

**FAMILY SUPPORT WORKER SELF ASSESSMENT**

Please complete following for each of your active families and email to your manager at least two working days in advance of supervision.

**Name of worker:**

**Date self-assessment completed:**

**Total number of allocated families; how many close? How many active?**

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| **Young person/family and LCS number:** **Date of initial visit and engagement issues (within timescale?):****Date assessment due or completed (within timescale?):** **Review due (within timescale?):** **Date of last home visit:** **Number of visits since last supervision:****Date of when the child/ren was last seen and observations (child’s presentation, home conditions and interactions between family members):****Update on the specific tasks, visits and direct work you have carried out since last supervision (focus on impact of your work on child’s daily experience and outcomes). Please do not re-state general worries from the referral but focus on actual work completed in last four weeks:** |

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