Initial Assessment Form

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| **Name of Young Person:** | **Date:** |
| **Project/Address:** | |
| **Name of Staff:** | |

This initial assessment is designed to enable us to learn as much as possible about you and your support needs, and your responses will be used to establish how best we can support you, and if we need to link you to any specialist services. We may ask some additional questions that have arisen from your application. Please answer honestly and as fully as possible as this will help us to identify how to help you.

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| 1. Why are you here – what issues have there been? |
| 2. What support needs do you feel you have? (e.g. education, budgeting, relationship building)  e.g. budgeting, cooking, relationship building) Daily Living skills , Managing finance , Budgeting and benefits , Cooking, cleaning and shopping , Meal planning /cooking workshops , Personal Hygiene , Household chores , Building /maintaining positive relationships , Awareness of appropriate relationships , C.V Writing, Managing correspondence/ bills, Interview techniques, Travel /transport , Sign posting /accessing other services , Crisis management plans and Managing a tenancy ? |
| 3. What are you interested in? What do you find easy to do even when you are not feeling motivated? |
| 4. Who/what makes you feel happy? What are you proud of or feel you do well? |

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| 5. Are you accessing any other support at the moment? |
| 6. Are you in education / employment / training? |
| 7. What is your source of income? (e.g. wages/ IS/ JSA/ parents) |
| 8. How would you describe your relationships with your family and friends? |
| 9. How do you deal with anger? |
| 10. Do you or have you used illegal substances / solvents / alcohol? (If yes, explore) |
| 11. Have you ever been involved with the Police? |
| 12. If you are upset about something how do you deal with it? |

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| 13. Are you involved in any clubs / sports / activities? |
| 14. What are your plans for the future? |
| 15. Do you have any questions you would like to ask us? |

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| Any other comments (for staff to complete) |
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* Explain about service/organisation/placement
* Explain about how staffing will be arranged
* Check telephone numbers and addresses are correct
* Explain what will happen next

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| Signed staff member: |  |
| Date: |  |