RESET

Family Assessment Map

Family Name: _____ Date: _____

What are we worried about? (Harm & Future Danger)	What's working well? (Strengths & Demonstrated Safety)	What needs to happen? (Safety goals and next steps in working toward safety)
Past Harm Reported Harm Agreed Upon Harm	**Strengths**	**Agency Goals**
Future Danger	**Demonstrated Safety**	**Family Goals**
Complicating Factors		**Next Steps**

Safety Scale: On a scale of 0 to 10, where 10 means everyone is confident the children are safe enough for Children's Division to close the case and 0 means there is not enough safety for the children to live at home, where do we rate the situation? (Place different people's assessment on the continuum.)

0 10

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CD-220 (REV12/15)

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