

# Wishes & Feelings



Tim o Amgylch y Teulu  
Team Around The Family

Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_

Completed in the presence of: \_\_\_\_\_ (name & role)

	Wishes	Feelings
Home		Always happy <input type="checkbox"/> Usually Happy <input type="checkbox"/> Sometimes happy <input type="checkbox"/> Never happy <input type="checkbox"/>
School		Always happy <input type="checkbox"/> Usually Happy <input type="checkbox"/> Sometimes happy <input type="checkbox"/> Never happy <input type="checkbox"/>

**Note:** \_\_\_\_\_

The child should complete this form with the assistance of a known & trusted adult if necessary (e.g. class teacher, youth worker, school nurse). Please record all those present at the time of completing the form. You must explain to the child that this form will be shared with their parents. In addition, you must explain that details will be shared with others if you feel there is a risk of harm.



Use this form to tell us a bit more about how you feel.