**Signs of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Family Name Worker: Date:

|  |  |  |
| --- | --- | --- |
| **What are we Worried About?** | **What’s Working Well?** | **What Needs to Happen?** |
| **Past concerns****Worry Statement****Complicating factors** | **Strengths****Safety** | **Well-being goal****Next steps** |
| **On a scale of 0 to 10 where 10 means everyone knows the family are strong enough to thrive without our involvement, and zero means the children are in danger of being harmed, where do we rate this situation? (If different judgements place different people’s number on the continuum).**1. **10**
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