

THE PLEDGE:

"A PROMISE
YOU HAVE
TO KEEP"



It's Your Review

12 years plus


Middlesbrough
moving forward





Your Review

-  It's time for your review
-  It's time for you to have your say and to let us know what is important to you
-  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:

Mobile:

Email:



Where You Live?

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



That you feel welcome



That you like where you live



That you understand the 'House Rules'



That you can talk to someone about where you live



That you feel safe and that you feel cared for





Do you like where you live?

Yes

No

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Do you get on well with those who look after you?

Yes

No

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Can you talk to someone about any problems you have?

Yes

No

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Is there anything that you would like to change about where you live?

Yes

No

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Your Friends and Family

We know how important it is for you to have a sense of identity. We will:



Help you to keep in touch with your family and friends



Help you to make 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? (i.e. face to face/
letters/phone calls/emails etc)**

Yes

No

Who do you see now?

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

Yes

No

Who else?

**Is there anything that you would change about
seeing your friends or family?**

Yes

No





School and Education

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



Help you to plan for your future



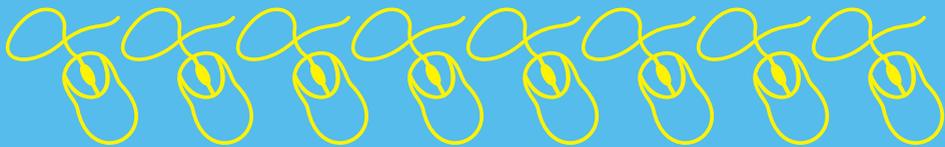
Encourage you to think about your dreams and achieve your ambitions



Help you to achieve your goals



Believe in you and support you to do well in education, training and employment





**Do you like your educational placement i.e School/
College/Training Programme?**

Yes

No

**Is there anything you want to say about your educational
placement?**

Do you take part in any educational activities?

Yes

No

**Are there any educational activities that you
would like to be involved with?**

Yes

No

Do you have a P.E.P or Support Plan in Place?

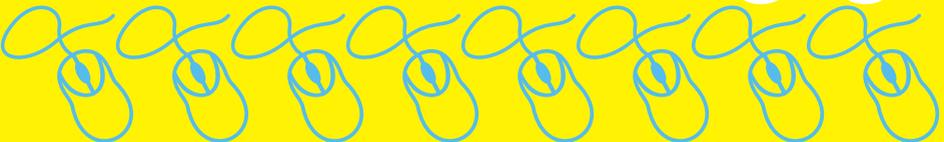
Yes

No

If so, were you involved in writing your P.E.P/Plan?

Yes

No





Your Spare Time

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



Explore and encourage your hobbies and interests



Listen to the kinds of activities that you would like to do



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

No

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 your health needs are met and that you lead a healthy lifestyle. We want you to:



Be Healthy



Be Happy



Be Active



Have someone to talk to



Feel listened to





Do you feel fit and well?

Yes

No

Do you have any concerns about your emotional, physical or sexual health?

Yes

No

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Do you eat a healthy diet?

Yes

No

Do you enjoy exercise?

Yes

No

What exercise do you like to do?

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Do you know who to talk to if you have a problem?

Yes

No

Who?

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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:



Listen to you



Make sure that there is a way to make things happen for you



Make sure you have a say in the decisions made about you



Make sure you can talk to someone independent



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

????????????



How are you feeling at the moment?

Do you feel that you need any additional support?

Yes

No

What would you like to happen in the future?





Consultation/ Participation

Do you think we are fulfilling our pledge to you?

Yes

No

Are you happy with the way we are looking after you?

Yes

No

Do you feel involved in influencing services and the care you receive?

Yes

No

Would you like to be more involved?
(i.e. The Children in Care Council)

Yes

No

Is there anything we can do differently in the future?