

My Life, My Journey

At home I feel

Name	•••••	••••••	•••••	••••••	••••••	•••••
Age	•••••	••••••	•••••	• • • • • • • • • • •	• • • • • • • • • • • • •	•••••
Today's	s Date	•••••	•••••			•••••

How I'm feeling at home

Please tick the w	vords that des	scribe how you feel	
1. When I think	about home I	feel	
☐ Hap	рру	□ Ok	□ Worried
2. At home I thin	nk I am		
□ Ok		☐ Sometimes Ok	□ Not Ok
3. When I'm with	n my brothers	s/sisters at home I am	
□ Hap	ору Г	☐ Sometimes Happy a	nd Sad Sad
4. I think my bel	haviour at ho	me is	
□ God	od 🔲	Sometimes Good and	Bad □ Bad
Is there anythin	g else you wo	uld like to tell us abou	t how you feel at home -
please write belo	DW .		
•••••	•••••		
	•••••		
••••	• • • • • • • • • • • • • • • • • • • •		

Action Plan



Name

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

Review



Name

you?	Not at all	
How much has it helped you?	A little	
How	A lot	