



CONFIDENTIAL
ASSESSMENT SUMMARY (AS)
Child on Child Assessment
(without Reporter Information)

Case Name	Intake Number	Intake Sub-Type	County
Date/Time Intake Received		Protective Investigator	
Date/Time Referral Closed		Protective Investigator Supervisor	

I. Special Condition Intake Narrative(s)

Sequence Type	Date/Time Received	Response Priority	Special Conditions Type
Narrative			

II. Participant(s)

Name	DOB	Age	Gender	Race	Role(s)

III. Assessment Implications

- A. Offense Characteristics

- B. Child Maltreatment History

- C. Social and Interpersonal Skill and Relationship

- D. Sexual Knowledge and Experience

- E. Academic and Cognitive Functioning

- F. Mental Health Issues

IV. Treatment Needs



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V. Services/Compliance Narrative

VI. Special Condition Response Summary

VII. Signatures

SIGNATURE – Protective Investigator

Date Signed

SIGNATURE – Protective Investigator Supervisor

Date Signed
