



My Star™

The Outcomes Star for children and young people

Name

First

Review

Retrospective

Date of completion

DD/MM/YYYY

Completed by

Worker and me

Worker alone

Me

How well other people look after you

How you are managing

physical health

where you live

being safe

relationships

feelings & behaviour

friends

confidence & self-esteem

education & learning

Name: I was involved in completing this Star Chart

Star Notes

1 Physical health

2 Where you live

3 Being safe

4 Relationships

Star Notes

5 Feelings and behaviour

6 Friends

7 Confidence and self-esteem

8 Education and Learning

Action Plan

Priority area and stage/step	Goal	Action	By who?	By when? (date)

Signatures:

Name

Date

Worker

Date

