

Summary sheet

Name (Child) _____ Date of Birth _____

Carer/s Name/s _____

Carer/s signature/s of consent to complete a GCP _____

Practitioner's Name & Signature _____

Area	Sub-Area	Scores					Area Score	Comments
		1	2	3	4	5		
A Physical	1. NUTRITION	1	2	3	4	5		
	2. HOUSING	1	2	3	4	5		
	3. CLOTHING	1	2	3	4	5		
	4. HYGIENE	1	2	3	4	5		
	5. HEALTH	1	2	3	4	5		
B Safety	1. IN CARER'S PRESENCE	1	2	3	4	5		
	2. IN CARER'S ABSENCE	1	2	3	4	5		
C Love	1. CARER	1	2	3	4	5		
	2. MUTUAL ENGAGEMENT	1	2	3	4	5		
D Esteem	1. STIMULATION	1	2	3	4	5		
	2. APPROVAL	1	2	3	4	5		
	3. DISAPPROVAL	1	2	3	4	5		
	4. ACCEPTANCE	1	2	3	4	5		

Targeting Particular Item of Care:

Any item with disproportionately high score can be identified by reference to the explanatory table by writing the area, sub area and item i.e. physical/nutrition/quality in the table below.

	Targeted items (area/sub area/item)	Current Score	Period for change	Target Score	Actual Score after first review
1					
2					
3					

I have seen the completed GCP scores for my child. Parent/carer comments.

Signed & Date _____