



Bedford Borough Early Help Assessment Form - Appendix A

Please complete the below for each child that the assessment concerns.

Name:

Family Name:

Gender: *MALE*

FEMALE

UNKNOWN

Date of Birth / EDD:

Age:

Address:

Postcode:

School / Early Years Provider:

Year Group:

Is the child or young person involved with anti-social behaviour/crime?	YES	NO
Is the child or young person at risk of exploitation?	YES	NO
Is the child or young person at risk of exclusion?	YES	NO
Is school attendance an issue?	YES	NO
Is the child or young person open to social care?	YES	NO
Is the child or young person a carer?	YES	NO
Does the child have an EHCP/Statement or is this being applied for?	YES	NO
Is anyone in the family currently out of work or is the young person NEET?	YES	NO

Ethnicity

Asian/Asian British – Bangladeshi

Asian/Asian British - Indian

Asian/Asian British – Pakistani

Asian/Asian British – Any Other

Black or Black British – African

Black or Black British - Caribbean

Black or Black British – Any Other

Chinese

Mixed – White and Asian

Mixed – White and Black African

Mixed – White and Caribbean

Mixed – Any Other

White – British

White – Irish

White – Any Other

Not Known/Provided

Other (*please specify*)

Child's First Language:

Parent / Carer's First Language:

Immigration Status:

Main Reason for Assessment

Behaviour

Parenting

School Attendance

At Risk of Fundamentalism

Health Needs

Housing

At risk of exploitation

and/or Extremism

Mental Health

Substance Misuse

Education Psychology Support



Please save the filled-in form and email to
EarlyHelpHub@bedford.gov.uk as an attachment.