|  |  |
| --- | --- |
| 1. **Core Therapists** |  |
| **Name of Therapist(s) involved** | **Contact Details** |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ASSESSMENTS AVAILABLE FROM KEY AGENCIES? e.g. Core Assessment, Court Assessment** | | | | |
| **Document** | | **Date Requested** | | **Date Received** |
|  | |  | |  |
| 1. **HEALTH INFORMATION** | | | | |
| **Primary Disability** ( Please Circle Appropriate) | **Autism/ASD** | | **Sensory Impairment** | |
| **Physical Disability** | | **Complex Health** | |
| **Learning Disability** | | **Life Limited** | |
| **Other** | | **None** | |
| **Secondary Disability** ( Please Circle Appropriate) | **Autism/ASD** | | **Sensory Impairment** | |
| **Physical Disability** | | **Complex Health** | |
| **Learning Disability** | | **Life Limited** | |
| **Other** | | **None** | |
| **Current medication** |  | | | |
| **Allergies** |  | | | |
| **Special dietary needs** |  | | | |

|  |  |
| --- | --- |
| 1. **SIGNFICIANT FAMILY OR HOUSEHOLD MEMBERS** | |
| **Other members of the Family or Household who are significant to the YP – birth parents, siblings, grandparents etc.** | |
| **Name** | **Nature of Relationship to child/young person. Age of Siblings.** |
|  |  |
|  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Individual Risk Assessment *To be completed prior to undertaking work:*** | | | | | | | | | |
| **Name of Child/Young Person** | | **Age / DOB** | | | **Gender** | | | **Ethnic Origin** | |
|  | |  | | |  | | |  | |
| **Home Address** | | **School Address** | | | | | | **Contact Telephone numbers** | |
|  | |  | | | | | |  | |
| **Type of work (please tick)** | | | **Support** |  | | **Therapy** |  | **Transport** |  |
| **Person**  **Completing**  **Form** |  | | | **Others**  **Consulted** | |  | | **Date** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please mark relevant areas and give details of CURRENT risks and needs:** | | | | | |
| **Area of risk:** | **Low** | **Med** | **High** | **Details** | **Action to minimise risk** |
| **Verbal aggression** |  |  |  |  |  |
| **Physical aggression** |  |  |  |  |  |
| **Wandering off, absconding cancellations** |  |  |  |  |  |
| **Offending behaviour** |  |  |  |  |  |
| **Self-harming behaviour** |  |  |  |  |  |
| **Substance/drug misuse** |  |  |  |  |  |
| **Sexualised behaviour towards other children/adults** |  |  |  |  |  |
| **Allegations** |  |  |  |  |  |
| **Problems when transporting child** |  |  |  |  |  |
| **Activities to be avoided** |  | | | **Communication needs: (e.g. SALT assessment)** |  |