

**CHILD PROTECTION CONFERENCE: PROFESSIONAL VIEWS ON CHILD(REN)’S PLAN**

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| CHILDS FAMILY NAME: |  |
| PROFESSIONAL NAME: |  |
| AGENCY: |  |
| ROLE: |  |

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| CHILD’S NAME | CIN | CP | CATEGORY |
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| HOW SAFE IS THE CHILD (PLEASE CIRCLE) |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **NOT SAFE** | **SAFE** |

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| REASON FOR DECISIONS: |
|  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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