



Early Help Assessment

Professional view

Date assessment started: [Click here to enter a date.](#)

Additional forms:

This part should be given to those working with the family to share their view. The family should agree who they want to give this part to.

Child/Children's name	
Professional's name	
Organisation	
Role	

Please comment on how things are going for the child/children in this family.

**What is going well? What are your concerns?
What needs to change for things to be better for the child/children?**

If there have been significant concerns raised during this assessment, what steps have been taken so far to address these?

