SCREENING FORM

Specific Allegations (Describe specific behaviors and conditions. Include where and when incidents occurred.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Assessment Factors: (Strengths and weaknesses)

1. Child/Children Factors (Vulnerability and history of abuse and neglect)_____
_____
_____

2. Caretaker Household Member Factors _____
_____
_____
_____

OVER

3. Family Environment

_____
_____
_____

Collateral Contacts _____
_____
_____
_____

Screener Risk Tag High_____ Moderate_____ Low_____ No____

Basis for Risk Tag _____
_____
_____
_____

Disposition: Accepted _____ Unaccepted_____
For Assessment/
Investigation

Response Time:

Immediate _____

24 Hours _____

Other _____

Screener _____ Supervisor _____