



**ANNUAL REVIEW
Parental/Carer Advice Form
Carney Carr Therapy Farm**

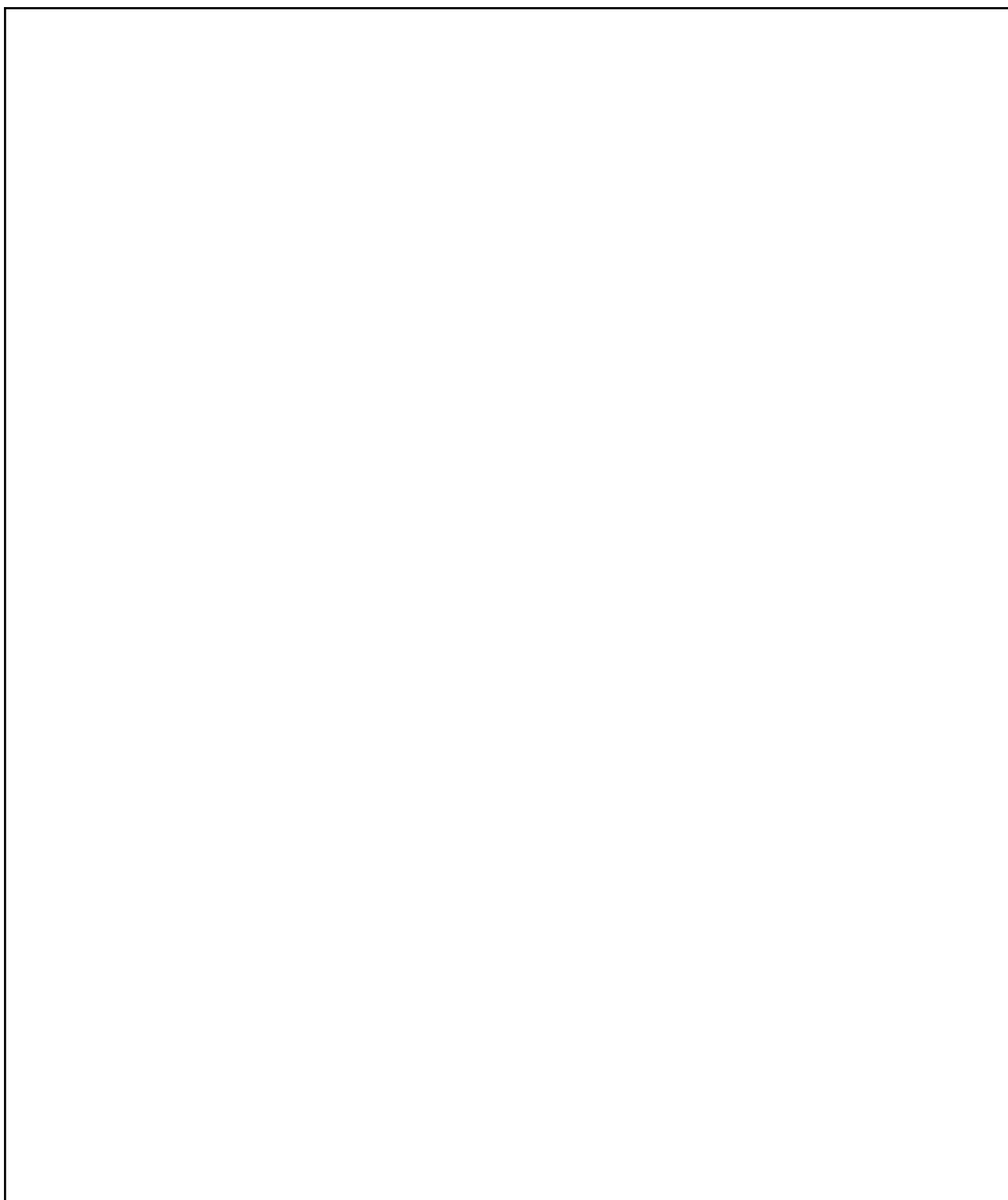
Please answer as many questions as you can. If you need more room please continue on additional sheets, if necessary.

Person's Name (attending the farm):	Date of Review:
Parent/carers/support worker attending the farm:	Start Date:
Age:	DOB:

Are you pleased with the overall progress during your time with us?	Yes	No
What is working well?		
What is not working so well?		

Areas of progression.

Are there any issues/feedback that you would like to raise?



Please give your views on the following specific points:

(Additional sheets may be attached if necessary.)

What are your short term goals (for your child/client)?

What long-term goals do you have for your child/client?



Do you think the therapy farm overall is supporting independence?	Yes	No
Do you think the therapy farm in general is the right setting/atmosphere for the said person?	Yes	No
<p>If you think we could improve on areas or make changes, please share your thoughts below. (Please note amendments can only be made if the possible and don't have an impact on others)</p>		
Do you feel that your child / said person needs further support elsewhere?	Yes	No

Name parent / carer:

Signed _____

Date _____