**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 )** |
| Dance  Cultural Arts  Communication Arts  Graphics  Song Writing  Circus  Drama  Performing  Craft Activities  Events Creation  Art to raise issues  & statements  Music | Democracy  Local/Global Issues  Recycling  Campaigning  Fund Raising  Charity Work  Environment  Volunteering  Community Work  Voting  Human Rights | Disability  Ethnicity  Sexuality  Religion & Belief  Stereotyping  History  Different Cultural & Food | | Drug Awareness  Alcohol Awareness  Smoking Awareness  Domestic Violence  Personal Safety  Self Harm  Peer Pressure |
| **Sports, Adventure & Events**  **Code ( SAE )** | **Well-Being**  **Code ( WB )** | | **Information & Guidance**  **Code ( IG )** | |
| Duke of Edinburgh  Team Games  Trips  Coaching  Camp Craft  Map Reading  Residential  Events  Team Work  Off Site Activities  All Sports | Life Skills  Fitness and Exercise  Cooking Healthy  First Aid  Personal Hygiene  Mental Health  Healthy Living  Relationships  Sexual Heath  Self Esteem  Confidence Building  Emotional Health | | Budget Management  Information Research  Career Advice  Training  Interview Skills  Centre/Project Meetings  Centre/Project Planning  Presentation 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 not  learnt  anything | 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |