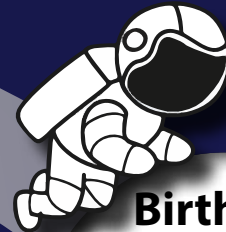


# My Review

Name



Age



Birthday



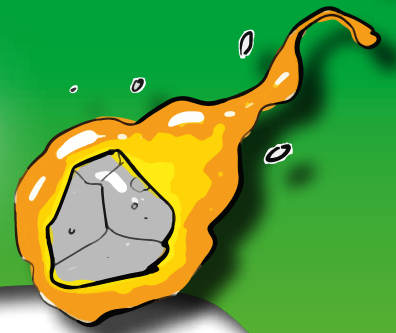
Would you like to speak to your IRO in private before your review meeting?

YES

NO



# All about me



What are you good at?

What activities do you like doing?



Do you have a Life Story Book or information and photos of people you know?

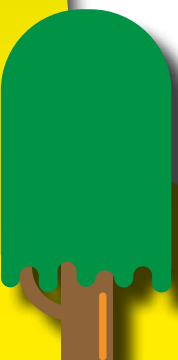
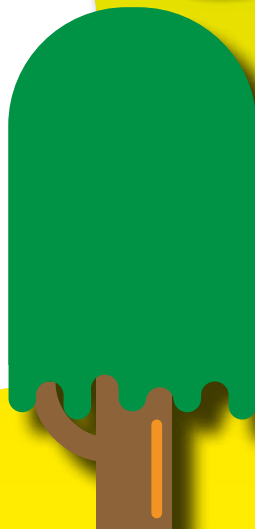
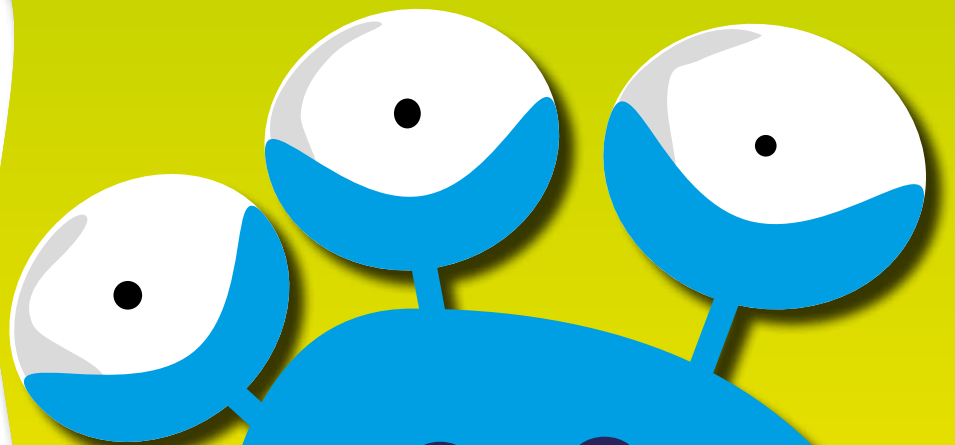
YES

NO

If not, would you like one?

YES

NO



# Home life

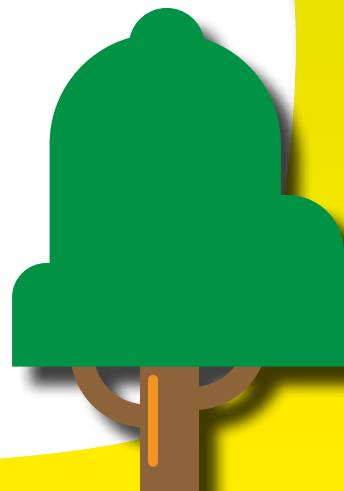
Do you like  
where you live?



Do you get along with  
the people you live with?



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



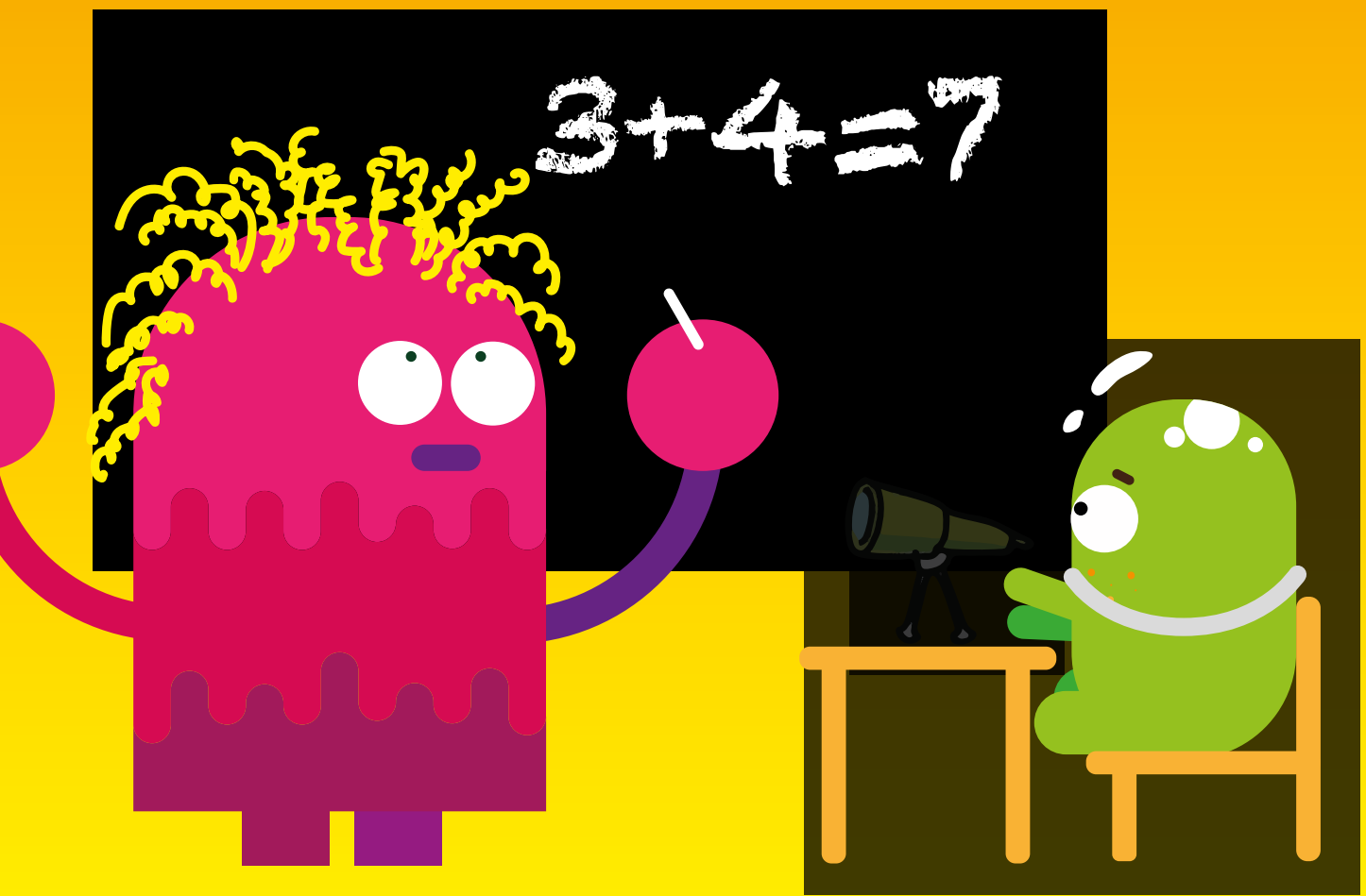
# School



What do you like about school?

Is there anything you would change about school?

Is there anything you need help with in school?















# Family & Friends

Who do you see from  
your family and friends?

How do you feel about  
seeing them?

Name

Because

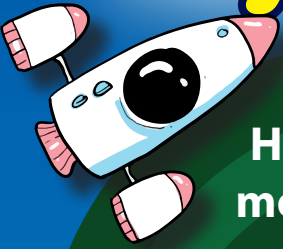
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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



# My life and feelings



How do you feel most of the time?

Can you pick more than one or write your own

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

.....  
would you like to say why?

What do you do to keep healthy?

Go to the doctor when I'm sick

Brush my teeth every day

Eat healthy foods

Exercise



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