



WESTERN CAPE ASSOCIATION FOR PLAY THERAPY WES-KAAP VERENIGING VIR SPELTERAPIE

FORM S2

SUMMARY SOCIAL WORK REPORT

Name and surname of the child:

AGE OF THE CHILD: Please tick			
6 - 10 years		10 - 15 years	

CHILD LIVES WITH: Please tick	
Both parents in the home	
Shared custody	
Single parent	
Grandparents	
Extended family	
Other: For example foster care, CYC: _____	

PARENT[S]/CAREGIVER[S] MARITAL STATUS: Please tick	
Married	
Unmarried	
Widow/widower	
Divorced	

FINANCIAL POSITION OF THE PARENT[S]/CAREGIVER[S]: Please tick	
Salary [specify amount per month]: _____	
Child Support Grant [specify amount]: _____	
Foster Care Grant [specify amount]: _____	
Old Age Pension [SASSA] [specify amount]: _____	
Old Age Pension [Private] [specify amount]: _____	
Other [specify what and amount]: _____	

REASON FOR THERAPEUTIC SERVICES: Please circle			
Abuse: Physical	Abuse: Emotional	Abuse: Sexual	Neglect
Trauma	Divorce	Violence	Bereavement
Attachment	Behavioural	Other: _____	

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**WESTERN CAPE ASSOCIATION FOR PLAY THERAPY
WES-KAAP VERENIGING VIR SPELTERAPIE**

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FORM S2

Social Work Services

Plan of Action:.....

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Signed (Social Work)

Date:.....

WESTERN CAPE ASSOC. FOR PLAY THERAPY MANAGEMENT:
APPROVED / NOT APPROVED
NUMBER OF SESSIONS APPROVED:.....

Signed:.....

Date:.....