sister, neighbor, mother, grandparent, in-law) done that you found helpful?
- How does the family discuss issues that come up?
- Is there an adult outside your family that you have a connection with or who could be a support to your family?
- Describe relationships between the family members:
- Is there a person or people in your life who you feel you can always call/turn to/count on?

Risks, Needs, and Concerns (Signs of Risk)

- What is something that you missed out on that you would like to see your children doing?
- What role does your (mother, sister, extended family) have in your family?
- How would you like your relationship with ___ to be different?
- How can ___ (family member) be helpful to you?
- What would you wish that your extended family would do for you that they are not doing now?
- What types of things do you disagree about in your family?
- Are there things you want to do before your children come home?
- So you are worried about what will happen with your relationship with your child while they are in out of home care, what are some things that will help you stay close?

B) Current Placement

Narrative:

All narrative information for Permanence issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- Who else is concerned about what is happening in your family right now?
- Have/will any of your extended family members/friends take(n) care of _____ (child)? If yes, who?
- What do you want to continue to do while your child is living _____?
- What do you like most about where your child is right now?
- Are there any family members who your child could live with? Relative Caregiver or Kinship assessment information is included in this section

Foster/Kinship caregivers

- How long do you anticipate this placement?
- How can you tell you need a break, what lets you know?
- What is the best thing about having the child placed in your home?
- You have a lot of placements right now, how are you managing to keep it all together?
- What have the benefits been for the other children in the home?
- Who provides you and your family support?

Child:

- How do you get along with the other kids or family members or caregivers?
- What do you like the most about where you are currently living?
- With whom would you most like to live?
- What do you think is going well for you in this placement?
- On a scale of 1 to 10 how well do you think this foster home/group home/placement is helping you with your family, school, health? What do you think would make it 1 point better? What do you think you could do to make it 1 point better?

Risks, Needs, and Concerns (Signs of Risk)

Parent/Caregiver:

- How can _____ be helpful to you?
- How do you want to work with your child's foster parents? Group home childcare worker?
- Has your child ever lived somewhere other than with you? Tell me about those experiences.

Foster/Kinship Caregivers

- What supports would be helpful to maintain this placement?

Child:

- What would make your current living situation better?
- What would make this one point better for you?

C) Stability and Transitions

Narrative

All narrative information for Permanence issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- When was there a time in your life that you would have said, “life is pretty stable right now?”
- Where have you lived the past few years?
- Tell me about your past marriages. (mother and father)
- Tell me about a change in your life that was difficult. How did you deal with that change?
- Where do you think your family will be 6 months/one year/two years from now?

Risks, Needs, and Concerns (Signs of Risk)

- Have any of the siblings received services from DCS or other agencies?
- Tell me about your past legal problem? Who helped you with them?
- What needs to happen for things to feel like they are going smoothly?
- If father is deceased:
Age when died: _____ Date of death: _____ Cause of death: _____
- If mother is deceased:
Age when died: _____ Date of death: _____ Cause of death: _____

D) Transition to Adulthood: (Results of the Ansel Casey assessment should be included according to strengths and/or needs)

Narrative

All narrative information for Permanence issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- Where do you see yourself in 5 years? (living situation, education, career)
- What is a typical day look like for? How would you like it to look?
- On a scale of 1 to 10, with 1 being totally dependent on someone and 10 being self-sufficient, where would you rate yourself?
- What can DCS do to help you become more self-sufficient?
- Who do you see as your family and support system?
- Who are important people to you? Who do you look up to? (school, mentor, religious, culturally) Do you maintain contact with this person? What would help you to follow in the footsteps of this person?
- If your car broke down, who would they call? If they were evicted and homeless, who would they call? Where would they stay?
- Who do you hang out with? What do you do?
- What kinds of extracurricular/recreational activities are you involved with? Aware of?
- What are five positive things about you?
- What would your friends say is your best quality?
- What would your _____ (mother, father, case manager, teacher, mentor) say is your best quality?
- Name two things you are good at?
- Name one thing you are proud of?
- What is your dream job?

- How do you care of yourself? (personal hygiene, medical, dental, and mental health care)
Do you feel comfortable seeking continued treatment for yourself?
- What community resources are available to you?

Risks, Needs, and Concerns (Signs of Risk)

- What would you like to accomplish over the next year to become more self-sufficient?
- Who do you see as a caring adult in helping you achieve self-sufficiency? How will this person be supportive?
- Do you feel like you tell people, “No.?” to establish boundaries for themselves?
- How comfortable do they feel in refraining from negative peer pressure?
- How safe do you feel? Is there ever a time you feel unsafe?

RESOURCES

A) Home Environment

Narrative

In this first narrative textbox of the Resources domain, describe the physical home environment, residents of the home, date of home visit, the community/neighborhood (rural, urban), crime in the neighborhood, what community resources are available to the family, etc.

Strengths (Signs of Safety)

Parent/Caregiver:

- What about your home or neighborhood is good for your family?
- Do you feel safe in your neighborhood?
- Tell me how you make your budget last to the end of the month.
- How long has the family been at the current residence?
- What traditions were important to you as a child?

Child:

- How do you find private time for yourself?
- What are your favorite foods, sports, TV shows?
- What do you like to do with your parents?
- What do you do together as a family?
- How do you celebrate holidays?

Risks, Needs, and Concerns (Signs of Risk)

- If you could change something about your home or neighborhood, what would it be?
- How many times has the family moved in the last five years?
- Are community resources accessible to you?
- Is the area considered high or low crime?
- How many people reside in the home?
- What are the most important items your child needs with them where ever they go?

B) Community/ Neighborhood

Narrative

All narrative information for Resources should be written in the first narrative textbox.

Strengths (Signs of Safety)

- I hear you speaking another language with your children. Who helped you learn English? Who helps you with reading or writing?
- How do you think of your family culturally? What is important to you and your family?
- You mentioned that you “trust that He will take care of you”.
- What would you want me to know about your spiritual beliefs?
- Where do you go in your community for assistance?
- Who in your neighborhood can you go to for help?
- What makes you feel connected to your neighborhood?

Child:

- Who is your best friend?
- What do you do for fun in you neighborhood?
- Where do kids go to play in your neighborhood?
- What kinds of activities do you do? (clubs, organizations, sports, etc.)

Risks, Needs, and Concerns (Signs of Risk)

- Would it be helpful to you if services were provided in _____ [language]?
- Tell me about your transportation needs, ... who helps you get to the grocery store (or church, doctor visits).
- What would help you be able to practice your beliefs or values more?
- How do your child's/adolescent's values differ from yours?

C) Access and Coordination of Team/ Services

Narrative

All narrative information for Resources should be written in the first narrative textbox.

Strengths (Signs of Safety)

- What does somebody else do for your family that you feel good about?
- What kind of support does your family (or neighbors, friends) provide?
- What services in the past helped your family?
- How do you get you to where you need to go?
- How do you contact others?

Risks, Needs, and Concerns (Signs of Risk)

- With whom do you want to be working better?
- What would it look like if your family were working with you?
- Did the court order restitution? If yes, to whom and what amount?
- Was public service work ordered? If yes, how much?

CONCLUSION

Long-term View and Concurrent Planning: (Text box for user input.)

[Summarize how the family envisions things to be in six months or a year.]

- Where do you want to see your family six months to one year from now?
- What do you want your family to accomplish over the next year?
- What would tell you it is time for your child to come home?
- What needs to be different?
- What would your child/mother/father/ grandfather say needs to change

Strengths: Identify the significant strengths in the family (include resources and team members):

Risks: Identify the significant risks, needs, and concerns:

Permanency Goal(s): State the Permanency Goal(s) for the Children:

Progress/ Signs of Movement Forward:

[Text box for user input]

Continued Areas of Risk: (Note continued areas of risk and how it has changed from the date of DCS

Involvement, and/or previous assessments)

[Text box for user input]

Plan: (Describe the next steps or strategies that have been developed during the CFTM)

•

Who	What	When

•

Who	What	When

Next Meeting: (Date and Location)