

# It's Your Review

upto 11 years

Middlesbrough



#### Your Review

- It's time for your review
- Tt's time for you to have your say and to let us know what is important to you
- O Please tell us what you think so we can look after you the best we can
- By sharing your ideas, your hopes and fears, you can have a say in decisions and plans about you

This form has been filled in by:

Date:



#### All About You?

Name:
Age:
This is me:

### REPREPARE REPREP

#### Where You Live?

What you think about where you live is very important to us. We want to make sure:





Do you like where you live? Yes No
Do you get on well with your carers? (**) Yes (**) No
Can you talk to your carers about any problems you have? ( ) Yes ( ) No
you have? Yes No
Yes No
Is there anything you would like to change about
Is there anything you would like to change about



# Your Friends and Family

We know how important it is for you to remember who you are and where you are from. We will:



Help you to keep in touch with your family and friends



Help you to make new friends and build relationships



Make sure you have the chance to meet other children and young people that we look after



Make sure that you can visit your friends and that they can visit you





Do you see any of your family or friends? (\*\*) Yes (\*\*) No

Who do you see now?

Are there any other people that you would like to see?

(\*\*) Yes (\*\*) No

Who else would you like to see?

Is there anything that you would change about seeing your friends or family? Oyes No





#### School

Your hopes and aspirations about the future are important to us. We will:



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Do you like your School? (\*\*) Yes (\*\*) No Is there anything you want to say about your School? Do you take part in any School activities? (🙂 Yes 😕 Are there any activities in school that would like to be

Do you have a Personal Education Plan (P.E.P)? Yes No

Were you involved in writing your PEP? Yes No





# Your Spare Time

We understand that your spare time is important to you. We will:



Support you to take part in activities that you enjoy





What do you like to do in your spare time? Are you part of any clubs or groups? (\*\*) Yes (\*\*) Are there any activities, groups or clubs that you would like to be part of? ( Yes No



#### Your Health

It is important that we make sure that all of your health needs are met. We want you to:



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# How are you feeling in general?

It is important for us to know how you are feeling so we can make sure that we look after you in the best way we can. We will:



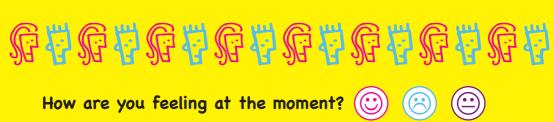




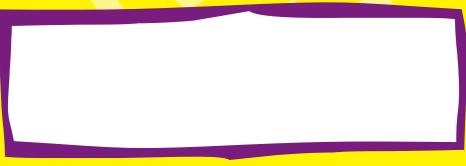


Support you to make a complaint if you are unhappy about something

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What makes you feel happy? What makes you feel sad or upset? What would you like to happen in the future?



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# Doodle Page!!

