Transportation Assessment Form

Date:	District Office:			
Name of Child	of Child: MIS #			
Age:	Gender: Male Female			
Status: A/	atus: A/N Custody CHINS(C) Del.Custody Prob.Detention EDO (no family # assigned)			
Transport from:				
Destination:				
Criteria for Approval of Secure Transport (At least one of the following criteria must be met in order to				
approve secure transportation.)				
	Immediate risk to run away or history of serious behavior on previous runaway.			
Briefly describe:				
Recei	Recent behavior indicating that the child may risk his or her own safety:			
	Self-harming gestures with voiced intent to continue self-harm			
	Voiced intent to engage in suicidal behavior			
	Suicide attempt made			
	Child is agitated and out of control			
	Threat to leave a moving vehicle			
	History of leaving or attempting to leave a moving vehicle			
Briefly describe:				

	Recent behavior indicating that the child may risk the safet	ty of another person:		
	☐ Verbal threats to harm others			
	 □ Unpredictable or impulsive violent episode(s) □ Planned episodes(s) of violence □ Violent singular episode with no previous history of violence □ Violent episodes over this following period of time: □ Child is agitated and out of control. 			
	Adjudication as delinquent or adult on charge of assault, aggravated assault, sexual			
	assault or aggravated sexual assault			
	☐ Use, possession of or attempted possession of weapo	n		
	(If yes, search before transporting)			
	☐ Dangerous behavior in vehicle			
Briefly	describe:			
Briefly	Briefly explain why risk cannot be controlled using non-secure transportation:			
Social Worker's Signature		Date		
Super	visor's Review			
	Child can be transported with one adult.			
	Child can be transported non-securely with two adults.			
	Secure transportation is required.			
Supervisor's Signature		Date		
	~~Provide signed copy of form to trans	porter~~		