|  |  |
| --- | --- |
| Carer/s name |  |
| Child’s name |  |
| Date of visit |  |
| Allocated SSW |  |
| Allocated CSW |  |

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| --- |
| What is working well for the child? |
|  |

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| --- |
| What is working well for the carer/s? |
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| What is not working well for the child? |
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| --- |
| What is not working well for the carer/s? |
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| --- |
| What are the presenting worries/ concerns/ current difficulties within the Fostering placement? |
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| --- |
| Actions/ Additional support required (To include who will take responsibility for what and timescales): |
|  |

|  |  |
| --- | --- |
| Foster Carer’s signature |  |
| Allocated CSW’s signature |  |
| Allocated SSW’s signature |  |