**External Agencies - Closing to Early Help Proforma**

|  |  |
| --- | --- |
| Date |  |
| Name of Education Setting |  |
| Name of person completing Proforma |  |

|  |  |
| --- | --- |
| Name of Child / Children |  |
| Date of Birth of children(s) |  |

|  |  |
| --- | --- |
| Have parents / carers given consent to close to EH support? |  Yes / No |

|  |
| --- |
| **Details of Work / Intervention completed:** |

|  |
| --- |
| **Outcomes achieved:** |

|  |
| --- |
| **Details of any referrals submitted:** |

|  |
| --- |
| **Children’s View:** |

|  |
| --- |
| **Parents / Carers View:** |