**Name of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date/Time/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Interaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GENOGRAM**

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| **INFORMATION PROVIDED BY WORKER** |

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| **GENERAL NOTES** |

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| **What are we worried about?** | **What’s working well?** | **What needs to happen?** |
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| **What are we worried about?** | **What’s working well?** | **What needs to happen?** |
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| **What are we worried about?** | **What’s working well?** | **What needs to happen?** |
|  |  |  |
| **What are we worried about?** | **What’s working well?** | **What needs to happen?** |
|  |  |  |
| **Immediate Safety** (Safety Assessment)**Immediate Safety Scaling Question:** On a scale of 0–10 where 10 is, you’re confident the child(ren) will be safe enough staying where they are while the assessment is completed and 0 is the child(ren) are likely to be seriously hurt if they stay where they are even for tonight, where would you rate it? |
| **Immediate Safety Ratings:**010Date:

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Rating** |
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| **Reasons for Ratings:** |
| **TDM Referral***.**[ ]  Yes; confirm with supervisor**[ ]  Maybe; consult with supervisor**[ ]  No* |
| **Lasting Safety** (Risk Assessment)**Lasting Safety Scaling Question:** On a scale of 0–10, where 10 is you’re confident the kids will grow up safe and well enough without child protection involvement and 0 is you’re very worried they will suffer serious harm at some point unless the family gets help, where would you rate it?010 |
| **0 is…** | **Lasting Safety Ratings**Date:

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Rating** |
|  |  |  |
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 | **10 is…** |
| **Reasons for Ratings:** |