

Young person name: AXEL KUOAHUBANA Date of birth: 09/08/2006

Completed by:

Assessment stage start date:

Parent/Carer

End of Intervention

Has the support given to you or your child helped you as a parent/carers?

Yes ☒ No ☐

If yes, please state what you found helpful

AXEL RECEIVED HELP AND ADVICE FROM YOT TO
KEEP OUT OF TROUBLE

If no, please state why you did not find it helpful

Has there been any change in your child's behaviour?

Yes ☒ No ☐

If yes, what is different?

HAPPIER
MORE COMMUNICATIVE

If no, what is still a problem?

What do you feel has helped your child the most during their time with the YOT?

A THIRD PARTY TO SPEAK TO

What do you feel has been less helpful?

NONE

I feel a bit worried about what might happen when my child finishes at the YOT?

NO

Do you think the YOT has provided your child with the services and help he/she needed?

YES

Would you like more information about other services that could help you or your child?

Yes ☐ No ☒

Is there anything more the YOT can do for you?

NO