**Halton Disabled Children’s Service- Referral Check List**

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| **Child/Young Person Details:** |
| Name |  | DOB |  |
| Ethnicity |  | Language |  | Religion |  |
| **Education:**  |
| Details of Nursery, School or College |  | Does the child/ young person receive enhanced provision in school? |  | If so how many hours?  |  |
| **EHC Plan** |
| Does the Child/ Young Person have an EHC Plan?  |  | Who is the assessor? |  | Date of the EHC Plan? |  |
| **Health:** |
| Details of illness or disability |  |
| Has the child/young person been diagnosed with a medical condition or health condition which impacts on their day to day life? |  |
| Does the child/young person have a diagnosis or are they currently under assessment for possible diagnosis? |  |
| When were they diagnosed? |  | Who gave the diagnosis? |  | What health/ medical professionals are currently involved? |  |
| Has the child/young person been prescribed medication?  |  | If so what is this for? |  | Does the child/Young Person receive Disability Allowance or Personal Independence Payment? |  |
| **Social and Leisure Activities:** |
| Is the young person accessing any social or leisure activities? Please detail? |  |
| **Parent/Carer’s Details:** |
| Names |  | DOB |  |
| Ethnicity |  | Language |  | Religion |  |
| Do/does the parent/carer have any health, medical or learning difficulties?  |  | Are they open to adult service? |  |
| Would they like to have a Carers Assessment? |  | Are they registered with the Carer Centre? |  |
| **Siblings:** |
| Names |  | DOB |  |
| Ethnicity |  | Language |  | Religion |  |
| School |  | Medical Needs |  | Learning Needs |  |
| Are they providing a caring role to their sibling/parents/carers? |  | Are they registered as a Young Carer? |  |
| **Support Network:** |
| Are the family receiving support from any other organisation or voluntary service? |  | Is there a MAP in place? |  | Who is the lead? |  |
| **Children/young people moving from another Local Authority:** |
| If the family have moved from another local authority what level of support did they receive  |  | Details of the lead professional from the previous Local Authority. |  |
| **Outcomes and Impact:** |
| What outcome/Impact does the family or young person expect from the referral?  |  |