

Pre-assessment checklist

Notes for use: If you are completing form electronically, text boxes will expand to fit your text
Where check boxes appear, insert an 'X' in those that apply.

Identifying details (For unborn baby, infant, child or young person; include contact name for parent/carer)

Name	<input type="text"/>	Contact name	<input type="text"/>
Date of birth	<input type="text"/>	Contact tel. no.	<input type="text"/>
Address	<input type="text"/>		

Checklist (Record evidence and comments in the white boxes below, where relevant)

Does the baby, child or young person appear to be:

• Healthy Yes No Not sure

• Safe from harm? Yes No Not sure

• Learning and developing? Yes No Not sure

• Having a positive impact on others?

Yes No Not sure

• Free from the negative impact of poverty?

Yes No Not sure

If you answered 'No' to any of the previous questions, what additional services are needed for the baby, child or young person or their parent(s), carer(s) or families?

Can you provide the additional services needed?

Yes No

If you answered 'No' or 'Not sure' to any of the previous questions, or it is not clear what support is needed, would an assessment under the Common Assessment Framework help?

Yes No

If you answered 'Yes' to the previous question, who will do this assessment?

I will Another practitioner will

Name of practitioner/agency

Date completed form