**NORTHAMPTONSHIRE SUPERVISED FAMILY TIME RECORDING**

Child's Name:

Present at contact:

Date of Contact: Time:

Venue:

Supervised by:

Level of supervision close

**INTRODUCTIONS**

*What is working well?*

*What are you worried about?*

BASIC NEEDS:

*What is working well?*

EMOTIONAL WARMTH:

*What is working well?*

*What are you worried about?*

SAYING GOOD BYE:

*What is working well?*

*What are you worried about?*

What needs to happen?

SCALING:

REFLECTION/ANALYSIS