

Early Help Assessment Wishes & Feelings

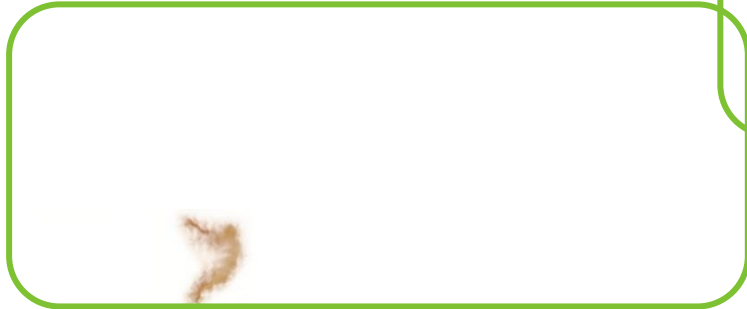
At Home



I'm happy



Always Usually Sometimes Rarely Never



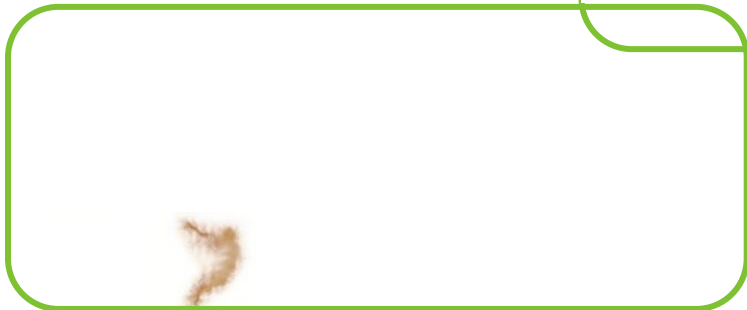
In School



I'm happy



Always Usually Sometimes Rarely Never



Wishes & Feelings

Completed in the presence
of: (name & role)

Name of Child

Age

Note: the child should complete this form with the assistance of a known & trusted adult if necessary (eg. class teacher). Please record all those present at the time of completing the form. You must explain to the child that this form will be shared with their parents and those at the EHA meeting. In addition, you must explain that details will be shared with others if you feel there is a risk of harm.

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With Friends



I'm happy



Always Usually Sometimes Rarely Never



Anything else



I'm happy



Always Usually Sometimes Rarely Never



Wishes & Feelings

Signature
(of child, young person):

Name (of child,
young person):

Date _____

To be completed after discussion of EHA with young person (with reference to information leaflet).
I understand that my feelings and wishes are a very important part of the EHA process and will be shared with my parents/carers and the people at the EHA and TAF meeting.
I also know that if the people helping me think I might be in danger, they might need to share this with other people without my permission.