**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.

**Name:** Click or tap here to enter text. **Signature:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

Is there anyone you do NOT want us to share information with? Click or tap here to enter text.

*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?** Choose an item.

**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** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item.  | Click or tap here to enter text. | N/A Child/YP 1 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item.  | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item.  | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item.  | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **The purpose of this form is:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **People with parental responsibility** | Click or tap here to enter text. |
| **Contact details** (include phone numbers) | Click or tap here to enter text. |
| **Significant others living with or caring for the child/young person and trusted adults**  | Click or tap here to enter text. |
| **Risks:** *anything that may be a risk to the family or professionals including dogs, substance misuse, any history of aggression or violence, weapons.* | Click or tap here to enter text. |
| **Communication needs/preferences:** | Click or tap here to enter text. |



***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** |
| **Name of assessor/referrer:** Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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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:** Click or tap here to enter text. |
| **Special Educational Needs & Disabilities (SEND) / Sheffield Support Grid Information:** *(format with grid levels & state if moderated)*Click or tap here to enter text. |
| **Important/significant life events that professionals need to be aware of:** *(e.g. bereavement, parental separation, big family changes)*Click or tap here to enter text. |
| **Are there any young carers in this family?** *(give details)*Click or tap here to enter text. |
| **Have the family received additional Early Help support before?** *If so please give some brief details.*Click or tap here to enter text. |

**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?** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Child/Young Person’s Voice: (***add lines as needed)* **Captured by**Click or tap here to enter text.**When & where***…*Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Health**  | **Health** | **Health** | **Health** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Independence skills** | **Independence skills** | **Independence skills** | **Independence skills** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Care, Family & Community Factors (including housing issues)** | **Care, Family & Community Factors**  | **Care, Family & Community Factors**  | **Care, Family & Community Factors**  |
| Click or tap here to enter text.  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |