A picture containing flower

Description automatically generated

**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:**

|  |  |  |  |
| --- | --- | --- | --- |
| **What’s working well** | **What is not working so well** | **What am I worried about** | **What I would like to happen/**  **Next Steps** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**0 -10** **0-10** **0-10**

Full Name of Advocate ……………………………………………………

**Advocate for Reconstruct Children’s Services**

Date………………………………….