**Child/Young Persons View: Name**

*Please use the prompts at the end of the form and/or the Child’s Voice Tools on the OSCB Website* <https://www.oscb.org.uk/themes-tools/> *to help fill in this section (standalone prompt sheet can be found on OSCB website).*

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| **Areas of your life**  | **What could be better and why?** Think about what’s important to you and your family. What could be better? What would help you? | **What’s working well?** This is where you record the good stuff! Think about what you’re good at; your successes. Who looks after you and helps with problems? |
| **Home**What is it like at home? Are you warm, comfortable, safe? |  |  |
| **Family relationships**How do you feel about your family? |  |  |
| **School/College/Work**How do you feel about school/College/Work?  |  |  |
| **Social/Community**(Do you feel safe? Are you engaged in any hobbies? Do you have good friends?) |  |  |
| **Health and Wellbeing**Who helps you stay healthy? Do you have a disability or problem? Who can you talk to about your feelings? |  |  |