



Teen Star™

The Outcomes Star for teenagers

Client

First

☐

Review

☐

Retrospective

☐

Date of completion

DD/MM/YYYY

Completed by

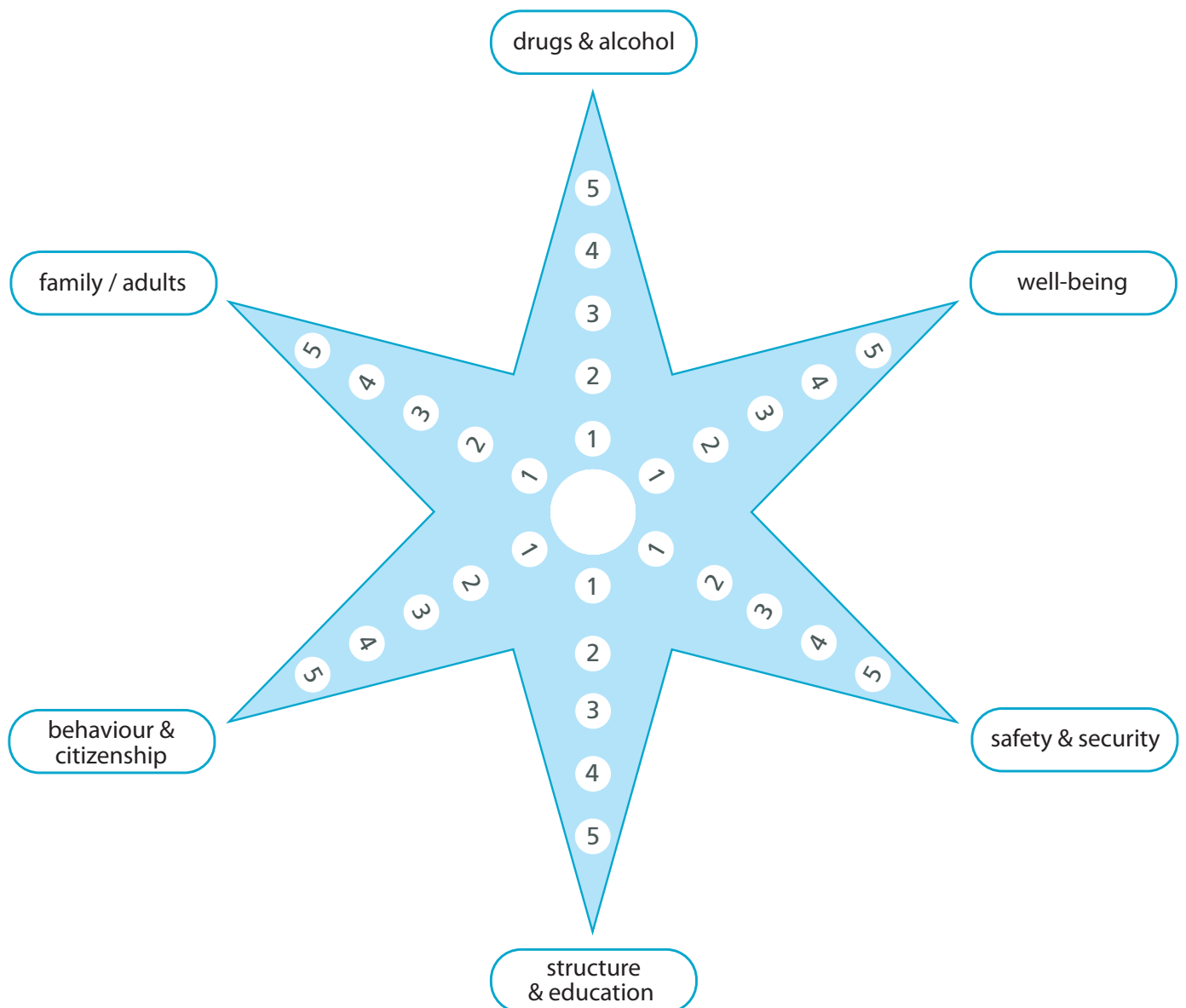
Worker and client

☐

Worker alone

☐

Client

☐


Client: I was involved in completing this Star Chart

Star Notes

Drugs and alcohol

Well-being

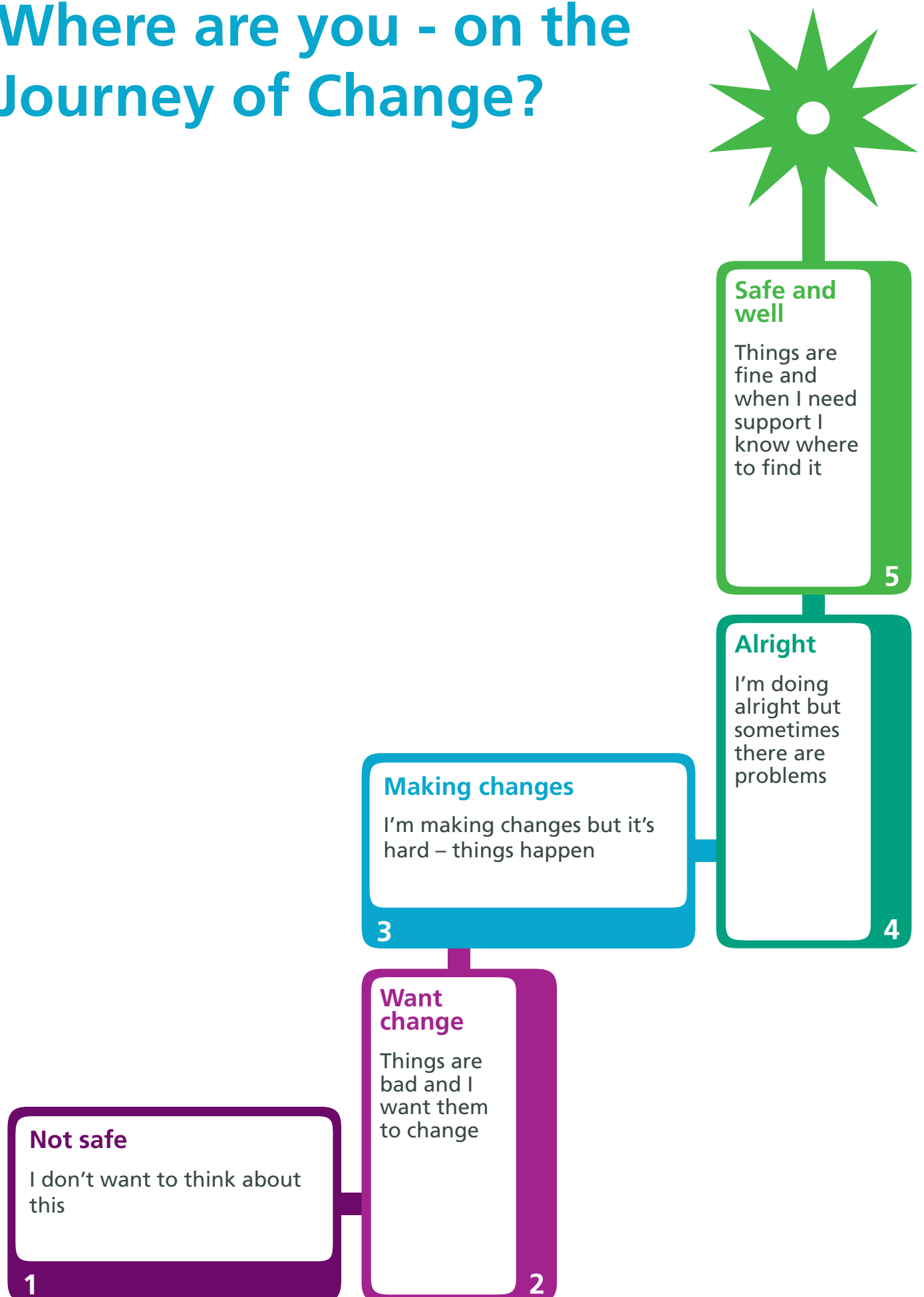
Safety and security

Structure and education

Behaviour and citizenship

Family and other key adults

Where are you - on the Journey of Change?



Action Plan

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

Signatures:

Client

Date

DD/MM/YY

Worker

Date

DD/MM/YY

Other agency /advocate

Date

DD/MM/YY

Worker

Date

DD/MM/YY

