

State of Illinois
Department of Children and Family Services
Safety Plan Team Assessment Meeting Form

| Meeting Information: | |
|----------------------|--|
| Case Name: | |
| SCR Number: | |
| Current Safety Plan: | |
| Meeting Facilitator: | |
| Meeting Date/Time: | |
| Meeting Location: | |

| Investigation Information: | |
|----------------------------|--|
| Hotline Report Date: | |
| Initial CERAP Date: | |
| Initial Safety Plan Date: | |
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| Individuals Attending Meeting | | | | |
|-------------------------------|---------------------|---------------------|-----------------------------|----------|
| Attendee Name | Contact Information | Family Relationship | Relationship to Safety Plan | Comments |
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| Individuals NOT Attending Meeting | | | | |
|-----------------------------------|---------------------|---------------------|-----------------------------|----------|
| Invitee Name | Contact Information | Family Relationship | Relationship to Safety Plan | Comments |
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CASE NAME: _____

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Meeting Information

(Please include strengths of family. Note if anyone attended only part of the meeting.
Note any risk or safety issues.)

CASE NAME: _____

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Safety Plan Team Assessment Meeting Outcomes

(Please include strengths of family. Note if anyone attended only part of the meeting.
Note any risk or safety issues.)

CASE NAME: _____

