



Kids Konnect Psychological Services

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PO Box 362, Sutherland NSW 2232

Mobile: 0415 312 285

Date of Referral: Click here to enter a date.

Referred By: Click here to enter text.

Phone No: Click or tap here to enter text.

Designation: Click here to enter text.

CSC: Click or tap here to enter text.

Children's Details

Name: Click here to enter text.

M F DoB:

Name: Click here to enter text.

M F DoB:

Name: Click here to enter text.

M F DoB:

Name: Click here to enter text.

M F DoB:

Name of current Carer/s:

Click here to enter text.

Address/ Phone:

Click here to enter text.

This assessment is:

Routine

Urgent

Date Required: Click here to enter text.

Requested by the Children's Court

Court Date: Click here to enter text.

Type of Assessment / Reason for referral

- Placement Assessment / Kinship Carer Assessment
- Parenting Capacity Assessment
- Psychological Assessment / Mental Health Assessment
- Developmental / Cognitive / Social / Behavioural Assessment
- Behaviour Management Plan / Behaviour Support Plan
- Foster Carer Assessment / Review
- Permanency / Guardianship Assessment
- Restoration Assessment / S90
- Contact Assessment
- Other – provide details

Child(ren) Details

Current Placement: Click here to enter text.

Details of People to be assessed

Name (Female): Click here to enter text.

Relationship to Child: Click here to enter text.

Address: Click here to enter text.

Phone Number: Click here to enter text.

Country of Birth:Click here to enter text. DoB: Click here to enter text.	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (Male): Click here to enter text.	Relationship to Child:Click here to enter text.
Address:Click here to enter text.	Phone Number:Click here to enter text.
Country of Birth:Click here to enter text. DoB: Click here to enter text.	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No

Other persons to be interviewed / relationship to child/ren

Click here to enter text.

Additional Components

<input type="checkbox"/> Child(s) Case file review	<input type="checkbox"/> Household safety inspection
Number of files: Click here to enter text.	
<input type="checkbox"/> Observations of relationship between child(ren) and applicant/parents/carers	<input type="checkbox"/> Service Provider consultations Number of Providers: Click here to enter text.
<input type="checkbox"/> Post assessment work (de-briefing, court etc.)	<input type="checkbox"/> Additional reading required Number of Documents: Click here to enter text. Type of Documents: Click here to enter text.

School / Child Care Service Details

School:Click here to enter text.	Phone Number:Click here to enter text.
Address:Click here to enter text.	Principal:Click here to enter text.
Teacher:Click here to enter text.	School Counsellor: Click here to enter text.

Relevant Background Information for Child(ren) Referred

Click here to enter text.

Referral Issues

- Has this referral been discussed with the family?
Click here to enter text.
- By Whom?
Click here to enter text.
- Are they willing to engage?
Click here to enter text.
- Are there any barriers to engagement?
Click here to enter text.
- Are there any worker safety issues?
Click here to enter text.
- Other relevant information
Click here to enter text.

Reports Attached

[Click here to enter text.](#)