

# It's My Review!

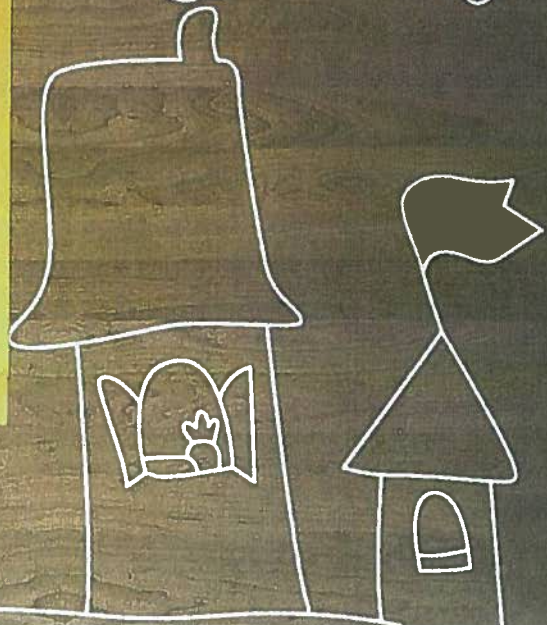
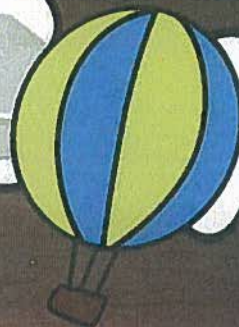
## About my life

The most important person at a review is -  
**YOU!**

Reviews are about giving you the chance to  
say what you want to happen in your life.

**My Name Is:**

[www.blace.me](http://www.blace.me)





# Younger persons review booklet

This is your form – fill it in how you want to. You can draw – cut and stick pictures – colour – use photos – or write things down! If there is anything you are not sure about ask someone for help.

## Do you want to go to your review?

Yes



No



**No?** Tell us why here:

- 
- 
- 
- 

## When will my review be?

What days are good for me to have a review? (Tick which one)



Monday



Tuesday



Wednesday



Thursday



Friday

What time of the day is better for me? (Tick which one)

Before school



Dinner time



After school



Tea time



After tea



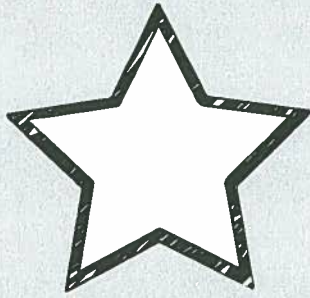


# Where is my review going to be?



We want your review to be at a place where YOU feel safe and comfortable.

Colour in the star which you think is the best place.



**School**



**where I now live**

**A place I know (draw it here)**

## Who is going to be there?



You need to talk to your social worker about who you do and don't want to come to your review. The people who come should be important to you – they are there to listen to you and support you.

The names of people I want at my review are:

Special people in my life:

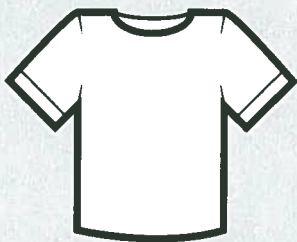
Important adults who make plans with me:

Other people I want in my review:

People I don't want to be at my review are:

## What could help me at my review?

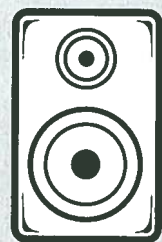
At my review I could: (colour in your choice)



Get dressed up



Have snacks and drinks



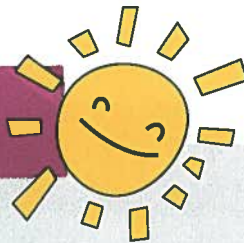
Play my music

Other ideas I would like to try are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



## How can I take part in my review?



The things I would like to do at my review are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Do you want to meet people as they come in, tell them where to sit, do most of the talking?

## Where I live now

Who else lives with me:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

The bits I like about where I live are: \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

The bits I don't like are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



# Special People



Do you see all the people you want to?

Yes



No



Is there anyone you would like to see more of?

Is there anyone you don't want to see anymore?

Draw your special people here

People I have contact with are:

This makes me feel:

Because . . .



Is there someone you would like to have contact with?

Yes



No





# My School



How I get there: (Tick the way you get to school)

Bus ☐ Walk ☐ Taxi ☐ Bicycle ☐ Train ☐ Car ☐

**The things I like doing most at school are:**

- ☐
- ☐
- ☐
- ☐
- ☐

**If I could change anything about school it would be:**

- ☐
- ☐
- ☐
- ☐
- ☐

# My Health

Have you recently been to the Doctor? ☐ Dentist? ☐ Optician? ☐

Things I do to keep me healthy are: (Tick which ones)

- ☐ Eating healthy food
- ☐ Doing exercise
- ☐ Go to the doctor when I'm poorly
- ☐ Brush my teeth

**If I was worried about my health I could talk to:**

- ☐
- ☐
- ☐
- ☐
- ☐



# Culture Religious Language needs



Are these being met?

Yes



No



**Is there any food that you used to eat that you don't eat now and you miss?**

- \_\_\_\_\_
- \_\_\_\_\_

Different cultures wear different clothes.  
Do you get the chance to wear the clothes  
of your culture?

Yes



No



**Tell us on what occasion you would like to wear these clothes.**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Things I like doing



**What activities I do:**

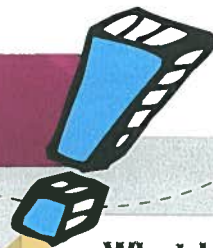
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**What I am good at:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



# My Feelings



What has made me happy . . .

- 
- 
- 
- 
- 
- 

What has made me sad . . .

- 
- 
- 
- 
- 
- 

What I feel about my care plan:

- 
- 
- 
- 
- 
- 

My dreams for my future:



## Bullying

Are you being bullied:

Yes



No



Where you live



in school



anywhere else?



Are you worried about anyone else being bullied?



## And finally...



Do you want to take an advocate with you to your review?  
(someone to speak up on your behalf?)

Yes



No



When did you last see your social worker?

6 weeks



3 months



6 months



Have you seen your care plan?

Yes



No



Did your carer help you to fill in this booklet?

Yes



No



**At my review I want to talk about:**

- 
- 
- 
- 

Have you seen a copy of the complaints leaflet?

Yes



No



Are there any parts of your review booklet that you  
don't want to share with the people at your review?

Yes



No



If yes, tell us which parts you don't want to share.

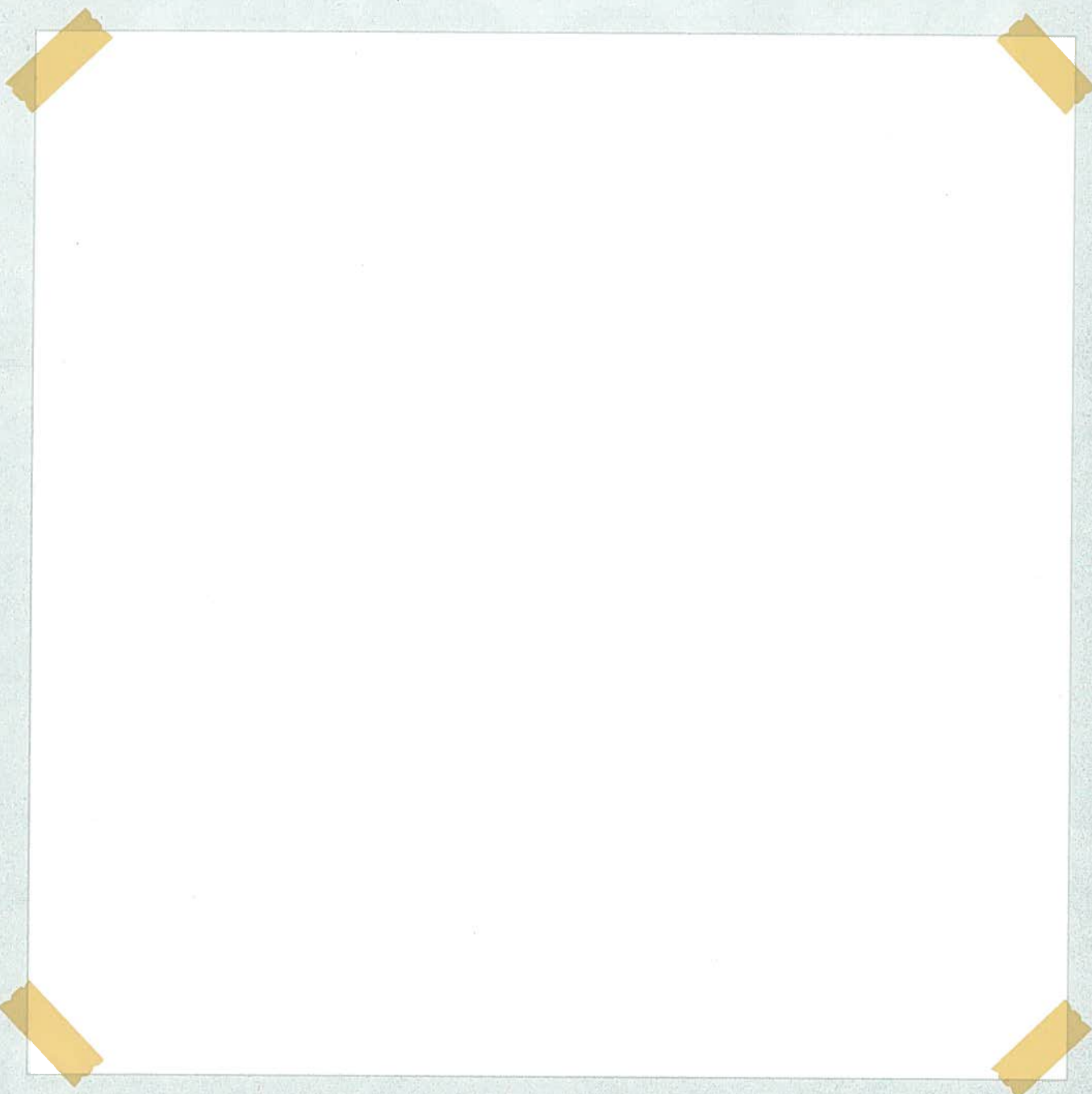
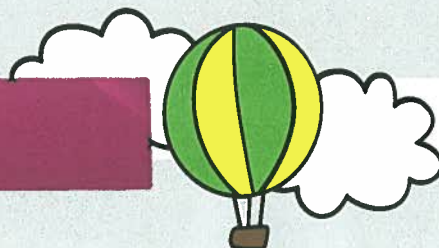
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## When my review is over

Two weeks after you should get a letter with all the important stuff talked about in your review to help you remember what was said and what's going to happen next. If you don't get this you need to ask your social worker for it.

## Doodle Page





Date Stamp - Office use only



Borough's Looked After Children's Environment

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