

All About You

Child's Name: _____

D.O.B:

(DD/MM/YYYY)

QCPCI

Age:

Date: 31.10.2012

Foster Carer(s):

Exhibit number: 109

Week Ending (Sunday):

Highlights of the week

Appointments this Week

All About You

1 2 3 4 5

"You managed your emotions and actions in potential conflict situations by..."

"You have demonstrated personal responsibility this week by..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

"You have made a strong decision or voiced your opinion by..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

"You have helped somebody this week by..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

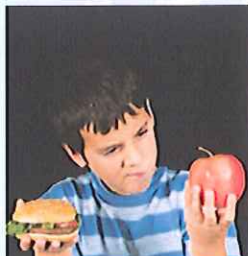
"Another adult has helped you this week by..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

PHYSICAL DEVELOPMENT

"Your physical growth and development, including health and dental care this week..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)



Your Foster Family 1 2 3 4 5

"This week we (carers) encouraged your personal safety by..."

"We have physically or emotionally supported you by..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

"We set/reminded you of acceptable boundaries by..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

"This week we positively communicated with you by..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

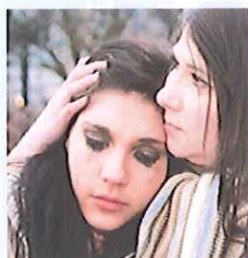
"A good adult role model for you this week has been..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

BELONGING

"We have nurtured/you have shown a sense of belonging, caring and sharing by..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)



Your Learning

1 2 **3** 4 5

"You engaged in this learning activity this week..."

"This week somebody else has supported you in your learning environment by..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

"You've had boundaries set or reminded in your learning/work because..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

"This week WE have encouraged you in your learning by..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

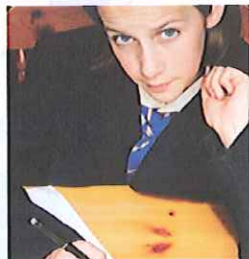
"This week you asked for help/support in your learning with..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

MENTAL & EMOTIONAL WELLBEING

"You have shown your ability to communicate, think and feel by..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)



Your Future

1 2 3 **4** 5

"You have shown a positive view of the future involving either yourself or somebody else by..."

"A skill or task which you have attempted this week is..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

"A decision or plan that YOU (child) have made this week is..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

"You were encouraged to do your best by..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

"These are the group activities/ clubs you have attended this week..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)

MORALS & VALUES

"You have shown a developing sense of identity, self purpose, respect for others, right and wrong by..."

Everyday Most Days Some Days Few Days Not this Week Not Recorded
(How often?... Please select one of the above)



Your Life Journal

1 2 3 4 **5**

'How has the child/young person been involved with this recording...?'

Fully Mostly A little Declined Not Possible

(Please select one of the above)

You and/or the young person can comment here:

CRITICAL INCIDENTS THIS WEEK

Please note the time, date and a brief description of any incidents:

(Please complete a separate 'critical incidents form')

CONTACT WITH BIRTH FAMILY AND SIGNIFICANT ADULTS

Please note the details of any contact:

'Any other comments...?'

FOSTER CARER(S)

Completed by (print name):

Signature(S):

Date:

(DD/MM/YYYY)

or tick box

☐

SUPERVISING SOCIAL WORKER(S)

Seen and reviewed by (print name):

Signature(S):

Date:

(DD/MM/YYYY)

or tick box

☐

Note: Please upload/file this document on the young person's file.

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