

# On Track



## INITIAL REFERRAL ASSESSMENT FORM

Name of Child \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

### Child/young person's development needs:

The purpose of this section is to identify areas of strength and areas of development need, in order to assist you to determine whether this child/young person requires services to achieve a reasonable standard of development or to prevent significant impairment of his/her health and development.

Please give details including strengths and current needs:

<b><u>Health</u></b> Birth Generic factors Diet Immunisation Dental Optical Mental Health
<b><u>Education</u></b> SEN Attendance Bullying Achievement
<b><u>Emotional and behavioural development: Self care Skills</u></b> Expressiveness Attachments Temperament Response to change Express feelings
<b><u>Identity and social presentation</u></b> Appearance Cleanness Personal Hygiene Parental guidance Culture
<b><u>Family and social relationships</u></b> Siblings Parents Peers Significant other

Parents'/carers' capacities to respond appropriately to the child/young person's need  
(where known)

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Please record strengths as well as difficulties/problems

<b><u>Basic Care : Provision</u></b> Food Warmth Shelter Clothing Health
<b><u>Ensuring safety : Protection</u></b> Harm Danger Self-Harm Hazards
<b><u>Emotional warmth</u></b> Value Affection Sensitivity Praise Responsive
<b><u>Stimulation : Opportunities</u></b> Social Learning Play language <u>Experience</u>
<b><u>Guidance and boundaries</u></b> Sanctions Rewards Problem solving Anger managemen
<b><u>Stability : secure attachments</u></b> Family School Home Friends

**Issues affecting parents'/carers' capacities to respond appropriately to the child/young person's needs.**

It is important to be aware of parent(s)/carer(s)' strengths as well as any difficulties they are experiencing.

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Research shows that the following are most likely to affect parenting capacity: physical illness; mental illness; learning disability; substance/alcohol misuse; domestic violence; childhood abuse; history of abusing children.

<b>Issues</b>	Substance misuse	<input type="checkbox"/>
	Alcohol misuse	<input type="checkbox"/>
	Domestic violence	<input type="checkbox"/>
	Physical illness	<input type="checkbox"/>
	Mental illness	<input type="checkbox"/>
	Learning disability	<input type="checkbox"/>

## Family and environmental factors which impact on the child and family

Please give details of history and current situation

<b><u>Family history and functioning (where known)</u></b>
<b><u>Social resources: Wider family; community resources; social integration (where known)</u></b>
<b><u>Housing</u></b> Rented
<b><u>Employment, income (please include information concerning financial difficulties) (where known)</u></b>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Agency: \_\_\_\_\_