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| **CONTACT ASSESSMENT TOOL** |

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| Name of Child: |

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| **Strengths**Factors in the child associated with positive contact: |  | **Risks**Factors in the child associated with difficult or disruptive contact: |
|  |  |
| **Strengths**Factors in the adopters associated with positive contact: | **Risks**Factors in the adopters associated with difficult or disruptive contact: |
|  |  |
| **Strengths**Factors in the birth relative *[insert name and role]* associated with positive contact: | **Risks**Factors in the birth relative *[insert name and role]* associated with difficult or detrimental contact: |
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| *Add additional birth relatives as required* |

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| **Strengths**Factors associated with positive sibling contact: |  | **Risks**Factors associated with difficult or detrimental sibling contact: |
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| Analysis of the strengths and risks: |  |
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| Provisional contact plan: |  |
|  |  |
| Support plan: |  |
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| Review: |  |

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| --- | --- |
| Completed by: |  |
| Date: |  |