

BLACKPOOL COUNCIL
Previous Supported Lodgings Assessment Form

To be completed by the provider for each young person placed and returned to the After Care Team

1. Name of Provider: 2.		
3. Address:		
4. Name of young person placed:		
5. Date of placement:	From:	To:
6. Name of young person's Personal Advisor: 7.		
8. Please comment on the placement (include comments on how you and your family have coped with behavioural problems, emotional problems, contact with natural family and contact with Social Services).		

9. What did you find rewarding about this placement?

10. What did you find difficult about this placement?

11. Do you think this placement was appropriate for you (if no please comment):

12. Do you think you were able to meet the child's ethnic, cultural, linguistic and religious needs?

Explain:

13. What could the After Care Team have done better?

Signed:

Date: