**PYJS Targeted Intervention Form**

***(Use only a few bullet points to complete each section).***

|  |  |
| --- | --- |
| Referring worker: |  |
| Date of Referral: |  |
| Name of child: |  |
| Tick the appropriate box to reflect your involvement: | CIN  CP  CIC  Early Help |
| Date and summary of the **offending/criminal** behaviours of concern.  (For example 1st June: assault of a child at school; 23rd July: used a weapon to threaten mum; 15th August: arrested for theft) |  |
| What is going well for the child?  (For example, attends school, has a good relationship with mum) |  |
| Who are the professionals currently involved with the child and what is their role? |  |
| If there are more than two professionals already involved, how do you assess the child will respond to a third professional working with them? |  |
| Please confirm that **both child and parent/carer have agreed** for the child to work with the PYJS. |  |

**To be completed by PYJS Manager/ATM:**

|  |  |
| --- | --- |
| Date referral agreed: |  |
| Allocated Worker: |  |
| Agreed plan and outcomes to be achieved through the targeted intervention: |  |

NB: please email this form to [daniel.watts@wokingham.gov.uk](mailto:daniel.watts@wokingham.gov.uk) and [bea.nigolian@wokingham.gov.uk](mailto:bea.nigolian@wokingham.gov.uk)

Please copy in [triage@wokingham.gov.uk](mailto:triage@wokingham.gov.uk), to ensure listing at the transfer meeting

NB: All recording for this intervention will be completed on MOSAIC.