



# Teen Star™

The Outcomes Star for teenagers

Client

Assessment ☐

Review ☐

Retrospective ☐

Date of completion

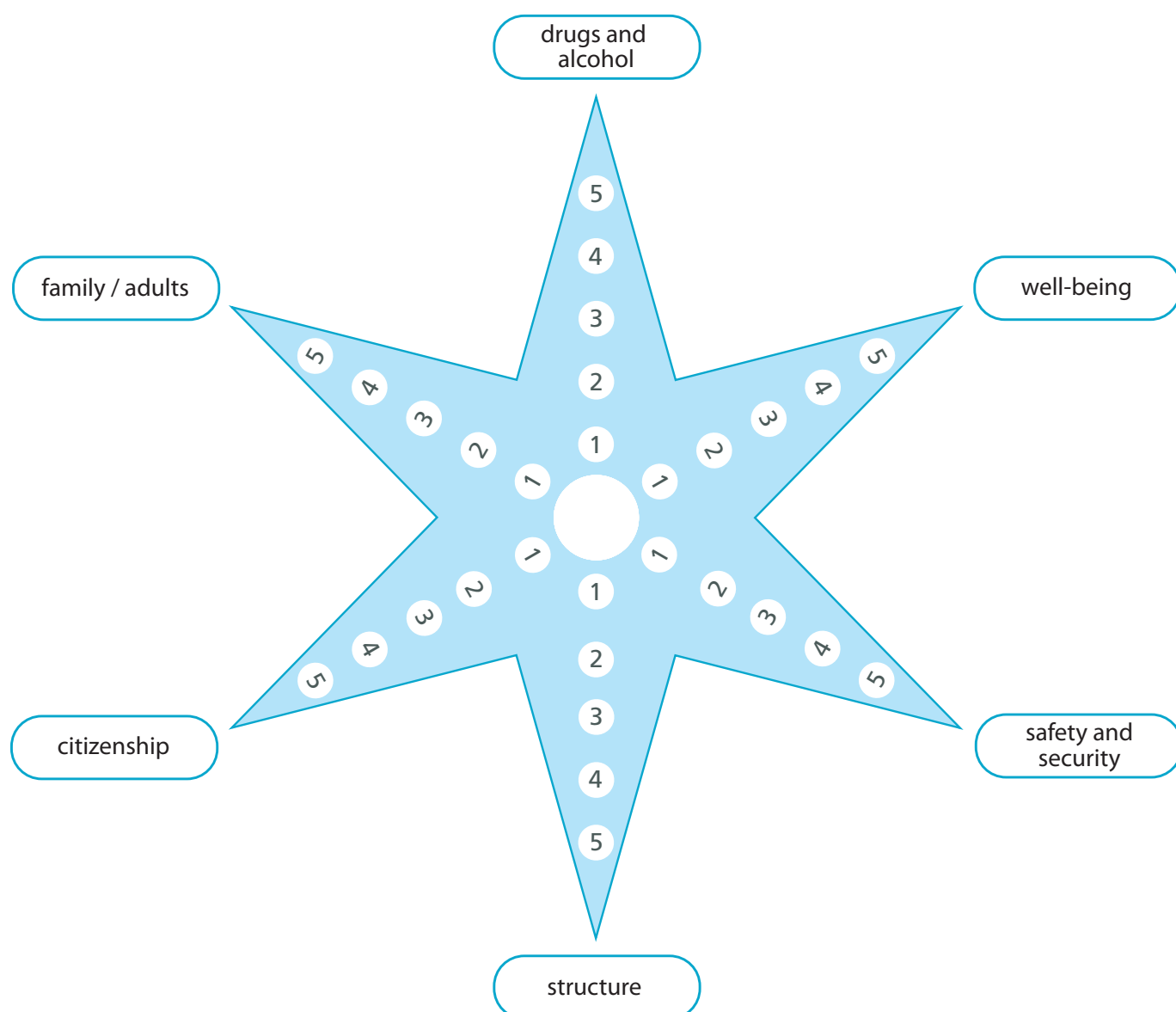
DD/MM/YYYY

Completed by

Worker and client ☐

Worker alone ☐

Client ☐



Client: I was involved in completing this Star Chart

# Star Notes

**Drugs and alcohol**

**Well-being**

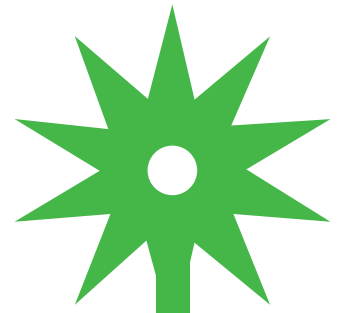
**Safety and security**

**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

