



# YOUNG CARERS SELF ASSESSMENT

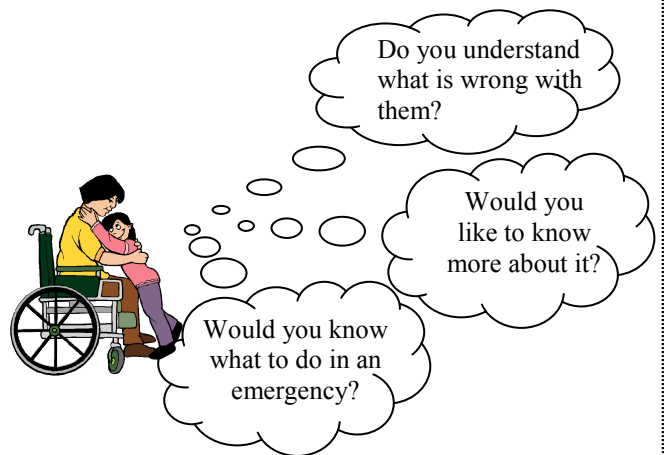


Name .....Date .....



## TELL US ABOUT YOUR FAMILY—WHO LIVES WITH YOU?

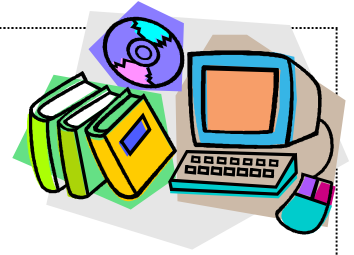
### Can you tell us a bit about the person you look after.



### What sort of caring jobs do you regularly do?

bathing	Going to the toilet	dressing	Getting in or out of bed	walking
Giving/reminding to take medication	interpreting	shopping	cooking	laundry
Paying bills	childcare	Helping in an emergency	Taking action to prevent an emergency	Listening & talking support
Eating/drinking	cleaning	comforting	Support in school (siblings)	<b>Other, note below</b>
Encouragement/motivation	Look after if drunk or drugs	Supervision/keeping someone safe	Covering for someone to hide problems	

## TELL US ABOUT YOUR SCHOOL LIFE?



Do you like school ?

Does your school already know you care?

Does Caring affect you at school/homework?

Do you know about the Additional Support Needs Act

**DO YOU EVER GET PICKED ON OR BULLIED?**  
**DO YOU KNOW WHY? - WHO BY? - HAVE YOU TOLD ANYONE? - CAN WE HELP YOU?**

**Who else helps your family?** Tell us about all other agencies involved with supporting your family.



**WHAT SORT OF THINGS DO YOU DO LIKE TO DO IN YOUR FREE TIME?** Please include details of all clubs/groups you attend

