

My Life

A supporting tool to allow young people the opportunity to express their thoughts and feelings on their life, or a particular situation.

with thanks to the range of young people in Shropshire who have consulted and helped with the design of this booklet.

If you have any feedback on this tool please contact earlyhelp@shropshire.gov.uk

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My Life

Young Person

Name.....

Age.....

Date.....

School/college.....



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About me

Write or draw what you see in the mirror?



A large, empty rounded rectangular box for writing or drawing.

We are now going to do these things

Me

1.
2.
3.

Worker

1.
2.
3.

Signature (Me).....

Signature (worker).....



Have vs Have Not

Which of the following do you have in your life

Tick the boxes which apply to you.

	Have	Don't have
Respect	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>
Feeling safe	<input type="checkbox"/>	<input type="checkbox"/>
Protection from others	<input type="checkbox"/>	<input type="checkbox"/>
Verbal abuse	<input type="checkbox"/>	<input type="checkbox"/>
Trust	<input type="checkbox"/>	<input type="checkbox"/>
Someone who listens	<input type="checkbox"/>	<input type="checkbox"/>
Praise	<input type="checkbox"/>	<input type="checkbox"/>
Criticism	<input type="checkbox"/>	<input type="checkbox"/>
To look out for friends	<input type="checkbox"/>	<input type="checkbox"/>
Arguments	<input type="checkbox"/>	<input type="checkbox"/>
Physical violence	<input type="checkbox"/>	<input type="checkbox"/>
To help people	<input type="checkbox"/>	<input type="checkbox"/>
To be able to ask for help	<input type="checkbox"/>	<input type="checkbox"/>

Favourite colour



Favourite band



Favourite sport/s



Favourite film/s



Favourite food/s



Who I live with



A large, empty rounded rectangular box for writing.

My friends



A large, empty rounded rectangular box for writing.

Dreams

One thing I would really like to do more than anything is

An empty rounded rectangular box for writing.

If I could wave a magic wand, I would wish for

An empty rounded rectangular box for writing.

In the future I would like to be/do

An empty rounded rectangular box for writing.

If I had a special power it would be

An empty rounded rectangular box for writing.

Any other comments:

An empty rounded rectangular box for writing.

What stops you doing those things you would like to do

If you want to make changes in your life, what do you need to help you make these changes?

Important people in my life

Important things in my life

My Health....

you.

Tick the boxes which apply to



I am mostly well

I am mostly unwell

I eat well

I don't normally finish meals

Being ill stops me from doing things

I have allergies

I have diagnosed conditions

I regularly take prescription medication

I worry about things

I have good friends

My health worries me

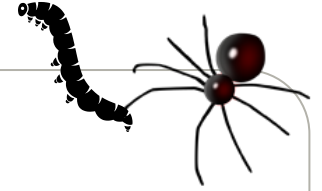
I am mostly fit and healthy

I sleep well

I feel good about myself

Details and/or anything else you would like to add about your health.

Things which bug me and why



Things I want to try for the first time

Things I would like to do more often....

Things that I am good at/do well at

Things I would like to change about myself

Things I would like to change about other people

Feelings

I am happy when



I am scared when



I am sad when



I am annoyed when



I am confident when

I am nervous when



I am embarrassed when



Other

Things I like to do in my free time



A large, empty, rounded rectangular box for writing.

Things I like about myself (circle those which apply to you)

- Looks
- Sense of Humour
- Personality
- Intelligence
- Friendly
- Assertive
- Imaginative
- Generous
- Kind
- Knowledge
- Hard working
- Caring
- Honest
- Passionate
- Responsible
- Helpful
- Loyal
- Courageous
- Unique
- Confidence
- Happy

Other :

A horizontal rounded rectangular box for writing other traits.