

Multi-Agency Core Group Monitoring Form

Name of Child(ren) _____

Name of visiting Core Group member _____

Name of Social Worker (Key Worker) _____

Agency of visiting/monitoring Core Group member _____

Date child(ren) were seen _____

Where were child(ren) seen _____

Was the visit/ interaction:	
announced	<input type="checkbox"/>
unannounced	<input type="checkbox"/>

Was access given to the home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
------------------------------	------------------------------	-----------------------------	-----------------------------

Who was present during the visit/interaction	
Name	Relationship to child(ren)

Was the child(ren) seen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------------	------------------------------	-----------------------------

Was the child(ren) seen alone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------------------	------------------------------	-----------------------------

Was the child(ren)s bedroom seen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
----------------------------------	------------------------------	-----------------------------	-----------------------------

Taking the registration category into account were there any immediate concerns regarding the safety of the child(ren)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please comment below.	

Taking the registration category into account briefly detail how the child(ren) presented during the visit/interaction (be specific and avoid using non-specific labels such as "disturbed")	

Has this information been shared with the parents/carers	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no please explain why below	

NAME & SIGNATURE:

DATE: