# **Child’s Chronology: : DOB:**

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| **Date**  | **Significant event/change in child’s life** | **Impact upon the child** | **Action taken** | **Source of** **information** |
|  | What is the significant information  | How did it impact upon the child - child perspective | Note action taken if relevant, in relation to the event.  | Where is the information recorded CF is not sufficient.Note: if the information is from another agency, specify. |
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