



My Good Life Review

(insert photo here)

Name:

Date of review:

Next review date:

Who is here?:	Their role:	Their signature:

Feeling safe and secure

This can mean things like being safe in your house, your emotions, routines or adult protection

Progress you have made with feeling safe and secure:

What difference do you think your support has made?

Have you achieved your feeling safe and secure outcomes? (please tick one box)

YES

PARTLY/ONGOING

NO

Keeping well and staying healthy

This can mean things like your general health and fitness, your mental health or eating

Progress you have made with keeping well and staying healthy:

What difference do you think your support has made?

Have you achieved your keeping well and staying healthy outcomes?

YES

PARTLY/ONGOING

NO

Doing as much as possible for myself

This can mean things like looking after your home, managing your money or being independent

Progress you have made with doing as much as possible for myself:

What difference do you think your support has made?

Have you achieved your doing as much as possible for myself outcomes?

YES

PARTLY/ONGOING

NO

Having interesting things to do

This can mean things like help with work, activities, going to college, taking part in your community

Progress you have made with having interesting things to do:

What difference do you think your support has made?

Have you achieved your having interesting things to do outcomes?

YES

PARTLY/ONGOING

NO

Being connected with family and friends

This can mean things like keeping in touch with people or meeting new people

Progress you have made with being connected with family and friends:

What difference do you think your support has made?

Have you achieved your being connected with family and friends outcomes?

YES

PARTLY/ONGOING

NO

Feeling good about my life

This can mean things like setting goals and making plans for the future or help to make plans

Progress you have made with feeling good about my life:

What difference do you think your support has made?

Have you achieved your feeling good about my life outcomes?

YES

PARTLY/ONGOING

NO

Support review

Other discussion points:

Comments from other people involved in your care (for example your family or social worker)

Agreed actions for ARK:

Who/When?

Agreed actions for others:

Who/When?

Checklist

Regular reviews and checks:	Date of last review:	Next review due:	Who will organise this:
Medication review (GP)			
Health check-up			
Eye test			
Reducing Restrictive Practice Log			
Other (e.g. PBS plan)			

How are we doing?

We would like to know what you think about your ARK service. Please answer these questions. If you would like to do it later or would like someone else to help you fill it in, we can give you a paper copy to take away. Thank you!

Your name:	Yes	Sometimes	No
I am happy with the support I get from ARK			
I am listened to during my support time			
I am treated with respect during my support time			
I am involved in planning my support			
I know who I can speak to if I want to make changes to my support			

What can we do differently or better?

If there's something we can do differently or better, who would you like to speak to about it? (key team/manager/other)

Would you like to have your say about how ARK works?