Group Assessment

Information					
Name			Age		
Record ID			D.O.B		
Address					
Telephone			Postcode		
Email					
Preferred site / location			Virtual support preference		
Contact preferences	Phone	Emai			Post
Preferred method of contact					
F	start Bataile				
Emergency Cor Name	itact Details	Dolot	ionahin		
Phone		Relat	ionship		
Filone					
Abuse type - tio	k all that apply				
Timing of abuse	Childhood Recent (last 12 mont	:hs)	Adı Nor	ult n-rece	ent
Type of abuse		SA Sibling	sexual abuse		Other Online
Other risk factors	Trafficking	D/	/		Multiple perpetrators
Criminal Justice	e - tick all that apply				
Has the abuse been reported to the police?	Told police Planning to tell police Has an ISVA?	e inv	at stage is the estigation? Under investigation	е	Referred to CPS Trial awaited Trial complete

Health assessment – are there any health reasons that would impact on attendance at a group?
Physical Health:
Medication?
Mental Health:
Medication?
Risks - are there any risks that would impact on attendance at a group?
Risks - are there any risks that would impact on attendance at a group? Safety risks:
balety HSRS.
Risks to others / staff:
Contextual risks:
Additional information
Additional information Current
relationships
Pregnancy and children
Employment/ School
Any other crauma

Previous counselling
Hopes for the group
Concerns or anticipated challenges about coming to a group
Assessing Readiness
Managing group dynamics

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Parenting					
Trauma resp	onse				
Parental abu	ıse				
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Support			Evening	Date	
Support			Evening	Date	
Support Availability Monday			Evening	Assessor	
Support Availability Monday Tuesday			Evening	Assessor Staff involved in case	
Support Availability Monday			Evening	Assessor Staff involved	