



## CONFIDENTIAL ASSESSMENT SUMMARY (AS) Child on Child Assessment (without 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"/>
Narrative			
<input style="height: 40px;" 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 style="height: 20px;" type="text"/>
B.	Child Maltreatment History
	<input style="height: 20px;" type="text"/>
C.	Social and Interpersonal Skill and Relationship
	<input style="height: 20px;" type="text"/>
D.	Sexual Knowledge and Experience
	<input style="height: 20px;" type="text"/>
E.	Academic and Cognitive Functioning
	<input style="height: 20px;" type="text"/>
F.	Mental Health Issues
	<input style="height: 20px;" type="text"/>

### IV. Treatment Needs

<input style="height: 20px;" type="text"/>
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### V. Services/Compliance Narrative

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](#).

**Comment [ks1]:** The Case Name prefills with the name of the Case that is displayed on the header of the Special Condition Referral and is not editable on the template.

**Comment [ks2]:** The Intake Report Number is system derived and view only in the Header on the Special Condition Referral page and is not editable on the template.

**Comment [ks3]:** The Investigative Sub-Type is system derived and view only in the Header on the Special Condition Referral page and is not editable on the template.

**Comment [ks4]:** The County is prefilled with the name of the county of the worker displayed as the Primary Investigator on the Referral Information Tab of the Special Condition Referral and is not editable on the template.

**Comment [ks5]:** The Date/Time the Intake Received field prefills from the Date and Time ...

**Comment [ks6]:** The Protective Investigator ...

**Comment [ks7]:** The Date/Time Investigat ...

**Comment [ks8]:** The Protective Investigati ...

**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 Narrative is prefilled ...

**Comment [ks15]:** The Name is prefilled wi ...

**Comment [ks16]:** The DOB is prefilled fro ...

**Comment [ks17]:** The Age is prefilled from ...

**Comment [ks18]:** The Gender is prefilled ...

**Comment [AB19]:** This will now pre-filled ...

**Comment [ks20]:** The Race is prefilled fro ...

**Comment [ks21]:** The Role is prefilled with ...

**Comment [ks22]:** The system will prefill thi ...

**Comment [ks23]:** The system will prefill thi ...

**Comment [ks24]:** The system will prefill thi ...

**Comment [ks25]:** The system will prefill thi ...

**Comment [ks26]:** The system will prefill thi ...

**Comment [ks27]:** The system will prefill thi ...

**Comment [ks28]:** The system will prefill thi ...



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**Comment [ks29]:** 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 [ks30]:** 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.

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**VI. Special Condition Response Summary**

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**VII. Signatures**

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**SIGNATURE** – Protective Investigator

Date Signed

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**SIGNATURE** – Protective Investigator Supervisor

Date Signed

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