

Family Name: _____

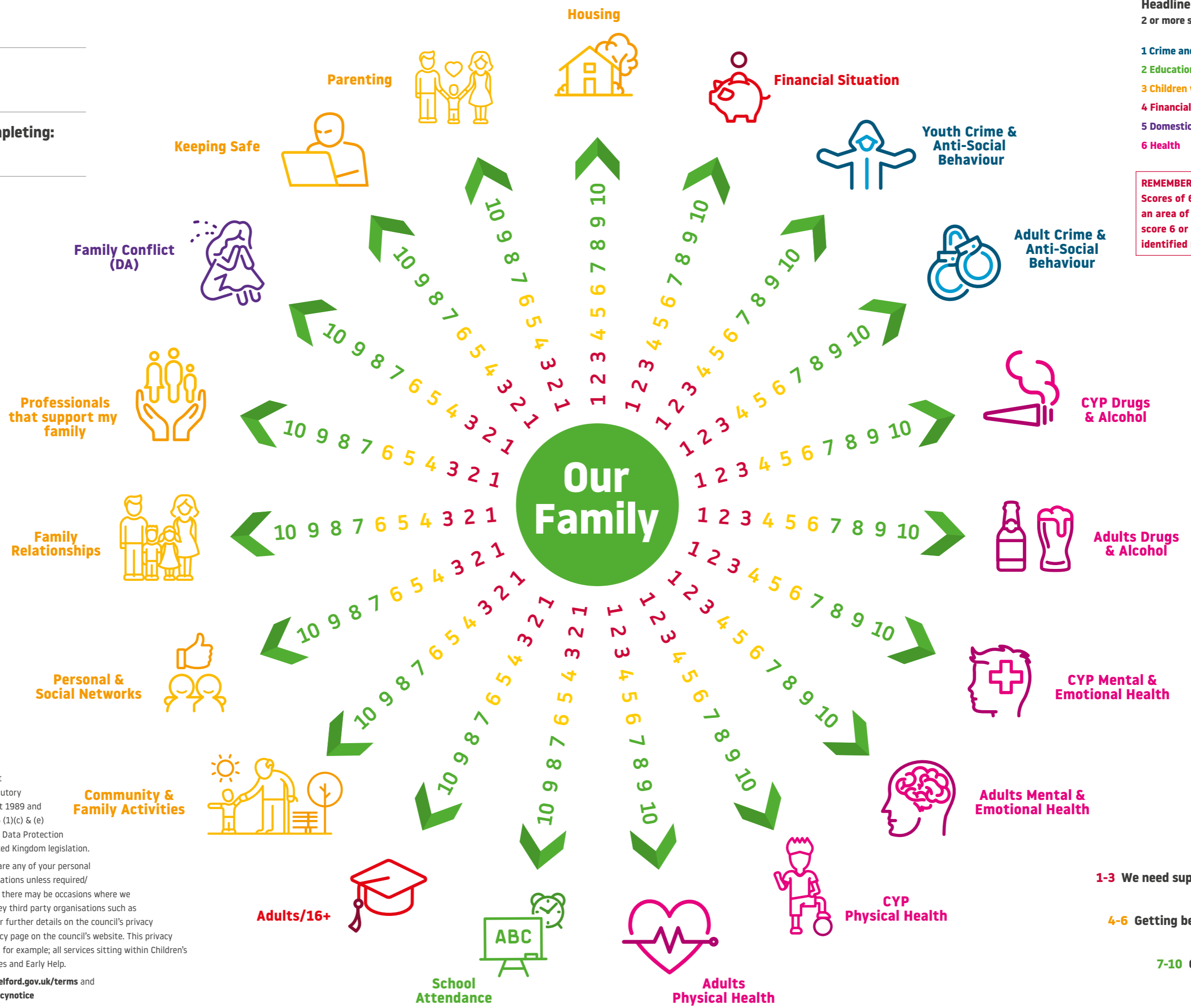
Practitioner Name: _____

Name of person completing: _____

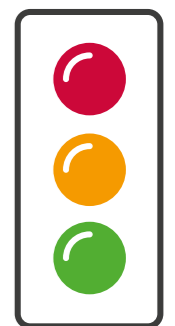
Headline Criteria
2 or more separate criteria required

- 1 Crime and ASB
- 2 Education
- 3 Children who need Help
- 4 Financial Exclusion & Employment
- 5 Domestic Abuse
- 6 Health

REMEMBER!
Scores of 6 or below indicates an area of need or concern, only score 6 or below if there is an identified need.



- 1-3 We need support
- 4-6 Getting better
- 7-10 Good



Privacy Notice

I understand that:
Telford & Wrekin Council Children's Services are collecting your personal data to enable the best possible advice, care or support to be provided and to meet the statutory requirements under the Children Act 1989 and 2004, wider legislation and Article 6 (1)(c) & (e) and 9 (2)(c), (g) & (h) of the General Data Protection Regulations 2018 or equivalent United Kingdom legislation.

Telford & Wrekin Council will not share any of your personal data collected with external organisations unless required/ permitted to do so by law. However, there may be occasions where we request further information from key third party organisations such as Health or Provider organisations. For further details on the council's privacy arrangements please view the privacy page on the council's website. This privacy notice applies to Children's Services, for example; all services sitting within Children's Safeguarding, Strengthening Families and Early Help.

For further information see: www.telford.gov.uk/terms and www.telford.gov.uk/childrensprivacynotice

CRITERIA	SUPPORTING EVIDENCE Use this section to provide information that supports your score, i.e. if the score has increased or decreased, provide the reasons why
Housing	
Financial Situation	
Youth Crime and ASB	
Adult Crime and ASB	
Drugs and Alcohol (CYP)	Important Notice: If you have scored below a 7 in this domain please ensure that you specify in your evidence whether it is DRUGS OR ALCOHOL, if both are of a concern, use both words.
Drugs and Alcohol (Adults)	Important Notice: If you have scored below a 7 in this domain please ensure that you specify in your evidence whether it is DRUGS OR ALCOHOL, if both are of a concern, use both words.
Mental and Emotional Health (CYP)	
Mental and Emotional Health (Mental)	
Physical Health (CYP)	
Physical Health (Adult)	
School Attendance	
Education, Employment, Training	
Community and Positive Activities	
Personal Relationships	
Family Relationships	
Relationship with Support Services	
Domestic Abuse	
Ensuring Safety	
Parenting	

<p>PRACTITIONER COMMENTS Use this section to record any additional comments in support of your assessment. For practitioner use only.</p>	
<p>PARENT/CARER COMMENTS Use this section to record any additional comments that you would like to be recorded and taken into account.</p>	
<p>CHILD/YOUNG PERSON COMMENTS Use this section to record any additional comments that you would like to be recorded and taken into account.</p>	