

YOUR VOICE

Tell us about the help you want

LET US GET TO KNOW YOU

What's your full name?

What would you like to be called?

☐ He/him ☐ She/her ☐ They/them ☐ Something else?

WHAT'S GOING ON FOR YOU?

Circle or underline as many as you want

anxiety or worry

stress

avoiding social or performance situations

difficulty concentrating

don't want to come into school

panic attacks

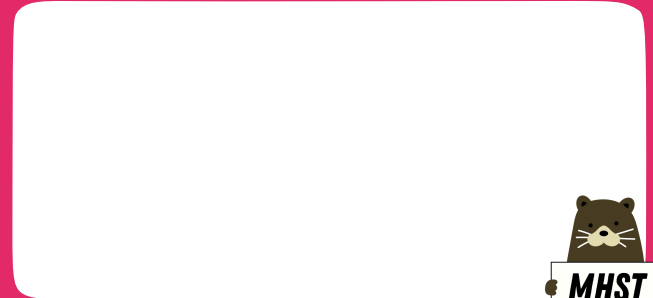
feeling withdrawn or isolated

feeling angry or irritable

change in appetite, sleep or energy

low mood

SOMETHING ELSE? Draw or write here:



We will keep our session confidential (please ask us to find out what this means). Part of this is knowing who your trusted adult is. Who is the person that is okay for us to share information with if we had to?

Name:

Relationship to you:

Have you spoken to your family or carers about how you're feeling?

Yes ☐

A little ☐

No ☐

Do you agree that you want/could benefit from some help?

Yes ☐

No ☐

Not sure ☐

Would you prefer to see us face-to-face in school or via a video call?

Face-to-face ☐

Video call ☐

Do you want your parent or carer to know that you're getting support?

Yes ☐

No ☐

Not sure ☐

If yes, would you like us to support you to tell them?

Yes ☐

No ☐

It's helpful for us to know if there is anything we can do to make our first meeting work for you. This might be something that helps with an additional learning need or a way we can help you feel more comfortable talking to us. So, is there anything you think we need to know before meeting you?

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Community Children's
Health Partnership



Avon and Wiltshire
Mental Health Partnership
NHS Trust