|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | **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)*** | |
| |  |  | | --- | --- | | |  | | --- | |  | | |

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

**Team Manager Comments**

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

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

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

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

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

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

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| --- | --- |
| |  | | --- | | **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** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |