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.

		Date of Review.	Your Name:
	ļ,	3	

REVIEW

Parents/carets/social workers and your independent reviewing officer normally affend 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 \(\subsection \) No \(\subsection \)

Where do you want your review to be held? School What do you want to talk about at your review meeting? Where you are living

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

Your Health

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

Doctor Dentist Donticl Optician 🗌

Are you registered with a: Doctor Dentlet Optician

Have you been ill recently?

Have you got any worries about your health?
Please tell us what worries you have: Yes

№

Who can you talk to about puberty and your physical development?

If you have worries have you discussed them with an adult? Please left stands:

Do you consider yourself as having a disability? Yes řes **8** □ **№**

Education

What is going well at school?

Is there anything you would like to change about school?
I would like to change: Do you have somewhere quiet to do your homework? Yes Yes **№** No



Contacts & Accommodation

Do you have a pathway plan?

Yes

№

Do you think you need extra support with your school/college work? Please tell us what extra support you need:

Yes

№

Do you have access to a computer where you live?

Yes

8 □

What do you like about where you are living?

Is there anything you would like to see changed?
Please tell us: is there anyone you would like to have telephone contact with? Yes ĕ N₀ . □

Who do you talk to about things that are important to you? Who would you like to see? is there anybody whom you don't see now?

8

How ready do you feel you are to move from your current placement into semi independent/supported lodgings?

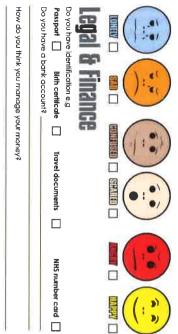
Lambeth Forms 22-24

Contacts & Accommodation ont



Your Feelings

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



		b you have a bank account?
NHS number card	Iravel documents	a
		o you nove identification e.g

1	What
	What financial advice do you think you need re. Student loans 🔲 leaving care 🔲 grants or debts 🛭 Anything zee:
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V"	Do you ho	Do you have Please tell us:
	Do you have youth offending team worker or any outstanding criminal matters? Yes 🔲 No 🔲	Do you have any immigration concerns? Please lell us:
	ending tea	nigration co
	m worker or	oncerns?
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	Do you have youth offending team worker or any outstanding criminal matters? Yes
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Do you have any other legal issues? Yes 📗 No	□ No □	

Do you have the apportunity to meet people: (e.g. at church, youth club, mosque, leisure centre or work group)? Yes

ļ,		
N	or culture? Yes	 c)Eat food, fruit and vegetables as required by your religion/faith or culture? Any other apportunities:
<u>8</u>	e? Yes □	b)Treat your hair ar skin as required by your religion/faith or culture?
8 □	faith or culture? Yes	Do you have the opportunity to: a)Altend a church, mosque or temple as required by your religions/laith or culture? Yes
8	Yes 🗆	mosque, leisure centre or work group)?

of more from the state of the s		2
c)Eat food, fruit and vegetables as required by your religion/faith or culture? Any other appartualities.	Yes	No □
Reneral		
Have you seen your social worker on your own recently?	™	No C
Are you happy with the support you get from your social worker/ personal advisor? If not, please left as why:	ğ	8
Has anyone told you how to make a complaint if you have one?	Yes 🗆	N 0
Have you been given a complaints leaflet?	Yes 🗆	8
Is there anything else you would like to talk about at the review?	Ϋ́2	8

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 leaffets telling you more about this.

Please sign here:		
_ Date:		

Have these leaflets been given to you?

☐ Yes

□ No

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.





