



Derby City Council

My Life, My Journey

Wishes and Feelings

Name

Age

Today's Date

My wishes and feelings

I wish the meeting to know:

Please write or draw a picture

Most of the time at home I feel:

Most of the time at school,
college or training I feel:

Out of 10, I feel this happy (please circle the number)

Very unhappy 1 2 3 4 5 6 7 8 9 10 very happy

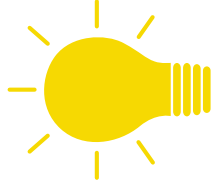
It might be more if:

Out of 10, I feel this safe (please circle the number)

Very unhappy 1 2 3 4 5 6 7 8 9 10 very happy

It might be more if:

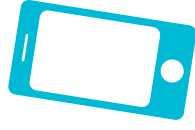
Action Plan



Name

What is going to help you?	How is it going to help you?	Who is going to help you?	When would you like it to start?
What else might help?			

Review



Name

How much has it helped you?

A lot

A little

Not at all

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