

Early Help Assessment Form

Assessor - Person completing the paperwork

Name		Date of assessment	
Agency		Job title	
Address		Tel and email address	

Subject(s) - Who the assessment is about

Parent / Carer / Head of Household							
Person number	First name(s)	Surname	D.O.B	M/F	Needs identified? Yes / No	Ethnicity number	
1							
2							

Address			
		Post code	
Tel		Neighbourhood / locality	

Ethnicity data

- | | | | | | |
|------------------------------|------------------------------|---------------|----------------------------|-------------------------------|---------------------------|
| 1 White British | 4 Caribbean | 7 Indian | 10 White & Black Caribbean | 13 Chinese | 16 Any other ethnic group |
| 2 White Irish | 5 African | 8 Pakistani | 11 White & Black African | 14 Any other Asian background | 17 Not given |
| 3 Any other White background | 6 Any other Black background | 9 Bangladeshi | 12 White & Asian | 15 Any other mixed background | |

Details of any special requirements, e.g. signing, interpretation or access needs

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Other Household Members - Children and other adults living at the address

Person number	First name(s)	Surname	D.O.B	M/F	Needs identified? Yes / No	Ethnicity number	
3							
4							
5							
6							
7							
8							
9							
10							

Overview of family / household - Context in which the assessment is being undertaken

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Services working with family / household

 Please enter the person number for the person who receives the service

Person number	Name of staff member	Name of service	Address of service	Contact details

Name of GP		GP address		GP contact details	
Name of Dentist		Dentist address		Dentist contact details	

Consent should be obtained on a separate consent form. This will be scanned and logged with the electronic record.