## Case Conference Report

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| **DETAILS OF CONFERENCE** | | | |
| Family Name: |  | | |
| Date of Conference: |  | | |
| **DETAILS OF REPORT** | | | |
| Name of Service/School/Agency: |  | | |
| Name and Designation of report writer: |  | | |
| Date report completed: |  | Date report submitted: |  |
| Date report shared with parent/carer: |  | | |
| Name of person attending conference if writer of report unable to attend: |  | | |

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| **DETAILS OF FAMILY** | | | |
| **HOME ADDRESS OF FAMILY:** | | | |
| **Subject Child/ren:** | | | |
| Full Name: |  | DOB: |  |
| Full Name: |  | DOB: |  |
| Full Name: |  | DOB: |  |
| Full Name: |  | DOB: |  |

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| **REPORT - COMPLETE ONLY THE SECTIONS THAT ARE RELEVANT TO YOU** |
| **Details of your involvement:** |
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| **Information and knowledge about the child’s health and development:** |
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| **Information and knowledge on the capacity of the parents/carers to safeguard and promote the child’s welfare. Including previous family history that may influence risk to the child/children:** |
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| **The child’s view of the situation and what needs to change:** |
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| **The parent/carers view of the situation and what needs to change:** |
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| **Analysis of implications for the child’s future safety, health and development including risk factors and strengths:** |
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| **Recommendations:** |
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| **Signature Block** | | | |
| **Print Name of Author:** |  | | |
| **Designation:** |  | | |
| **Agency:** |  | | |
| **Email:** |  | | |
| **Contact phone number** |  | | |
| **Signature of author** |  | **Date** |  |