



Teen Star™

The Outcomes Star for teenagers

Client

Assessment

Review

Retrospective

Date of completion

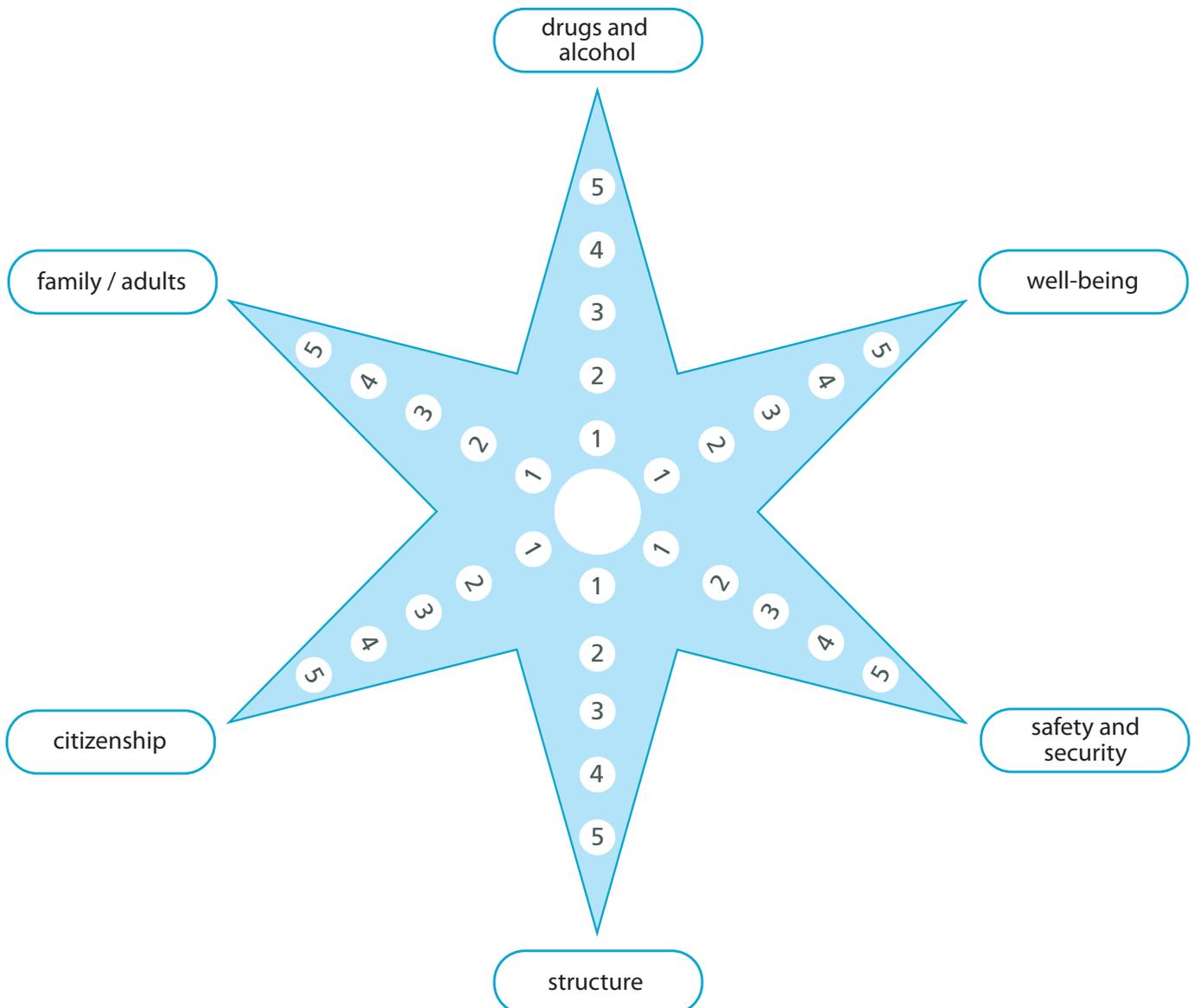
DD/MM/YYYY

Completed by

Worker and client

Worker alone

Client



Client: I was involved in completing this Star Chart

Star Notes

Drugs and alcohol

Well-being

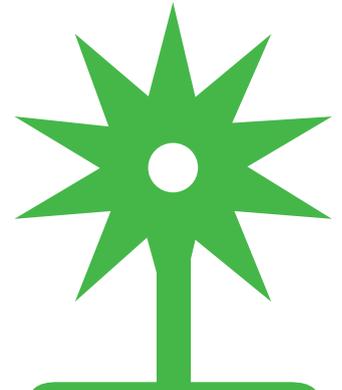
Safety and security

Structure and education

Behaviour and citizenship

Family and other key adults

Where are you - on the Journey of Change?



Safe and well

"Things are fine and when I need support I know where to find it"

5

Alright

"I'm doing alright but sometimes there are problems"

4

Making changes

"I'm making changes but it's hard - things happen"

3

Want change

"Things are bad and I want them to change"

2

Not safe

"I don't want to think about this"

1

Action Plan

Priority area from Star	Current score	Next steps	By who?	By when? (date)	Completed (date)

Signatures:

Service user

Date

Staff

Date

Other agency / advocate

Date

Staff

Date