**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? | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |