

Note: Please refer to the CYSCB Procedures for information on the Child Protection Process. Please ensure that the report is completed legibly in black ink, as it is helpful for photocopying. It is acceptable to write 'No information so far as I am aware' in sections about which you have no information.

YOUR DETAILS

Surname	Forename
Position	
Agency	
Address	

CHILD / YOUNG PERSON'S DETAILS (Please check the spelling of names and addresses)

Surname	DoB	Age	Forenames
Surname	DoB	Age	Forenames
Surname	DoB	Age	Forenames
Surname	DoB	Age	Forenames
Surname	DoB	Age	Forenames
Address			

YOUR AGENCYS INVOLVEMENT

What is the focus of your agencies work?

Please provide a brief description of your current work with the family

Brief chronology of significant events

Please provide dates along with a **brief** description of significant events. This should include any injuries to the child, incidents of domestic violence, failed appointments etc. All recorded events must be factual

Date	Event

Additional Information

Please provide any additional information, which you believe is relevant.

INFORMATION ABOUT THE CHILDREN (Please use separate sheets for each child)

Please provide any relevant information about the child's health, emotional and behavioral development and educational progress, family and social relationships, parenting capacity, environmental factors.

This information will assist in making an accurate and timely initial assessment of the child's needs.

ASSESSMENT OF RISK

Please identify any factors that pose a risk to the child/ren, including the behaviour or attitudes of carers

Risk factors

Please identify any factors that potentially act to protect the child/ren within and outside of the family

Protective factors

CHILDREN'S VIEWS (If known)

Please record your understanding of the child's views. However, their views should not be sought unless it is your role to work directly with the child/ren

CARER'S VIEWS

Has this report been shared with the parents / carers?

What are the carer's / parent's views?

Please record your understanding of the carers views. However, this is only appropriate for those agencies working directly with the parents

FUTURE PLANS

What is your agency's future plans for working with the child or family?

Name

Discussed with Manager?

When?

Signature

Date

Manager's Signature

Date