MASTER’S LEVEL CONSULTATION DOCUMENTATION

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| --- | --- | --- |
| **County:** |       |  |
| **Circuit:**  |       |  |
| **Date of Consultation:**  |        |  |
| **Case Number:** |       |  |
| **Worker Name:** |        |  |
| **Supervisor Name:** |       |  |
| **Supervisor Consultation Date/Time:** |       | **/**  |       |  |
| **If Child has already been placed outside of their home (Date child(ren) placed in AC or in a TAPA):**  |
|  |  |
| **Current placement(s):** |
| **Name of authorized entity that made or is making decision to place (i.e. police, juvenile officer, etc.):** |
| **Child(ren)’s Name** | **Age** |
|       |       |
|       |       |
|       |       |
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|       |       |
| **Why was/were the child(ren) brought to the attention of Children’s Division:**      |
| *What are the Imminent Threats of Serious Harm?*      |
| *What are the Parent/Guardian Protective Capacities?*       |
| *What are the child(ren)’s vulnerabilities?*       |
| **CD’s Recommendation derived from consultation (document facts related to why placement was or was not recommended):**      |
|  |
| Method of contact (Telephone, In-Person, etc.):  |       |
| Master’s Level Consultant Name:  |       |
| Consultant’s Credentials: |       |
| Name of Staff who contacted Consultant: |       |
|       |  |       |
| Master’s Level Consultant Signature |  | Date of Recommendation |

CD-299 (Rev 6/2021)