A Review is where changes can be made to your Care Plan. It’s important that you give your views. Use this form to help you decide what you want to say. Ask an adult to help you fill it in if you want. Try and tick a box for each question and write any comments you wish to make.

How do you like living where you are now? Like it [ ] It’s Ok [ ]
Don’t like it [ ] Do you want to say why you ticked this box? [ ]

This form is confidential but will normally be seen by the people who come to your Review. If there’s anyone you don’t want to see the form, speak to your social worker or the Review Chairperson.
What decisions would you like made at your Review?

If you could change anything about your care, what would it be?

Please use this space to say anything else you want the Review to know. You might want to ask some questions or draw a picture. Add another piece of paper if you haven’t got enough room.

Remember you **Who Cares? Worker** or **Children’s Rights Officer**, or someone else you trust can come with you to your Review to help you Have Yours Say.
Looking After Children

REVIEW OF THE CARE PLAN – PART 3

Are you happy with the contact you have with your family and friends?  
Yes  No  
Do you want to say why you ticked this box?  

Is there anyone you’d like to see more or less of?  
Yes  No  
If yes, who and how often?  

Re you at: School  College  
Work  Training  Other  
What’s it like? Is there anything you need help with?  

What interests and sports do you take part in?  

Are there any others you’d like to try?  

Do you know why you are being looked after away from home?  Yes  No  

Has anyone talked to you about what was decided at your last review?  Yes  No  

This is my first review  

Do you know how to contact your Who Cares Worker or your Children’s Rights Officer?  
Yes  No  

10  11
How do you get on with the people you live with?  
Very well ☐  OK ☐  Not very well ☐  
Do you want to say why you ticked this box? ☐

Is there anything else you would like to say about where you live - for instance? about the food, pocket money, or the rules and what happens if you break them?

Are there times when you don’t feel safe or are bullied either where you live or somewhere else.  
Yes ☐  No ☐  
If yes, what happens and where?

If you are moving soon, are you getting the help and preparation you need?  
Yes ☐  No ☐  
Do you want to say why you ticked this box? ☐

I see my social worker:- Too much ☐  
About right ☐  No enough ☐  
Do you want to say why you ticked this box?