

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 Contact name

Date of birth or EDD¹ Contact tel. no.

Address

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

Does the unborn baby, infant, 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

¹ Expected date of delivery

• 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 unborn baby, infant, 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

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