**Early Help Youth Service
Sessional Form**

Revised
May 2019

**Form A**

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| **CENTRE:** | **SESSION TYPE:** |
| **DATE:** | **TIME (From – To):** | **NUMBER OF YOUNG PEOPLE****ATTENDING SESSION:** |

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| **STAFF NAME** | **Paid** | **Vol** | **STAFF NAME** | **Paid** | **Vol** |
| **LEAD WORKER****ATTENDING SESSION** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | Visitor | Please Complete Visitor Sheet at Back of this Booklet |
|  |  |  | Visitor |
|  |  |  | Visitor |

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| **YOUTH SERVICE CURRICULUM AREAS (tick/highlight relevant boxes)** |
| **Arts****Code ( A )**  | **Citizenship****Code ( C )** | **Culture & Diversity****Code ( CD )** | **Keeping Safe****Code ( KS )** |
| DanceCultural ArtsCommunication ArtsGraphicsSong WritingCircusDramaPerformingCraft ActivitiesEvents CreationArt to raise issues& statementsMusic | DemocracyLocal/Global IssuesRecyclingCampaigning Fund Raising Charity WorkEnvironmentVolunteeringCommunity WorkVotingHuman Rights | DisabilityEthnicitySexualityReligion & BeliefStereotypingHistoryDifferent Cultural & Food | Drug AwarenessAlcohol AwarenessSmoking AwarenessDomestic ViolencePersonal SafetySelf HarmPeer Pressure |
| **Sports, Adventure & Events****Code ( SAE )** | **Well-Being****Code ( WB )** | **Information & Guidance****Code ( IG )** |
| Duke of Edinburgh Team GamesTripsCoachingCamp CraftMap ReadingResidentialEventsTeam WorkOff Site ActivitiesAll Sports | Life SkillsFitness and ExerciseCooking HealthyFirst AidPersonal HygieneMental HealthHealthy LivingRelationshipsSexual HeathSelf EsteemConfidence BuildingEmotional Health | Budget ManagementInformation ResearchCareer AdviceTrainingInterview SkillsCentre/Project MeetingsCentre/Project PlanningPresentation Skills |

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| **PLANNING** |
| **What is planned?** | **Who is delivering this?** | **Why is this planned?** |
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| **EVALUATION** |
| What happened in the session?Please use extra sheets and staple |

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| **LEARNING OUTCOMES** |

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| What have the Young People learnt?**Young People’s feedback about the session (please complete)**Please use extra sheets and staple |
| Have notlearntanything |  Scale 0-10 How did you rate the session?  🡸 0 1 2 3 4 5 6 7 8 9 10 🡺 | Learnt a new skill I can use |

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| **Signs of Wellbeing****if you have any concerns about the wellbeing of any groups or individuals please complete below:** |
| **What Are You Worried About?** | **What’s Working Well?** | **What Needs to Happen?**  |
| **i.e. When Jane Smith attended the last 3 sessions she was hungry and her clothes were dirty.** | **Jane has two good friends and interacts well with youth worker (Name).** | **The youth worker to speak with Jane on 1:1. Offer support and report concerns to the lead worker.** |
| **i.e. Jack Jones is normally a quiet shy boy but he has been telling friends he is hanging about with older boys who get into trouble with the police.** | **Jack attends every session and there have been no reports of misbehaving.** | **Speak to Jack directly and speak to Jacks friends find out if he is hanging with older boys and if so why? and report concerns to the lead worker.** |
|  |  | If required please continue on further paper and attach |
| (0) **Being Worst Case**- Child Protection - Anti Social Behaviour- Criminal Activity- Isolated/Vulnerable - Victim/Bullied | Scale 0-10 How would you rate your concern?🡸 0 1 2 3 4 5 6 7 8 9 10 🡺 | (10) No Concerns- YP Interact with Peers - Happy- Enjoy Sessions- Confident- No Safety Concerns |