



Assessment of child/young person

Name:		D.O.B:			
Address of current placement:					
Tick whichever is applicable:					
<input type="checkbox"/> Private C.U.	<input type="checkbox"/> home with family	<input type="checkbox"/> Foster Carers	<input type="checkbox"/> LA CU		
<input type="checkbox"/> special School	<input type="checkbox"/> Voluntary Children's home	<input type="checkbox"/> Secure Unit	<input type="checkbox"/> Hospital		
Assessment of Establishment:					
	Very Good	Good	Satisfactory	Poor	Very Poor
Quality of environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of carers regarding child's/young person's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to promote healthy values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to provide activities (structured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to provide activities (unstructured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's presentation on first meeting:						
How was the child/young person dressed?	Very Good	Good	Satisfactory	Poor	Very Poor	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the child/young person make eye contact immediately?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the child/young person greet you appropriately?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the child/young person pleased to see you?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, was the child/young person:						
Hostile	Rude	Impolite	Scared	Anxious	Obnoxious	Uninterested
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the child/young person forthcoming about him/herself?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, was this due to being:						
Scared	Anxious	Shy	Rude	Uninterested		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, was this: <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate						

About your life now

**Personal information
(To be completed with the child/young person)**

Favourite activities:

Food liked:

Food disliked:

Special diet:

Other likes/dislikes:

Favourite TV programme:

What other things are important?

Is there anything else we should know about you?

About School

Do you go to school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is the name of your school?					
What is the name of the last school you attended?					
Do you like school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Activities How did the child/young person respond when discussing the follow:					
	Very Good	Good	Satisfactory	Poor	Very Poor
Arts and craft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor pursuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports and games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cookery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woodwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal schoolwork, generally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life at Pear Tree in detail

Environment					
Living in the kind of environment described	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping their home in good order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Values and expectations					
Good table manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping clean and healthy / good hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating good balanced diets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing appropriately and having appropriate presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firm boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How did the child/young person respond to discussing their own:					
Difficulties / vulnerabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual problems (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the case of children/young people who have displayed inappropriate sexual behaviour, does he/she understand:	
The significance of their behaviour?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is appropriate and inappropriate behaviour?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they able to impose internal controls in their behaviour?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Referral Procedure
Part 2**

Summary					
Was the child/young person interested in hearing about life at Pear Tree? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, how did he/she respond to:					
	Very Good	Good	Satisfactory	Poor	Very Poor
Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Values and expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When asked to do something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To physical contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child/young person indicate that he/she would like to change their circumstances? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Any further comments:		
Signature:	Position:	Date: