

Family/Child's Name:

Worker:

Date:

### Signs of Safety Assessment, Planning, Supervision Form for Dad

What Are We Worried About regarding Dad?	What is Dad doing well?	What Needs to Happen?	
<p><b>History or past harm for dad or regarding dad?</b></p> <ul style="list-style-type: none"><li>•</li></ul> <p><b>Current worries or complicating factors for or with dad?</b></p> <ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>	<p><b>Dad's next steps</b></p> <ul style="list-style-type: none"><li>•</li></ul>	<p><b>Worker/Agency next steps</b></p> <ul style="list-style-type: none"><li>•</li></ul>
<p><b>Safety Scale: Safety Scale:</b> Rate the situation on a scale of 0 – 10, where 0 meaning dad is not involved with the youth(s) at all and 10 being as involved as possible with this youth(s). Where would you rate this dad currently? What would need to happen to get one number higher?</p>			

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