

Referrer Name (optional):.....

Young Person initials:.....

Transforming Lives Referrer Feedback Form	
The group work programme has..... (0 not at all ... 10 very much)	Rating
Increased the young person's safety	0 1 2 3 4 5 6 7 8 9 10
Positively impacted the young person's happiness and contentment	0 1 2 3 4 5 6 7 8 9 10
Facilitated improvements in the young person's engagement with professionals/agencies	0 1 2 3 4 5 6 7 8 9 10
Improved the young person's potential for positive life outcomes	0 1 2 3 4 5 6 7 8 9 10
Have you seen a positive change in the young person's behaviour	0 1 2 3 4 5 6 7 8 9 10
Overall, how successful do you consider the group work programme to have been in this case	0 1 2 3 4 5 6 7 8 9 10

Please can you tell us more? Anything you think is relevant we would like to hear.
Attendance rates since start of programme
Behaviour management actions since start of programme a. Risk of Exclusion b. Fixed term exclusion c. Managed Move d. Number of internal sanctions e.g. internal isolation

e. Permanent exclusion

Risk of Exploitation (Child Sexual/Criminal Exploitation) since start of programme. Please make a professional judgement about the level of risk of exploitation (child sexual exploitation and or child criminal exploitation) to the young person. Please tick appropriate boxes

Child Sexual Exploitation (Please tick level, leave blank if NA)		Child Criminal Exploitation (Please tick level, leave blank if NA)	
EMERGING		EMERGING	
MODERATE		MODERATE	
SIGNIFICANT		SIGNIFICANT	