

**Views and Feelings of Young Person (Full name and DOB)**

**Location of meeting with Child:** **Date of meeting with Child**

**Type of Case**: CP initial/Lac Meeting **Name of Authority**

**Date of** CP or Lac Meeting **Date sent:**

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| **What’s working well** | **What is not working so well**  | **What am I worried about** | **What I would like to happen/****Next Steps** |
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Full Name of Advocate ……………………………………………………

**Advocate for Reconstruct Children’s Services**

Date………………………………….