

Strengths and Needs Update

CATEGORY	ASSESSMENT ELEMENT	Is this element currently contributing to risk for anyone in the family?	
Child Functioning	Self Protection	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Physical/Cognitive/Social Development	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Emotional/Behavioral Functioning	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Adult Functioning	Cognitive Abilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Physical Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Emotional/Mental Health Functioning	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Domestic Relations (Domestic Violence)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Substance Use	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Response to Stressors	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Parenting Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Family Functioning	Family Roles, Interactions, and Relationships	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Resource Management and Household Maintenance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Extended Family, Social and Community Connectedness	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Historical	Caretaker's Victimization of Other Children	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Caretaker's Abuse/Neglect as a Child	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Impact of Past Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO

1. Consider the elements above and the impact of provided services as discussed in Section 3A. Describe what family dynamics, new life events, or underlying conditions which continue to create or increase the likelihood of maltreatment to a child. For children in PC, describe what child characteristics continue to be identified as a need.

2. Summarize the key case activities, including the frequency and type of agency visits with parent or caretaker and child, which have occurred since the last assessment or review.

3. If applicable, describe the quality of visitation between the parent(s) and child(ren) placed out of the home which has occurred since the last assessment or review.

N/A – Child(ren) are not placed out of the home.

4. If applicable, describe the quality of visitation between siblings placed separately which has occurred since the last assessment or review.

N/A – Child(ren) are not placed separately.