## THIS FORM IS FOR VIEWING, NOT FOR COMPLETING

All options fields are blacked out, the forms should be completed and submitted via the app.

## THE LONDON YOUNG PEOPLE STUDY

## **SESSION FORM**

Please complete this form about any session held between you and a young person involved in the London Young People Study.

If you would like us to send you a PDF of this form once completed, please enter your email address below

Practitioner's first name	
Practitioner's last name	
Email address for voucher*	
Local Authority	
Child case ID	

1. Da	ite of se	ssion	(DD-M	IM-YYYY)			
DD		MM		YYYY	7		
	w long		e sessi	on last?	_		
3. WI	nere did	I the s	ession	take place?	•		
	At sch	ool					
	In a LA building						
			s's hom				
			or spac				
		ommu	ınity se	tting			
	Other						
4. Ho	w woul	d you	rate th	e young per	son's engageme	nt during the sess	sion
Not	Engage	ed at	Some	what	Neither	Somewhat	Very engaged
all			disen	gaged	engaged nor disengaged	engaged	
	Advocacy Contact with parent/carer Contact with sibling(s) Direct work with young person Other (specify)  If `Direct work with young person', please please specify most relevant type of direct ork						
	Relationship building  Motivational work						
				ent			
	Identity development Self-awareness / development						
	Coping strategies						
	Substance use						
	ETE						
	Housing						
	Restorative or reparative						
	Targeted programme						
	Constructive leisure						
	Crisis management						
	21.0.0						

## If it is a Your Choice session

арріу	from the list below								
	Relationship building								
	Exploring values								
	Identifying hook								
	Exploring goals								
	Goal setting								
	Working towards goals								
	Introduced CBT tools and techniques								
	Pulling together what works for me (My Manual)								
	Planning for next steps								
	Focus on presenting crisis situation								
	Contact with parent/carer								
	Planning for next steps (i.e. after Your Choice)								
	Other								
8. Ha\	e you discussed this	case in clinical supervision	on in the last 30 days?						
	•	· · · · · · · · · · · · · · · · · · ·	, 1						
Yes		No							
9. Wa	s the session observ	ed by a clinical supervisor	?						
		<u> </u>	7						
Yes		No							
l			_						

7. Please describe the content of the Your Choice session by selecting as many options as