

Consultation

FORM

FOR

Looked After

12+

Your review meeting is very important because it's where plans are made for your future.

Make Yourself Heard

We want to hear from you about how you feel about things and what you would like to happen. You can let us know that by filling in this form with your social worker, foster carer or key worker. That way, you can make sure everyone listens to your point of view.

Name:

1. My CARE PLAN

I am being looked after because...

My care plan is...

The plan for when I leave care is...

What has changed or happened to me since the last review...

Things my social worker should know about me...

3. How I FEEL

Normally I feel..



Good



Okay



Sad



Angry



Don't know

I feel good when...

I feel bad when...

I feel scared or unsafe when...

If I need to talk, I talk to...

People who understand me are...

2. Where I LIVE

I'm happy where I live because...

I'm not happy where I live because...

If I could, I would live...

4.

What I DO



Things I like to do in my spare time...

Things I would like to do if I could...

How much freedom I have to do what I want and see who I want...



None at all

Some but not enough

About right

Too much



5.

Contact with FAMILY & FRIENDS

I have contact with...

Changes I would make to contact arrangements...

People I'd like to see more of...

My friends are...

My most important relationship is with...

6.

SCHOOL



I am attending school I am excluded



Things I enjoy at school...

Things I don't enjoy at school...

Important people at school...

What I want to do when I leave school...

How I feel about school...



Good

Okay

Sad

Angry

Don't know

7. My REVIEW

I would like to go to my review Yes No

If you don't want to go, please say why

People I would like at my review...

People I don't want at my review* ...

*Sometimes, we may not be able to support your views as some people have to be at the meeting.

What I want the review to talk about...

Since my last review

I have been to see the doctor	<input type="radio"/> Yes <input type="radio"/> No
I have been to the dentist	<input type="radio"/> Yes <input type="radio"/> No
I have been to the opticians	<input type="radio"/> Yes <input type="radio"/> No
I have been in hospital	<input type="radio"/> Yes <input type="radio"/> No
I have made a complaint	<input type="radio"/> Yes <input type="radio"/> No
I have seen an independent visitor/advocate	<input type="radio"/> Yes <input type="radio"/> No
I have moved placements	<input type="radio"/> Yes <input type="radio"/> No
I have been on holiday with my carer	<input type="radio"/> Yes <input type="radio"/> No
My carer gave me pocket money	<input type="radio"/> Yes <input type="radio"/> No
My social worker came to see me	<input type="radio"/> Yes <input type="radio"/> No
I have been excluded from school	<input type="radio"/> Yes <input type="radio"/> No
I have changed school	<input type="radio"/> Yes <input type="radio"/> No
I have started college, training or work	<input type="radio"/> Yes <input type="radio"/> No



Important documents

Birth certificate	<input type="radio"/> Yes <input type="radio"/> No
National insurance number	<input type="radio"/> Yes <input type="radio"/> No
Passport	<input type="radio"/> Yes <input type="radio"/> No
Savings account	<input type="radio"/> Yes <input type="radio"/> No
School certificates	<input type="radio"/> Yes <input type="radio"/> No
Health records	<input type="radio"/> Yes <input type="radio"/> No



Learning to cope alone

I can cook a meal	<input type="radio"/> Yes <input type="radio"/> No
I can manage my pocket money	<input type="radio"/> Yes <input type="radio"/> No
I can sort out my own laundry	<input type="radio"/> Yes <input type="radio"/> No
I can keep my room clean	<input type="radio"/> Yes <input type="radio"/> No