Child / Young Person’s Feelings

From: ………………………………………………………………………… Social Worker / Group Manager

Address: …………………………………………………………………………

 …………………………………………………………………………

Tel No: …………………………………………………………………………

To ………………………………………………………………………………………

**PLACEMENT WITH PARENTS ETC. REGULATIONS**

**CONFIDENTIAL**  **DATE: …………………………………………**

Dear ……………………………………………………………………………………..

As you know, discussions are taking place about the possibility of you going to live with

**Name: ………………………………………………………………………………….**

**Address: ………………………………………………………………………………….**

 **…………………………………………………………………………………..**

Because we would like to know how you feel about this proposal, it would be very helpful if you would answer the following questions as carefully as possible.

1. Would you be happy about this move?
2. Who has talked with you about the possibility of moving?
3. What do you think life will be like if you live with your parent(s)? How do you think your life will change?
4. Can you think of any particular difficulties that might come up? Do you have any worries about if you move?
5. Are there any other people that you would like to keep in touch with? Has anyone discussed this with you?
6. How would this move affect your schooling, and what do you feel about this?
7. Will a move make any difference to your present friendships or relationships?
8. What do you hope will happen if you make this move?
9. Do you want to add anything else?

Thank you for answering these questions. It will help us to know you and your needs better.

If there is anything in this form that you find difficult to put down in writing then please contact me and I will be happy to help.

 I will let you know as soon as a decision is made about your placement.

Yours sincerely,

…………………………………………………………………………………….

Please make sure that this form is returned to me, at the address that is at the top of this form.