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)