

**INTERAGENCY DRUG ENDANGERED CHILDREN PROGRAM
Post-Collaboration Survey**

GENERAL INFORMATION

Date:	Time:	County:
Location:		
Classification:		
<input type="checkbox"/> Criminal <input type="checkbox"/> Non-Criminal		
Children:		
How Many? _____ Sex/Ages: _____		
Incident Synopsis:		

ACTION TYPE

<input type="checkbox"/> Law Enforcement Initiated: _____ _____
<input type="checkbox"/> Social Services Initiated: _____ _____

IMPRESSIONS/FEEDBACK

Collaboration Synopsis:		
Perceived Positives:	Perceived Negatives:	Recommendations: