## 

## Getting to Know Me Additional Information

You can use this form if you want to gather more information from those involved with the child/young person/family at stage 2 of the Concerning Behaviour pathway. Ask them to complete. Make sure you attach copies with any referrals you make (with family/child consent).

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| **Child’s Name** |  |
| **Key Worker (the person who this form should be returned to )** | **Name:**  **Email:**  **Phone:**  **Address:** |
| **Your Name** |  |
| **Your Role** |  |
| **Capacity in which you work with child** |  |
| **Please provide:** | **Address:**  **Email:**  **Telephone:** |
| **What does the child need help with?**  **(Please elaborate concerns using the headings and indicate what support is in place)** | |
| **Learning** | |
| **Speech, language and communication** | |
| **Self-help and independence skills** | |
| **Physical skills** | |
| **Behaviour and social interaction** | |
| **Medical needs** | |

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| **Child’s strength’s /what is working** | | | |
| **What is the child good at and proud of?** | | | |
| **What’s working well?** | | | |
| **What interventions/assessments have been done so far? Please attach copies of any reports** | | |
| **Type of intervention/assessment** | **Outcome** | **Name and contact details of person carrying out the assessment** |
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**Tell us anything else that is impacting on family/siblings/work/home.**

**Any additional Information.**