**TYKES**

**YOUNG CARERS ASSESSMENT FORM**

WHO DO YOU CARE FOR?

WHAT IS THEIR ILLNESS / DISABILITY??

WHAT KIND OF THINGS DO YOU DO TO HELP?

DOES ANYONE HELP YOU ? WHO?

WHAT DO YOU FEEL YOU GET OUT OF CARING FOR THEM?

WHAT DO YOU FIND DIFFICULT TO DEAL WITH?

HOW WOULD YOU LIKE US TO CONTACT YOU? (Please tick box)

 **PHONE:** **E-MAIL**

#  **LETTER**

 (At the address above)

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 (At the address above)

HOW DOES BEING A YOUNG CARER AFFECT YOU? (Tick all boxes that apply to you.)

It stops me having free time I don’t feel confident in myself

I don’t get to see my friends I worry a lot

I find it hard to make friends My behaviour can be a problem

I have problems at school I feel unwell/ tired a lot

Not enough money I feel angry/upset a lot

 

**ABOUT YOU:**

WHAT DO YOU LIKE TO DO? ------------------------------------------------------------------------------------------------------------------

CAN YOU GIVE TWO THINGS YOU WOULD LIKE TO AIM FOR IN THE NEXT 6 MONTHS?

WHAT WOULD YOU CHANGE IF YOU COULD? --------------------------------------------------------------------------------------------

**HOW DO YOU SEE YOURSELF?**

GIVE UP TO THREE WORDS YOU THINK DESCRIBES YOU BEST

GIVE UP TO THREE WORDS YOU THINK OTHER YOUNG PEOPLE WOULD USE TO DESCRIBE YOU

GIVE UP TO THREE WORDS YOU THINK ADULTS WOULD USE TO DESCRIBE YOU

GIVE UP TO THREE WORDS THAT DESCRIBE HOW YOU WOULD LIKE TO BE

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WHO IS IMPORTANT TO YOU?

FAMILY?

FRIENDS?

OTHERS?

SIGNATURE: TYKES SIGNATURE: DATE:

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT?

DO YOU HAVE ANY PROBLEMS AT OR WITH SCHOOL?

**Is there anything else you would like to tell us about?**

**Is there anything else you would like to tell us about?**