

Pre-CAF Checklist

Pre CAF Checklist				
<i>Identifying details of baby(including pre-birth),child or young person</i>				
Name		DOB		Contact Details
Does the baby, child or young person appear to be.....?	Yes	No	Not Sure	Evidence/comment
Healthy				
Safe from harm				
Learning and developing				
Having a positive impact on others				
Free from negative impact of poverty				
<i>If you answered 'no' what additional services are needed for the baby, child or young person</i>				
Can you provide the additional services needed? Yes/ No				
If you answered no or if it is not clear what support is needed then a Team Around the Family assessment will help.				
Practitioner name				
Pre assessment date				