

**ASSESS: SAFETY/PERMANENCY ASSESSMENT**[Back](#)**Wellbeing Assessment**

Child Name [REDACTED]

Questions:

1. Is the child currently living in a safe environment?

- Yes
 No

2. Does the child feel safe around all of the other members of the household/residence?

- Yes
 No

3. Does the child have access to nutritious food, sufficient personal care facilities and appropriate clothing on a daily basis?

- Yes
 No

4. Does the child have a bed and/or sleeping facilities sufficient to allow uninterrupted sleep at night?

- Yes
 No

5. Was the child safe from abuse/neglect in the past 6 months in their placement?

- Yes
 No

6. Did the permanency goal for this child change within the past 6 months?

- Yes
 No

7. Is the child's case moving at a reasonable pace towards the permanency goal?

- Yes
 No

8. Has the child generally experienced placement stability with no changes in the past 6 months?

Yes

No

9. Does the child's placement appear to be stable and sufficient to meet the child's needs for the next 6 months or more?

Yes

No

Has all possible been done for child?

Notes

(0 out of 5000)

Save