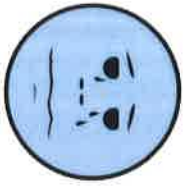


## Your Feelings

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



**LONELY**



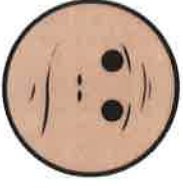
**SAD**



**HAPPY**



**SCARED**



**CONFUSED**



**ANGRY**

## 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) Feed 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 complaints leaflet?

Yes  No

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

would like to talk about: \_\_\_\_\_

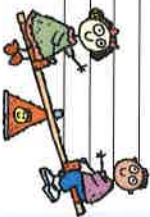
If you are unhappy about anything - let us know! If your Social Worker or Carer cannot sort it out, or if you prefer to talk to somebody outside of Social Services, we can give you some leaflets telling you more about this.

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.



# CONTRIBUTION

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

age 9-11

A review is coming about your care plan and gives you the chance to say what you want to happen in your life. We hope you will attend your review and make your comments written below and any other you wish to say.

**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 letting you know what we decide at your review.

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**The Review**  
Parents/carers/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**

**Your Health**

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

Doctor  Dentist  Optician

Have you been ill recently? **Yes**  **No**

Have you got any worries about your health? **Yes**  **No**

If you have worries have you discussed them with an adult? **Yes**  **No**   
*I would talk about my worries with:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Education**  
What is going well at school?

Is there anything you would like to change about school? **Yes**  **No**   
*I would like to change:*

Do you have somewhere quiet to do your homework? **Yes**  **No**

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

Do you think you need extra support with your schoolwork? **Yes**  **No**   
*Please tell us what extra support you need:*

What would you like to do when you are older?

**Contacts & Accommodation**  
What do you like about where you are living?

Is there anything you would like to see changed? **Yes**  **No**   
*If yes, please tell us:*

Is there anyone you would like to have telephone contact with? **Yes**  **No**

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

Who do you talk to about things that are important to you?

