|  |  |
| --- | --- |
|

|  |
| --- |
| **PART A: Must be completed by a Social Worker** |

 |
|

|  |
| --- |
| **Child's Name** |
|

|  |
| --- |
|  |

 |

 |
|

|  |
| --- |
| **Date of Birth** |
|

|  |
| --- |
|  |

 |

 |
|

|  |  |
| --- | --- |
| **Family composition** |  |
|

|  |
| --- |
|  |

 |  |

 |
|

|  |
| --- |
| **Mosiac / CareDirector ID** |
|

|  |
| --- |
|  |

 |

 |
|

|  |
| --- |
| **Social Worker** |
|

|  |
| --- |
|  |

 |

 |
|

|  |
| --- |
| **Legal Status** |
|

|  |  |  |
| --- | --- | --- |
|  | **Current** | **Details** |
| **CIN** | [ ]  |

|  |
| --- |
|  |

 |
| **CP** | [ ]  |

|  |
| --- |
|  |

 |
| **LAC** | [ ]  |

|  |
| --- |
|  |

 |
| **Other** | [ ]  |

|  |
| --- |
|  |

 |

 |

 |
|

|  |
| --- |
| **Updated Child’s Single Assessment – must be attached**  |

 |
|   **Attached** | [ ]  |

|  |  |
| --- | --- |
|

|  |
| --- |
| **1. Chronology of significant events *(date, event, impact on the child)*** |

 |
|

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

 |

 |

|  |  |
| --- | --- |
|

|  |
| --- |
| **2. Case Summary**  |

 |
|

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

 |

 |

**Team Manager Comments**

|  |  |
| --- | --- |
|

|  |
| --- |
| **3. Danger Statement** |

 |
|

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

 |

 |

|  |  |
| --- | --- |
|

|  |
| --- |
| **4. Child’s views**  |

 |
|

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

 |

 |

|  |  |
| --- | --- |
|

|  |
| --- |
| **5. Safety Goals**  |

 |
|

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

 |

 |

|  |  |
| --- | --- |
|

|  |
| --- |
| **6. Next steps and proposed plan *(including what further assessments are required)*** |

 |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| Action | By Whom  | By When |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |

 |

 |

|  |  |
| --- | --- |
|

|  |
| --- |
| **7. Request to panel**  |

 |
|

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

 |

 |

|  |  |
| --- | --- |
|

|  |
| --- |
| **Team Manager Comments** |

 |
|

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

 |

 |
|

|  |
| --- |
| **Team Manager Name** |
|

|  |
| --- |
|  |

 |

 |
|

|  |
| --- |
| **Date of Team Manager endorsement of Proposed Plan** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 |

 |

|  |  |
| --- | --- |
|

|  |
| --- |
| **Service Manager Comments** |

 |
|

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

 |

 |
|

|  |
| --- |
| **Service Manager Name** |
|

|  |
| --- |
|  |

 |

 |
|

|  |
| --- |
| **Date of Service Manager endorsement of Proposed Plan** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 |

 |
|

|  |
| --- |
| **Part B. Panel points for clarification** |

 |
|

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

 |

 |

|  |  |
| --- | --- |
|

|  |
| --- |
| **Part C. Panel Decisions** |

 |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| Action | By Whom  | By When |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |

 |

 |

|  |
| --- |
| **Date of meeting** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 |