**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.)** |