

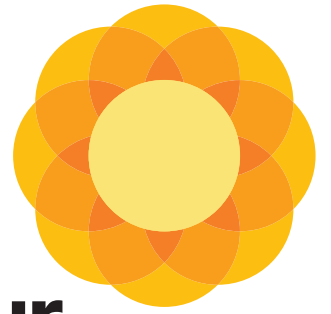
Tell us about
you and what
you would like
to happen

Have your
say



8 TO 12-YEAR-OLDS





Have your say

8 TO 12-YEAR-OLDS YOUR REVIEW

This is **YOUR** review. It is about **YOU**
being involved in what is going on in
YOUR life

COMPLETE DETAILS BELOW:

.....
Your name (*leave blank if you wish*):
.....

.....
Date of review:
.....

.....
Your Independent Reviewing Officer (IRO):
.....
.....

What you say in this form will be seen by your Independent Review Officer (IRO) to make sure that your views are at the centre of your CIC review. A copy of the form will be kept by your IRO for your case file, and after the review, this form will be returned to you for you to keep.



Your review

If you fill out these questions tell your carer to contact your Independent Review Officer (IRO) sometime before your review. What you think is really important. Some of this is quite easy to fill in, some of the questions are a bit longer – do what you can.

1. Where would you like your review to be held?

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2. Who would you like to attend your review?

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Where you live

5. How do you feel about where you live? *(Please tick)*



I dislike it



It's okay



I like it



It's cool!

6. Are you allowed visitors? *(Please tick)*



Not really



Yes

7. Are you allowed friends to stay overnight with you? *(Please tick)*



No



Sometimes



Yes

8. Are you allowed to go and stay overnight with anyone? *(Please tick)*



Not really



Sometimes



Yes



Your health

9. How would you describe the food you eat? *(Please tick)*



Unhealthy



Healthy



Very healthy

10. Do you know how to be healthy? *(Please tick)*



No



Sort of



Yes

11. Can you say what you do that is healthy?

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What do you like to do?

12. What things are you interested in doing, and when do you do them?

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13. Are there things you would like to do, but can't? (Please tick)



Some things



Not sure



No

14. If there are things you would like to do but can't, please can you say what they are?

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Family relationships

15. Who do you see in your family?

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16. How does seeing them make you feel? *(Please tick)*



Sad



Okay



Happy

17. Do you want more or less time seeing your family? *(Please tick)*



Less time



About right



More time





**BIRMINGHAM
CHILDREN'S TRUST**