

State of Illinois  
Department of Children and Family Services  
**Safety Plan Team Assessment Meeting Form**

Meeting Information:	
Case Name:	
SCR Number:	
Current Safety Plan:	
Meeting Facilitator:	
Meeting Date/Time:	
Meeting Location:	

Investigation Information:	
Hotline Report Date:	
Initial CERAP Date:	
Initial Safety Plan Date:	

Individuals Attending Meeting				
Attendee Name	Contact Information	Family Relationship	Relationship to Safety Plan	Comments

Individuals NOT Attending Meeting				
Invitee Name	Contact Information	Family Relationship	Relationship to Safety Plan	Comments

CASE NAME: \_\_\_\_\_

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**Meeting Information**

(Please include strengths of family. Note if anyone attended only part of the meeting.  
Note any risk or safety issues.)

CASE NAME: \_\_\_\_\_

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**Safety Plan Team Assessment Meeting Outcomes**

(Please include strengths of family. Note if anyone attended only part of the meeting.  
Note any risk or safety issues.)

**CASE NAME:** \_\_\_\_\_

