

Social Care Screening for transfer review process			
Name of child/young person:		Date of birth:	
School:			
<p>Does your child currently have involvement with the Social Care Team? Yes / No</p> <p>If Yes, please provide a brief description:</p>			
<p>Who is currently involved with your child, please list them below:</p> <p>This could include professionals from the following services:</p> <ul style="list-style-type: none"> - Children and Family Services via an allocated Social Worker (CIN, DCT, LAC) - Early Help - Social Worker from the Transitions team - St. Quintin Centre for Children and Young People with Disabilities (RBKC) - The Haven (LBHF) <p>(Please continue overleaf if required)</p>			
Name of service and/or Practioner	Job title / Role in supporting your child's social care needs	Contact details	Report available Yes/No (please provide copies)
<p>Have your child's social care needs changed since their Statement of SEN was issued or last revised?</p> <p>Yes / No</p> <p>If Yes, please tell us how:</p>			

Do you consent to the SEN service contacting relevant social care service to seek further advice if required?

Yes / No

Signed: _____

Print name: _____

Relationship to child / young person: _____

Please return this form to:

The Tri-borough SEN Service

The Royal Borough of Kensington & Chelsea
Kensington Town Hall
Hornton Street
London,
W8 7NX