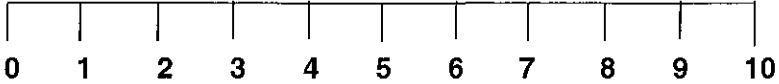
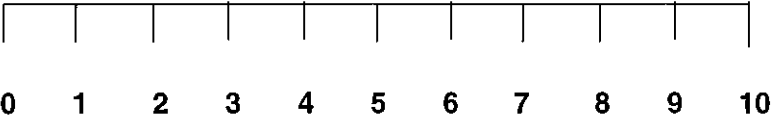


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Parents Consultation Form Part 2 Support and Advice

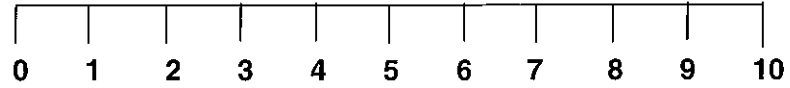
What are the main issues you want to work on?

Next Step

<p>Date:</p>	<p>My goal, what do I want to achieve?</p>
	<p>First Stage</p> <p>Where I feel I am now...</p>  <p><u>Action Plan:</u></p> <p>Signed _____</p>
	<p>Review</p> <p>Where I feel I am now...</p>  <p><u>Action Plan:</u></p> <p>Signed _____</p>

Review

Where I feel I am now...

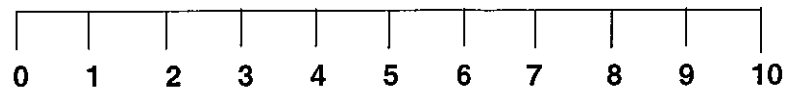


Action Plan:

Signed _____

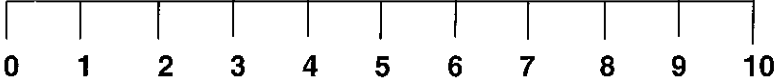

Review

Where I feel I am now...



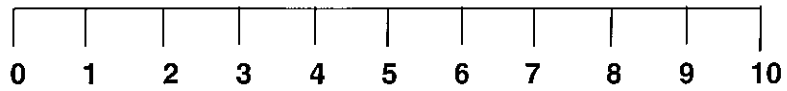
Action Plan:

Signed _____

Date:	My goal, what do I want to achieve?
	<p>Review</p> <p>Where I feel I am now...</p>  <p><u>Action Plan:</u></p> <p>Signed _____</p>
	<p>Review</p> <p>Where I feel I am now...</p>  <p><u>Action Plan:</u></p> <p>Signed _____</p>

Review

Where I feel I am now...

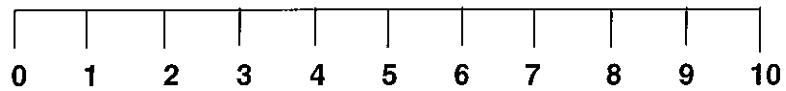


Action Plan:

Signed _____

Review

Where I feel I am now...



Action Plan:

Signed _____

Feedback before 4:Thought intervention

On a scale of 1 – 10 with 10 being the most positive, please answer the following questions by circling where you see yourself on the scale.

A) I can understand the difficulties I have been experiencing.

1 2 3 4 5 6 7 8 9 10

Any comments:

B) I can communicate my thoughts and feelings.

1 2 3 4 5 6 7 8 9 10

Any comments:

C) I feel I can cope with daily life.

1 2 3 4 5 6 7 8 9 10

Any comments:

D) Where are you at in meeting your goal/goals.

1 2 3 4 5 6 7 8 9 10

Any comments:

E) How positive do you feel about making progress in meeting your goals.

1 2 3 4 5 6 7 8 9 10

Any comments:

Any further comments you would like to make:

Feedback following 4:Thought intervention

On a scale of 1 – 10 with 10 being the most positive, please answer the following questions by circling where you see yourself on the scale.

D) I can better understand the difficulties I have been experiencing.

1 2 3 4 5 6 7 8 9 10

Any comments:

E) I can better communicate my thoughts and feelings.

1 2 3 4 5 6 7 8 9 10

Any comments:

F) I feel I can now cope better with daily life.

1 2 3 4 5 6 7 8 9 10

Any comments:

F) I have made progress in meeting my goal/goals.

1 2 3 4 5 6 7 8 9 10

Any comments:

G) How positive do you feel about maintaining the progress you made.

1 2 3 4 5 6 7 8 9 10

Any comments:

Any further comments you would like to make: