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

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| **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**  |  |

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| 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.**  |
|  |  |
|  |  |

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| **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** |  |

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| **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)** |  |