9 Who helps you to care?

10 What help would you like with caring?

11 Has anything in your family changed recently? (For instance someone's health or the help they need)

12 What would you like to change for you or your family? (Ideas: To meet people; To take breaks; A holiday time for myself; More choices)

13 I can usually take part in...

14 Sometimes I miss out on...

Ideas: Things my friends do, School activities, Social life.
How does caring affect your schoolwork or homework?

Have you ever missed school because of caring?

No □ Yes □
If "Yes" how often?

Do you ever get teased, picked on or bullied at school?

Do you ever get into trouble at school?

No □ Yes □
If "Yes" what for?

Does school know about your caring role? No □ Yes □

Would you like an adult at school to know more about your caring role? No □ Yes □

In an emergency, who would you like contacted?

How has your health been since you started caring?

Has caring ever made you stressed or upset?

When you're not home, who helps?

Do you ever get up at night to help?

If "Yes", say how often:

Do you ever lift a person or equipment?

What worries you?

Is there anything else you would like to tell us?
My first name is ........................................
My family name is ....................................
Please call me ...........................................
My age is ........................My DoB...........
I am male / female
My address is:
House: ................................................................
Street: ............................................................
Village / district: ...........................................
Town: ................................................................
Postcode: .........Phone: ...................................
My school is: ..........................................
My doctor is: ...........................................
My first language is: ...................................
I need special help with ................................

The cared for person(s):
1 First name: .............................................
   Family name: .........................................
   Dte of Birth: .................................... male / female
   G.P.: ....................................................
   First language: .......................................

2 First name: .............................................
   Family name: .........................................
   Dte of Birth: .................................... male / female
   G.P.: ....................................................
   First language: .......................................

Other services involved:
1 ................................................................
2 ................................................................
3 ................................................................
Planning meeting needed: Yes ☐ No ☐

Caring roles that most affect the young persons welfare:
1 ................................................................
2 ................................................................
3 ................................................................

Recommended Actions:
1 ................................................................
2 ................................................................
3 ................................................................
4 ................................................................
5 ................................................................

How do you feel about these actions?

What issues might arise in the future?

When should this assessment be reviewed?

Signed by the carer: ............................................

and by the assessor: ............................................

Date: ..........................................................

Carers resource

North Yorkshire County Council
Education Services Directorate
and Mental Services Directorate

www.ycc.co.uk