

# Your Feelings

Which of these is most like how you feel most of the time?



LONELY



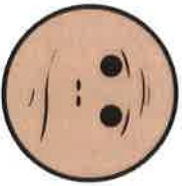
SAD



HAPPY



SCARED

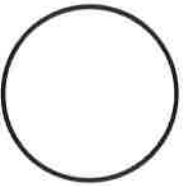


CONFUSED



ANGRY

Draw us a picture of how you feel!



# Culture

Do you have the opportunity to:

- a) Attend a church, mosque or Temple as required by your religion/faith or culture? Yes  No
  - b) Eat your hair or skin as required by your religion/faith or culture? Yes  No
  - c) Eat food, fruit and vegetables as required by your religion/faith or culture? Yes  No
- Any other opportunities:

# General

Have you seen your social worker on your own recently?

Yes  No

Has anyone told you how to make a complaint if you have one? Yes  No

Have you been given a complaint's leaflet? Yes  No

Is there anything else you would like to talk about at the review? Yes  No   
I would like to talk about:

If you are unhappy about anything - let us know! If your Social Worker or Carer cannot sort it out, or if you prefer to talk to somebody outside of Social Services, we can give you some leaflets telling you more about this.

Have these leaflets been given to you? Yes  No

Please sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Finally a big thank you for filling out this form. Please could you send it back to the office before your review, using the stamped addressed envelope or hand this to your reviewing officer or social worker.



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# CONTRIBUTION PAPER FOR A CHILD LOOKED AFTER BY LAMBETH CHILDREN AND YOUNG PEOPLE'S SERVICE

A review is a meeting about your care plan and how you are getting on. It is a chance for you to tell us what you want to happen in your life. We hope that you will attend your review and bring your comments with you. Call us on 020 7526 2000 if you have any questions.

age

# 4-8



## What happens At the Review

- We will listen to what you want to happen and how you feel about matters.
- You may have someone with you to speak up for you.
- You should know before the meeting what will be talked about!
- We will send a letter telling you know what we decide at your review.

Your Name: \_\_\_\_\_  
Date of Review: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## The Review

Parents/careers/social workers and your independent reviewing officer normally attend a review. Who else would you like to be present at your review?

Is there anyone you do not want to be at your meeting? Yes  No   
*If yes, please tell us:*

What do you want to talk about at your review meeting?

Where do you want your review to be held? School  Where you are living

Do you understand why you are being looked after? Yes  No

## Health & Education

Have you been to see any of these since your last review?

Doctor  Dentist  Optician

What is your teachers name? \_\_\_\_\_

What do you like about school?

Is there anything that you don't like about school? Yes  No

What do you like doing when you are not at school?

Do you have access to a computer where you live? Yes  No

What else do you like to do?



## Contacts & Accommodation

What do you like about where you are living?

Is there anything you don't like about where you are living? Yes  No   
*If yes, please tell us:*

Could you let us know if there is anybody who doesn't visit you who you would like to see?

## Drawing space

