

# MY REVIEW

12-17 YEARS



All About Me



Home Life



Family & Friends



Education,  
Employment  
or Training



My Life

Name



Are you planning  
to come to  
your review?

Yes or  No

Date of Birth



Would you like to  
speak to your IRO in  
private before your  
review meeting?

Yes or  No



# All About Me

**What are you good at?**

Blank writing area with horizontal dashed lines for text entry.

**What do you do in your spare time?**

Blank writing area with horizontal dashed lines for text entry.

**Are there any activities you are interested in trying?**

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**Do you have a Lifestory Book or information and photos of people you know?**

Yes  No

**If NOT, would you like one?**

Yes  No



# Home Life

Are you happy where you live?

- YES!  
 Kind of  
 Not really

If you are moving on soon,  
do you understand why?

- Yes  No  I'm not moving on

Are you getting the support  
you need to move on?

- Yes  No  I'm not moving on

Do you get along with the  
people you live with?

- Yes  No  Sometimes

Do you think the rules are  
suitable for your age?

- Yes  No

If NO, is there any way  
we can help change this?

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Is there anything else you would  
like to say about where you live?  
E.g. about food, pocket money,  
your clothes, the rules or what  
happens if you break them?

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# Family & Friends

**Do you see your friends and family enough?**

Not enough

Just right

Too much

**Is there anyone you would like to see MORE often?**

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**Is there anyone you would like to see LESS often?**

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# Education, Employment or Training

Are you at:

School  College  Work  Training  Other

What is it like?

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Is there anything you  
need help with?

Yes  No

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# My life and how I feel about it

How do you feel most of the time?

- |                                     |                                    |                                     |
|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> happy      | <input type="checkbox"/> loved     | <input type="checkbox"/> satisfied  |
| <input type="checkbox"/> sad        | <input type="checkbox"/> cared for | <input type="checkbox"/> ok         |
| <input type="checkbox"/> lost       | <input type="checkbox"/> helped    | <input type="checkbox"/> bored      |
| <input type="checkbox"/> lonely     | <input type="checkbox"/> picked on | <input type="checkbox"/> worried    |
| <input type="checkbox"/> frightened | <input type="checkbox"/> supported | <input type="checkbox"/> understood |
| <input type="checkbox"/> numb       | <input type="checkbox"/> rejected  | <input type="checkbox"/> angry      |
| <input type="checkbox"/> tired      | <input type="checkbox"/> lucky     | <input type="checkbox"/> don't know |

You can pick more than one or write your own

Would you like to say why?

Do you or anybody else have any worries about your health?

Yes  No

What are your dreams for the future?

Is there anything else you would like to talk about at your review?