

Assessment

Review Number:



Young person's name:

Referral number:

Give a brief summary of the work that has been done with the young person to date

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Is the young person engaging well with the work that is planned in the intervention plan?

Yes ☐

No ☐

Details

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Have there been any difficulties in arranging work with agencies?

Yes ☐

No ☐

Details

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What is the percentage of attendance at the young person's educational placement?

___% D/K ☐ N/A ☐

Has the young person noticed an improvement in his or her behaviour?

Yes ☐

No ☐

Have the parents/carers noticed an improvement in the young person's behaviour?

Yes ☐

No ☐

Are you aware of any further anti-social behaviour/offending by the young person since the intervention plan began?

Yes ☐

No ☐

Provide dates and details of the behaviour and any new enforcement measures or applications that may have been taken out.

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Re-score the following sections based on your current knowledge of the young person (between 0 = not associated and 4 = very strongly associated):

	Rating		Rating
1. Living arrangements	<input type="text"/>	7. Physical health	<input type="text"/>
2. Family and personal relationships	<input type="text"/>	8. Emotional and mental health	<input type="text"/>
3. Statutory education	<input type="text"/>	9. Perception of self and others	<input type="text"/>
4. Neighbourhood	<input type="text"/>	10. Thinking and behaviour	<input type="text"/>
5. Lifestyle	<input type="text"/>	11. Attitudes to offending	<input type="text"/>
6. Substance misuse	<input type="text"/>	12. Motivation to change	<input type="text"/>
		Total score from sections 1–12 (max 48)	<input type="text"/>

Evidence

Provide evidence of any changes in your assessment of the young person (for example, positive outcomes relating to the work done with the young person, changes in circumstances)

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Have there been any changes in your assessment of vulnerability or serious harm to others?

Yes ☐ No ☐

Details (if applicable)

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Changes to the intervention plan

Note any changes to the original intervention plan that are necessary as a result of this review, including anything that needs to be done in order to achieve the original aims and objectives

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Assessor's name: _____ Date: _____