1. **CASE INFORMATION**

|  |  |
| --- | --- |
| Date case closed dd/mm/yyyy | Case ID number |
| Risk Level at Case Closure   * Low * Medium * High | Care Arrangement at Case Closure – **please avoid editing drop down**   * Child in parental care * Child without care / no care arrangement * Child Carer * Child in Child Headed Household * Child in institutional or residential care * Child in alternative care   + Child in foster care   + Child in kinship care/customary care   + Child in other forms of family based care (such as Kafala);   + Child in a supported independent living arrangement * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **CLOSURE PROCESS**

|  |  |
| --- | --- |
| Date of meeting with supervisor dd/mm/yyyy | Date of meeting with the child, their parents or caregivers  dd/mm/yyyy |
| Has the case closure been discussed and agreed with the child?   * Yes * No   If not, specify why: | Has the case closure been discussed and agreed with the parents or caregivers?   * Yes * No   If not, specify why: |

1. **REASONS FOR CLOSURE**

|  |  |  |
| --- | --- | --- |
| Primary reason for closing the case– **please avoid editing drop down** | * Overall goal of the case plan has been met, child is safe from harm, child’s care and wellbeing is supported and there are no additional concerns * Relocation of the child to other area * Lost contact with the child (wait at least 3 months before closing the case) | * Child/caregiver(s) no longer want support and there are no grounds to go against their wishes. * Death of the child * Case opened in error or case duplication * Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **(*Optional)*** *Provide further details on reasons for case closure*   |  | | --- | |  | | | |

1. **FEEDBACK AND SUPPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date for final follow-up meeting in 3 months' time dd/mm/yyyy | | | | | | |
| How can the child be contacted? If not directly, specify through whom? | \_ | | | | | |
| Does the child provide consent or assent to be contacted for feedback | * Yes | | * No | | * [N/A] | |
| - If no, include why | |  | | --- | |  | | | | | | |
| Does the parent/caregiver provide consent or assent to be contacted for feedback | * Yes | | | * No | | * [N/A] |
| Child has been provided information on how to contact case worker/oganization if any situation arises that may require further support.   * Yes * No | | Parent/caregiver has been provided information on how to contact case worker/oganization if any situation arises that may require further support.   * Yes * No | | | | |

1. **AUTHORIZATION**

|  |  |  |
| --- | --- | --- |
| Caseworker name | Date dd/mm/yyyy | Signature |
| Supervisor name | Date dd/mm/yyyy | Signature |