



**CONFIDENTIAL
ASSESSMENT SUMMARY (AS)
CHILD ON CHILD ASSESSMENT
(with 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
Reporter Information	Reporter Name	Reporter Type	Reporter Requests Contact
	Caller ID	Home Phone	Work Phone
	Reporter Narrative		
	Source Information		

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

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

IV. Treatment Needs

V. Services/Compliance Narrative

VI. Special Condition Response Summary

VII. Signatures

SIGNATURE – Protective Investigator

Date Signed

SIGNATURE – Protective Investigator Supervisor

Date Signed
