

This form is to be completed by the carer immediately prior to a child or young person leaving the placement (excluding emergency placements of a few days duration). The detail and thought put into completing this form will greatly assist the child or young person in transitioning home or to a new placement. A copy of the completed form will be placed on the child or young person's departmental file (attached to ICMS) and a copy provided to the parents or carers.

Carers are encouraged to include positive comments about the child or young person. Further information can also be recorded by attaching additional information such as photos, certificates, reports.

Child or young person's name	Date of birth and age	Special name / child or young person is known as	Length of placement (dates)	Family / social relationships

Family Contact arrangements (including arrangements for family contact visits, the child or young person's reaction to contact visits, any difficulties arising from contact and the positive aspects of family contact)
Any significant friendships or significant children or adults in the child or young person's life
Relationship with the carer's family and the child or young person's reaction to the placement ending
Information about the child's swimming ability and about the level of 'active' supervision required when the child or young person is in, on or near water
Hobbies, interests or social activities that the child or young person enjoys



Sports the child or you	ng person plays and arrangements for participation in these sports
Medical information	
Medicare number:	
Child's or young person's doctor's details:	
	onditions to be aware of (including current medication, immunisations, rrent medical conditions, further medical appointments etc.).
Any specific dental nee	eds to be aware of:
Therapeutic needs	
Any development	
delays:	
Behavioural issues: (e.g. ADD, ADHD, etc.)	



Scheduled appointments (where, who with, travel arrangements, child or young person's views about appointments/therapists etc.).		
Any outstanding issue	S	
Educational informatio	n	
School attended:		
Year of school:		
Teacher's name: (if in primary school)		
	any learning difficulties, developmental delays, key contact people at the nnel, any school attendance issues, the child or young person's views about ments etc).	
	of the child have you returned? Please list the item and whether it was and kinship care service or the CSSC	
them, such as, laptops	oing with the child or young person that have been purchased or gifted to or bicycles	



General behaviour
Routine (if the child is of a young age, please provide information about their bed time, sleep patterns (including are they accustomed to a light being left on at night, the door open, sleep disturbances, nightmares, sleep walking etc.), favourite television shows and toys, toilet training, bed wetting, bath time, self-care ability (i.e. ability to brush their own teeth, dress him/herself etc)
Nutrition (such as food likes or dislikes, any issues with eating or formula used (for a baby)
General Behaviour (such as discipline strategies, how does the child or young person relate to different age groups etc.)
Emotional Behaviour (such as fears, anxieties, behaviour management strategies etc.)
Specific behavioural issues (such as issues with drugs, alcohol, peer relationships, sexualised behaviour, self-harming behaviour etc).



Comments - any information about the child or young person that will assist the next carer in meeting the child or young person's needs?
Signed (carer):
Name:
Date:
Telephone number*:

\*If you are happy to be contacted by the next carer to obtain further information or clarification.