



## CONFIDENTIAL ASSESSMENT SUMMARY (AS) CHILD ON CHILD ASSESSMENT (with Reporter Information)

Case Name	Intake Number	Intake Sub-Type	County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date/Time Intake Received		Protective Investigator	
<input type="text"/>		<input type="text"/>	
Date/Time Referral Closed		Protective Investigator Supervisor	
<input type="text"/>		<input type="text"/>	

### I. Special Condition Intake Narrative(s)

Sequence Type	Date/Time Received	Response Priority	Special Conditions Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Reporter Information</b>	Reporter Name	Reporter Type	Reporter Requests Contact
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Caller ID	Home Phone	Work Phone
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Reporter Narrative		
<input type="text"/>			
Source Information			
<input type="text"/>			
Narrative			
<input type="text"/>			

### II. Participant(s)

Name	DOB	Age	Gender	Race	Role(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### III. Assessment Implications

A.	Offense Characteristics
	<input type="text"/>
B.	Child Maltreatment History
	<input type="text"/>
C.	Social and Interpersonal Skill and Relationship
	<input type="text"/>
D.	Sexual Knowledge and Experience
	<input type="text"/>
E.	Academic and Cognitive Functioning
	<input type="text"/>

- Comment [ks1]:** The Case Name prefills with the name of the Case that is displayed on the ...
- Comment [ks2]:** The Intake Report Number ...
- Comment [ks3]:** The Investigative Sub-Typ ...
- Comment [ks4]:** The County is prefilled with ...
- Comment [ks5]:** The Date/Time the Intake ...
- Comment [ks6]:** The Protective Investigator ...
- Comment [ks7]:** The Date/Time Investigat ...
- Comment [ks8]:** The Protective Investigat ...
- Comment [ks9]:** The Special Condition Inta ...
- Comment [ks10]:** The Sequence Type is ...
- Comment [ks11]:** The Date/Time intake ...
- Comment [ks12]:** The Response Priority is ...
- Comment [ks13]:** The Special Conditions ...
- Comment [ks14]:** The Reporter Type is ...
- Comment [ks15]:** The Reporter Type is ...
- Comment [ks16]:** The Report Method is ...
- Comment [ks17]:** The Reporter Requests ...
- Comment [ks18]:** The Caller ID is prefilled ...
- Comment [ks19]:** The Home Phone is ...
- Comment [ks20]:** The Other Phone is ...
- Comment [ks21]:** The Work Phone is prefil ...
- Comment [ks22]:** The Reporter Narrative if ...
- Comment [ks23]:** The Source Information ...
- Comment [ks24]:** The Narrative is prefilled ...
- Comment [ks25]:** The Name is prefilled with ...
- Comment [ks26]:** The DOB is prefilled from ...
- Comment [ks27]:** The Age is prefilled from ...
- Comment [ks28]:** The Gender is prefilled ...
- Comment [AB29]:** This will now pre-filled ...
- Comment [ks30]:** The Race is prefilled from ...
- Comment [ks31]:** The Role is prefilled with ...
- Comment [ks32]:** The system will prefill thi ...
- Comment [ks33]:** The system will prefill thi ...
- Comment [ks34]:** The system will prefill thi ...
- Comment [ks35]:** The system will prefill thi ...
- Comment [ks36]:** The system will prefill thi ...

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the Florida Safe Families Network is subject to the penalty provisions of s. [39.202](#).



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F. Mental Health Issues

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IV. Treatment Needs

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V. Services/Compliance Narrative

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VI. Special Condition Response Summary

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VII. Signatures

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SIGNATURE – Protective Investigator	Date Signed
SIGNATURE – Protective Investigator Supervisor	Date Signed

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**Comment [ks37]:** The system will prefill this field with the text for Mental Health Issues as displayed on the Results tab of the Special Condition Referral. This information is not editable on the template.

**Comment [ks38]:** The system will prefill this field with the text for Treatment Needs as displayed on the Results tab of the Special Condition Referral. This information is not editable on the template.

**Comment [ks39]:** The system will prefill this field with the text for Services/Compliance Narrative from the Services/Compliance Narrative text box on the most recent Child on Child Assessment completed for this Special Conditions Referral. This information is not editable on the template.

**Comment [ks40]:** The system will prefill this field with the text for Special Condition Response Summary as entered in the text box on the Narrative/Outcome tab of the Special Condition Referral. This information is not editable on the template.