

First Name of Child in Care: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M / F Ethnicity: \_\_\_\_\_

# of Placements: \_\_\_\_\_ How long do placements typically last? \_\_\_\_\_

# of Years in Care: \_\_\_\_\_

Baseline Family/Others Connected to the Child: \_\_\_\_\_

Siblings: \_\_\_\_\_

# of Relatives / Others discovered: \_\_\_\_\_

**The balance of the form does not need to be completed before the training.**

Safety: \_\_\_\_\_

Loneliness: \_\_\_\_\_

Urgency: \_\_\_\_\_

(Discovery) (Engagement) (Planning) (Decision Making) (Evaluation) (Supports)

**Plan (s)**

A)

B)

C)

D)

**Action Steps:**

1.

2.

3.

4.

5.