

My Review

Name

Age

Birthday

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

YES NO

Ages 5 - 11



STRONG HERITAGE | STRONG FUTURE
RHONDDA CYNON TAF
TREFTADNETH GADARN | DYFODOL SICR

All about me

What are you good at?

What activities do you like doing?

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

Do you like where you live?



Do you get along with the people you live with?



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?



School

The background features a blue sky with white clouds, several black birds in flight, and various school supplies including a yellow ruler, a blue pencil, a pair of scissors, a glue stick, and orange stars. The word 'School' is written in large, white, rounded letters at the top left.

What do you like
about school?

Is there anything
you would change
about school?

Is there anything you
need help with in school?

Family & Friends



Who do you see from your family and friends?

Name

How do you feel about seeing them?

Because

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Is there anyone you would like to see LESS often?

Is there anyone you would like to see MORE often?



My life and feelings

What do you do to keep healthy?

Eat healthy foods

Exercise

Go to the doctor when I'm sick

Brush my teeth everyday

How do you feel most of the time?

You can pick more than one or write your own

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

What are your dreams for the future?

Would you like to say why?

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