

CLA chairs monitoring form



Child's details

This questionnaire is designed to be completed by all Chairs immediately following every statutory Child Care Review.

Child's name	<input type="text"/>
Date of birth	<input type="text"/>
Current key stage	<input type="text"/>
Social worker	<input type="text"/>
Chair of CLA review	<input type="text"/>

Review details

Date of review	<input type="text"/>
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Date of last IRO contact / visit with child	<input type="text"/>
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How was this review conducted?

- Single meeting Series of meetings

Current LA placement
Address

Was review meeting held by the statutory due date ?

- Yes No

If delayed, please tick below

- Sickness: please state who Attendance at Court: Please state who Other, please specify

Comments

Method of participation

Select child's method of participation

Were the following people involved in the review process?

Consultation Forms

Carers

- Sent Returned Invited
 Present

Parents/PR

- Sent Returned Invited
 Present

Education

- Sent Returned Invited
 Present

Health

- Sent Returned Invited
 Present

Significant others

- Sent Returned Invited

Present

Comments

Substance misuse

Is the child identified as having a substance misuse problem?

Yes

No

Has the child received an intervention for substance misuse problem?

Yes

No

Was the child offered an intervention but refused it?

Yes

No

Youth Offending

Are the youth offending service involved with this case ?

Yes

No

CAMHS

Is the child known to CAMHS?

Yes

No

Is CAMHS service provided by Camden or other borough PCT?

In borough

Out of borough

Name of borough (if applicable)

Strength's and difficulties (Mental and emotional health of children in care)

Date SDQ handed to
current carer

Carer / unit name

Form completed by
(IRO)

Has not been verified

Form completed
on behalf of (if
applicable)

Next review

Is another review required?

Yes

No

Details of next review

Date booked for next
review

Venue