

# MASTER'S LEVEL CONSULTATION DOCUMENTATION

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

Child(ren)'s Name	Age

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