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Description automatically generated**Information Sharing and Consent:**

As the person helping you to complete this form has explained, we want to be able to provide services to you and your family.

To do this efficiently, we will need to share some of the personal information you have supplied with services already working

with you or that you may benefit from.  Please agree to this by signing below.

*I agree to the sharing of information between the relevant agencies and all family members including young people as appropriate. I understand that the information gathered regarding my family is recorded and will be securely stored and used for the purpose of providing services to my family and may also be used for monitoring and auditing.*

**Parent/Carer Name:** ……………………… **Signature** ……………..……… **OR tick box to confirm verbal consent gained Date:** ………………

Is there anyone you do NOT want us to share information with?

*If this form is being used to carry out a statutory duty and no consent is needed, please state the relevant statutory duty……………………………………………*

**Is the child/young person aware of this assessment taking place?** Yes / No

|  |  |  |
| --- | --- | --- |
| **Name of Referrer** | **Role & Organisation** | **Email & phone number** |
|  |  |  |

**Family Details** *(Please include all family member details and as much information as possible to enable quick access to support)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname, Forename/s** | **Address** | | **DoB** | **Gender** | **Ethnicity** | **Relationship to Child/ young person 1** | **Current Educational setting** | **Attendance%** | **Exclusions** |
|  |  | |  |  |  | N/A Child/YP 1 |  |  |  |
|  |  | |  |  |  |  |  |  |  |
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| **The purpose of this form is:** | |  | | | | | | | |

|  |  |
| --- | --- |
| **People with parental responsibility** |  |
| **Contact details** (include phone numbers) |  |
| **Significant other trusted adults** |  |
| **Risks:** *anything that may be a risk to the family or professionals including dogs, substance misuse, any history of aggression or violence, weapons.* |  |
| **Communication needs/preferences:** |  |

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***Please complete all sections with coloured headings. Complete the grey sections if there are school-aged children/young people***

**Details of all known agencies/professionals involved, the impact of their involvement and any referrals made for additional support:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Named professional** | **Role & Organisation** | **Work undertaken & impact so far** | **Email & Phone Number** |
|  |  |  |  |
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| **If for Alternative Provision, 0-5 SEND, Managed Move, Reduced timetables, Internal Inclusion Provision or Exclusion please give details of the curriculum that has been accessed and learning levels:** | | | |
| **Special Educational Needs & Disabilities (SEND) / Sheffield Support Grid Information:** *(format with grid levels & state if moderated)* | | | |
| **Important/significant life events that professionals need to be aware of:** *(e.g. bereavement, parental separation, big family changes)* | | | |
| **Are there any young carers in this family?** *(give details)* | | | |
| **Have the family received additional Early Help support before?** *If so please give some brief details.* | | | |

**Family’s view: how are things going?** 1 2 3 4 5 6 7 8 9 10

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*Please discuss and agree with the family and young person whether this form is going to be used to request additional support from other Early Help services.*

|  |  |  |  |
| --- | --- | --- | --- |
| **What I need help with or worry about** | **What is good in my life and I enjoy** | **My hopes and wishes for the future** | **What support do I need?** |
|  |  |  |  |

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Description automatically generated**Child/Young Person’s Voice: (***add lines as needed)* **Captured by** *………………………….* **When & where***………………………………..*

|  |  |  |  |
| --- | --- | --- | --- |
| **Parents & Professionals Voice:** | (*state any differences in opinion)* |  |  |
| **WHAT ARE WE WORRIED ABOUT?** | **WHAT’S GOING WELL?** | **PLANNED NEXT STEPS** | ***What are your best hopes from this assessment?*** |
| **Education/Training & Employment** | **Education/Training & Employment** | **Education/Training & Employment** | **Education/Training & Employment** |
|  |  |  |  |
| **Health** | **Health** | **Health** | **Health** |
|  |  |  |  |
| **Independence skills** | **Independence skills** | **Independence skills** | **Independence skills** |
|  |  |  |  |
| **Care, Family & Community Factors (including housing issues)** | **Care, Family & Community Factors** | **Care, Family & Community Factors** | **Care, Family & Community Factors** |
|  |  |  |  |