

MY REVIEW 

100% 

# 12-17 Years



All About  
Me



Home  
Life



Family &  
Friends



Education,  
Employment  
or Training



My  
Life

Name



Are you planning to  
come to your review?

YES or  NO

Date of Birth



Would you like to speak to  
your IRO in private before  
your review meeting?

YES or  NO

# All about me



What's on your mind?



▶ **What are you good at?**

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▶ **What do you do in your spare time?**

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▶ **Are there any activities you are interested in trying?**

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▶ **Do you have a Lifestory Book or information and photos of people you know?**

YES or  NO

**If NOT, would you like one?**

YES or  NO





# Home Life



Are you happy where you live?

YES!  OK

If you are moving on soon, do you understand why?

Yes  No  I'm not moving on

Are you getting the support you need to move on?

Yes  No  I'm not moving on

Do you get along with the people you live with?  
If NO is there any way we can help change this?

Yes  No  Sometimes

.....  
.....  
.....

Do you think the rules are suitable for your age?

Yes  No

Is there anything else you would like to say about where you live?  
E.g. about food, pocket money, your clothes, the rules or what happens if you break them?

.....  
.....  
.....



# Family and Friends



**My Review** @12to17years ...

Do you see your friends and family enough?

Not enough     Just right     Too much



**My Review** @12to17years ...

Is there anyone else you would like to see MORE often?

Text input area with horizontal dashed lines for writing.



**My Review** @12to17years ...

Is there anyone else you would like to see LESS often?

Text input area with horizontal dashed lines for writing.



# Education, Employment or Training



Your story



musicnews



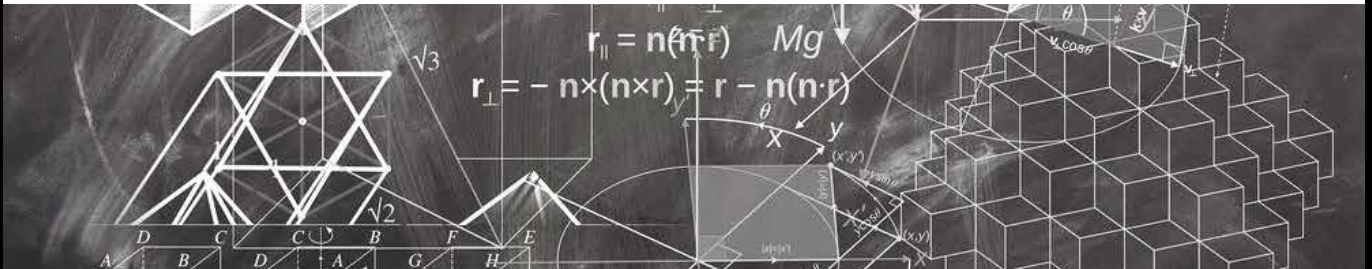
allthingsport



whatsontelly



## My Review



**myreview** Are you at:

School  College  Work  Training  Other

What is it like?

.....

.....

Is there anything you need help with?

Yes  No

.....

.....





# My Life and how I feel about it >

How do you feel most of the time?  
You can pick more than one or write your own

<input type="checkbox"/> happy	<input type="checkbox"/> frightened	<input type="checkbox"/> cared for	<input type="checkbox"/> rejected	<input type="checkbox"/> bored
<input type="checkbox"/> sad	<input type="checkbox"/> numb	<input type="checkbox"/> helped	<input type="checkbox"/> lonely	<input type="checkbox"/> worried
<input type="checkbox"/> lost	<input type="checkbox"/> tired	<input type="checkbox"/> picked on	<input type="checkbox"/> satisfied	<input type="checkbox"/> understood
<input type="checkbox"/> lonely	<input type="checkbox"/> loved	<input type="checkbox"/> supported	<input type="checkbox"/> ok	<input type="checkbox"/> angry
<input type="checkbox"/> don't know				

Would you like to say why?

Do you or anybody else have any worries about your health?

Yes  No

What are your dreams for the future?

Is there anything else you would like to talk about at your review?

Do you feel safe?

Yes  No