



Parenting Capacity Assessment Requirements
(All requirements to be sent in one package)

- 1) **Order for the Section 54 Assessment (ideally with court order for assessment ordering the release of police and medical/psychiatric documentation on the parties to be assessed)**
- 2) **Written summary of the society involvement with the family and the issues/questions that are to be addressed in the assessment. We ask that the worker or legal counsel summarize all of the CAS involvement in an effort to reduce the amount of time the assessment takes to complete.**
- 3) **Signed consents from the child(ren)'s legal guardian which authorizes sharing of all information regarding the child(ren).**
- 4) **Administrative fee a cheque for \$150.00 payable to the London Family Court Clinic.**
- 5) **All parent support worker/family management worker's monthly summaries for the last 6 months (continuing summaries to be forwarded throughout the assessment process).**
- 6) **Copies of all supervised or non-supervised access visit notes (not case file notes).**
- 7) **Any police information that the Society has obtained on the client(s).**
- 8) **All medical/psychological/psychiatric information that the Society has obtained on the client(s).**
- 9) **Contact information (see attached sheet)**
- 10) **Collateral contact information (see attached sheet). As well as all medical, developmental, school, psychiatric etc. assessments completed on the child(ren).**
- 11) **Latest differential response assessment report on the family outlining strengths/weaknesses.**
- 12) **Plan of care's for this family for the past 6 months.**

If there is additional information not included in the list that you believe is pertinent to the assessment, please do not send the information but call the assessor to discuss once an assessor has been assigned to your case. Please notify us immediately if there is a change of workers assigned to this family.



Parenting Capacity Assessment Screening Information Form

Please complete this form and return it ASAP by fax to (519)675-7772, Attn: Jade Allen

Today's Date: _____

Case Name: _____

Referring Agency: _____ Worker's Name: _____

Agency's Lawyer: _____

Has the Director of Ongoing Protection Services signed and approved an assessment?

Yes No

Parties Involved

Number of adult parties to be included in the assessment & their ages: _____

Number of homes: _____ Number of children & their ages: _____

Number of Foster homes: _____ Location(s): _____

Length and nature of CAS involvement: _____

Assessment Issues

Type of referral: Section 54 treatment planning other (if other please describe):

Has a previous parenting assessment been done on this family? If so, by whom and when:

Is the agency seeking crown wardship? Yes No With access? Yes No

Is there to be a psychological component to the assessment? Yes No

How many Plans are being put forth in this assessment? _____

Is this assessment court ordered? Yes No If yes, which court and date of order:

Are the parent's in agreement with the assessment? Yes No

What is the next court date? _____

What date is the report required? _____

What are the issues of concern with each parent (ie: domestic violence, substance abuse, mental health issues): _____

What are the concerns about the child/ren?: _____

What is the current Access schedule (please list day, time, location, and if it is supervised or not)

Other relevant information: _____

This screening form is the first step in the referral process. Please refer to the referral requirements list to see what additional information we require. We need to receive all additional requirements into our office before the assessment will be put on our waiting list for assignment.