

# Family Conversation Record

## (SEN05)

|  |               |
|--|---------------|
| <b>Name of child / young person</b>                |               |
| <b>Current school</b>                              |               |
| <b>Name of key worker</b>                          |               |
| <b>Key worker's profession and contact details</b> |               |
| <b>Other people contributing to this form</b>      |               |
| <b>Family Conversation meeting date(s)</b>         |               |
| <b>Interpreter Needed</b>                          | <b>Yes/No</b> |



## 1. Education details

School will share with you the educational support as detailed on the school referral form. Have you engaged the support, assessments and/or advice from any other educational professionals in a private capacity, for example an independent educational psychologist?

| Service | Name of professional and contact details | Date of visit or examination | Outcome (e.g. treatment package, further referral/discharge) |
|---------|--|------------------------------|--|
|         |  |                              |  |
|         |  |                              |  |
|         |  |                              |  |

## 2. Health details

|                        |  |               |  |
|------------------------|--|---------------|--|
| GP's name:             |  | GP's address: |  |
| GP's telephone number: |  |               |  |
| Health Authority:      |  | NHS number:   |  |

| Disability / diagnosis / known condition(s) | Details eg name of clinician, when diagnosed |
|---|--|
|   |  |
|   |  |

|   |  |
|---|--|
| Current medical treatment:  |  |
| Medication(s) taken: (include what for)                                 |  |
| Health issues that may pose a risk to the child/young person or others: |  |
| Family health history:  |  |

**Past and current health and other support:**

| <b>Medical service</b>                                   | <b>Name of professional and contact details</b> | <b>Date of visit or examination</b> | <b>Outcome (e.g. treatment package, further referral/discharge)</b> |
|--|---|-------------------------------------|---|
| <b>Audiology</b>   |   |                                     |   |
| <b>CAMHS</b>   |   |                                     |   |
| <b>Child Development Service</b>                         |   |                                     |   |
| <b>General Practitioner</b>                              |   |                                     |   |
| <b>Health Visitor</b>                                    |   |                                     |   |
| <b>Occupational Therapy</b>                              |   |                                     |   |
| <b>Ophthalmology</b>                                     |   |                                     |   |
| <b>Paediatric Consultant (Community and/or Hospital)</b> |   |                                     |   |
| <b>Physiotherapy</b>                                     |   |                                     |   |
| <b>Portage</b>   |   |                                     |   |
| <b>School Nurse</b>                                      |   |                                     |   |
| <b>Speech and Language Therapy</b>                       |   |                                     |   |
| <b>Other</b>   |   |                                     |   |

|                           | <b>Date:</b> | <b>Who / where carried out</b> | <b>Outcome:</b> |
|---------------------------|--------------|--------------------------------|-----------------|
| <b>Hearing test*</b>      |              |                                |                 |
| <b>Eye / vision test*</b> |              |                                |                 |

\*A recent (last 12 months) hearing and vision check would be advisable

**3. Social Care details**

|  |  |
|--|--|
| <b>Statutory / legal measures in place:</b>                  |  |
| <b>CAF history / in place:</b>                               |  |
| <b>Name and contact details of Social Worker/CAF Officer</b> |  |
| <b>CareFirst number:</b>                                     |  |
| <b>Other plans: (e.g. CIN, Transition to Adulthood)</b>      |  |

#### 4. Family composition

| Who lives at the home address with the young person? |                              |                          |
|--|------------------------------|--------------------------|
| Name   | Relationship to young person | Parental responsibility? |
|  |                              |                          |
|  |                              |                          |
|  |                              |                          |
|  |                              |                          |

| Other family members / significant others |         |                              |                          |
|---|---------|------------------------------|--------------------------|
| Name                                      | Address | Relationship to young person | Parental responsibility? |
|   |         |                              |                          |
|   |         |                              |                          |
|   |         |                              |                          |

#### 5. Key professionals and agencies involved

Please provide details of any agencies / services that currently have contact with the family, and the nature of their involvement. Please also attach copies of current reports / assessments.

| Name | Service / agency | Name of contact practitioner | Contact details | Report provided Y/N? |
|------|------------------|------------------------------|-----------------|----------------------|
|      |                  |                              |                 |                      |
|      |                  |                              |                 |                      |
|      |                  |                              |                 |                      |

#### 6. Information about the young person

- i) **Early years** (relevant information regarding birth / general development / history / schooling)

- ii) **Your child now** (include what the young person finds difficult, what they enjoy, what is important to them and their strengths. You may want to include details about their friendships and social skills, independence and self-care, medical / sensory and their general mental well-being):

- iii) **Hopes and aspirations for the future**  
(Include details about the CYP's aspirations and goals for the future. Consideration should be given to the CYP's aspirations for paid employment, independent living and community participation if appropriate)

- iv) **What do the family/carers think?**

What is working well at the moment?

What are your hopes / aspirations for your child in the short / long term?

What helps your child? eg how best to approach and communicate, engage in decision making, reduce anxieties

Are there any other things you would like us to know about your family?

Any other comments you wish to make?

**Signatures:**

Parent / Carer: ..... Date: .....

Parent / Carer: ..... Date: .....

Key worker: ..... Date: .....