

SOP Contact Template

Here a template for SOP child contact that is being used by 1 county. This is just an *example*. If you are an SOP county, please change and add narrative to meet your counties needs and address Division 31 requirements

CHILD F/F CONTACT GUIDE:

CHILD:

LOCATION OF VISIT:

SW met with the child at (location) in (private presence of ____) for (amount of time spent with child).

SPECIAL SKILLS ACCOMMODATION:

THREE HOUSES (done every 6 months):

House of Worries:

House of Good Things:

House of Dreams:

SAFETY HOUSE:

Who lives in the house:

Rules of the house:

What people do in the house:

What needs to be in the house to keep children safe:

Who visits the house:

Who cannot visit and why:

SOLUTION FOCUSED QUESTIONS:

SCALING QUESTION:

Child is a in regards to .

What brings child's number up to that is .

Child is at a because .

For child's number to be $\frac{1}{2}$ or 1 point higher, .

WHAT IS GOING WELL:

WHAT ARE THE WORRIES:

COMPLICATING FACTORS:

SAFETY SUPPORT NETWORK:

SAFETY AND PHYSICAL CONDITION OF CHILD:

BODY CHECK:

HOME ENVIRONMENT:

MEDICAL/DENTAL/MENTAL HEALTH:

EDUCATIONAL/DEVELOPMENTAL:

SOCIAL:

BIO FAMILY:

SERVICES:

INDEPENDENT LIVING PLAN (ILP) SERVICES: