**ASSESSMENT OF YOUNG PERSON**

**NAME:**

**DATE:**

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| **EXPLANATION OF CONFIDENTIALITY AND ITS LIMITS** |
| **IDENTIFYING ISSUES AND DIFFICULTIES**  *What do you think has brought you to counselling?*  *How do you feel about the counselling?*  *How would you describe your difficulties?*  *What happens?*  *What are the triggers?*  *What makes things worse?*  *What makes things better?* |

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| **STRENGTHS AND WEAKNESSES – THE ‘WHOLE’ PERSON**  *What do you see as your positive qualities – what are you good at?*  *How are things at school – academically and socially?*  *What do you like to do in your spare time?*  *What do you find difficult in your life?* |

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| **EXPLORING LIFE STORY**  *Who are the important people in your life?*  *Can we draw a Family Tree/Genograph?*  *Can you tell me more about your relationships with different family members?*  *How do family members get on together?*  *Time-line for the family with important dates and events:*  *Who is important to you at school and outside of school?*  *Do you take part in clubs or extra-curricular activities?* |

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| **THERAPEUTIC GOALS**  *What would you like to get from counselling?*  *What would you like to change about your life?*  *What are your hopes for your future?* |

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| **RISK**  *Mental health diagnosis?*  *Any current medication?*  *Alcohol?*  *Drugs?*  *Self-harm – thoughts or put into action?*  *Thoughts of ending life?*  *Suicide plan?*  **RISK (cont.)** |