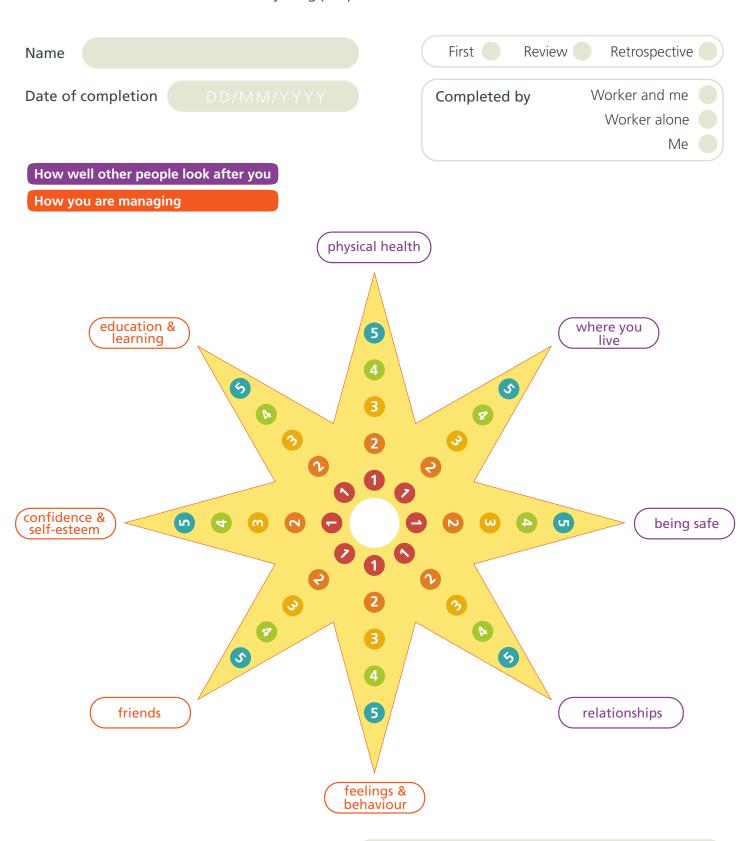




My Star[™]

The Outcomes Star for children and young people





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

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

Signatures:

Name

Date DD/MM/YY

Worker

Date