Name of person completing			Agency and contact details	
na	ame/alias/known as		Gender	
Date completed			Interpreter required	Yes No
Age/DOB			Has sexual exploitation previously been identified as a specific issue for this child? Please provide details	Yes No Unknown
Ethnicity/Religion			If other agencies or professionals are involved (please list them here)	
Language spoken (Is this their first language?)			Disability/Special Needs: (If yes, please clarify further)	
	Vulnerabilities	Please score 1 for each tick	Vulnerabilities	Please score 1 for each tick
	Emotional neglect by parent/carer/family member		Family history of domestic abuse	
	Physical abuse by parent/carer/family member		Family history of substance misuse	
			Family history of mental health difficulties	
			Low self-esteem	



Screening score		Risk Category					
Principal area of concern:							

y of	Indicators of risk	Description	Associated actions