## Children's Champions Initial Contact Form

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| **It is essential that this form is completed in as much detail as possible, as this will enable a more streamlined response**  |
| **School Name:**  |  |
| **School Contact number:** |  |
| **School address:** |  |
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| **Young Person's Name:****UPN:** |
| **D.O.B:** | **Year Group:** |
| **Ethnicity:** | **Home Language:****Language spoken by YP:** |
| **CAF:** **CAF No:****CLA:**  | **TAF:** **Date of last TAF:** | **CIN/CP:**  |
| **EHCP:** |  |  |
| **Has there been any previous suspensions?** | **Total Day:** |
| **Parent/ Carer Name:**  |
| **Parent/ Carer Contact number:** |
| **Family Address :** |
| **Does the YP know that you have requested Children's Champion support?****Does the Parent/ Carer know that you have requested Children's Champion support?** |
| **Professional involvement: (***please include details of all professionals and agency involved.****)***

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| **Professional** **Name** | **Agency**  | **Date of Involvement** | **Contact details**  |
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| **Summary of concerns:** **What are the specific behaviours which have led to this request? (Please bullet point**) |
| **Current support in place:***(1-1, interventions, own workstation, safe space, sensory breaks, Nurture- frequency and duration etc)* |
| **Please email completed request to:***childrenschampions@lancashire.gov.uk* |
| Completed by:  | Contact Number**:** |
| Designation:  | Date:  |
| **Please note- Each case will be triaged, however not every request for support will be taken forward. If the case does not meet criteria, then you will be contacted regarding other possible avenues of support.****If your request is successful, a Children's Champion will be in contact with you to discuss the case further.** |