



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

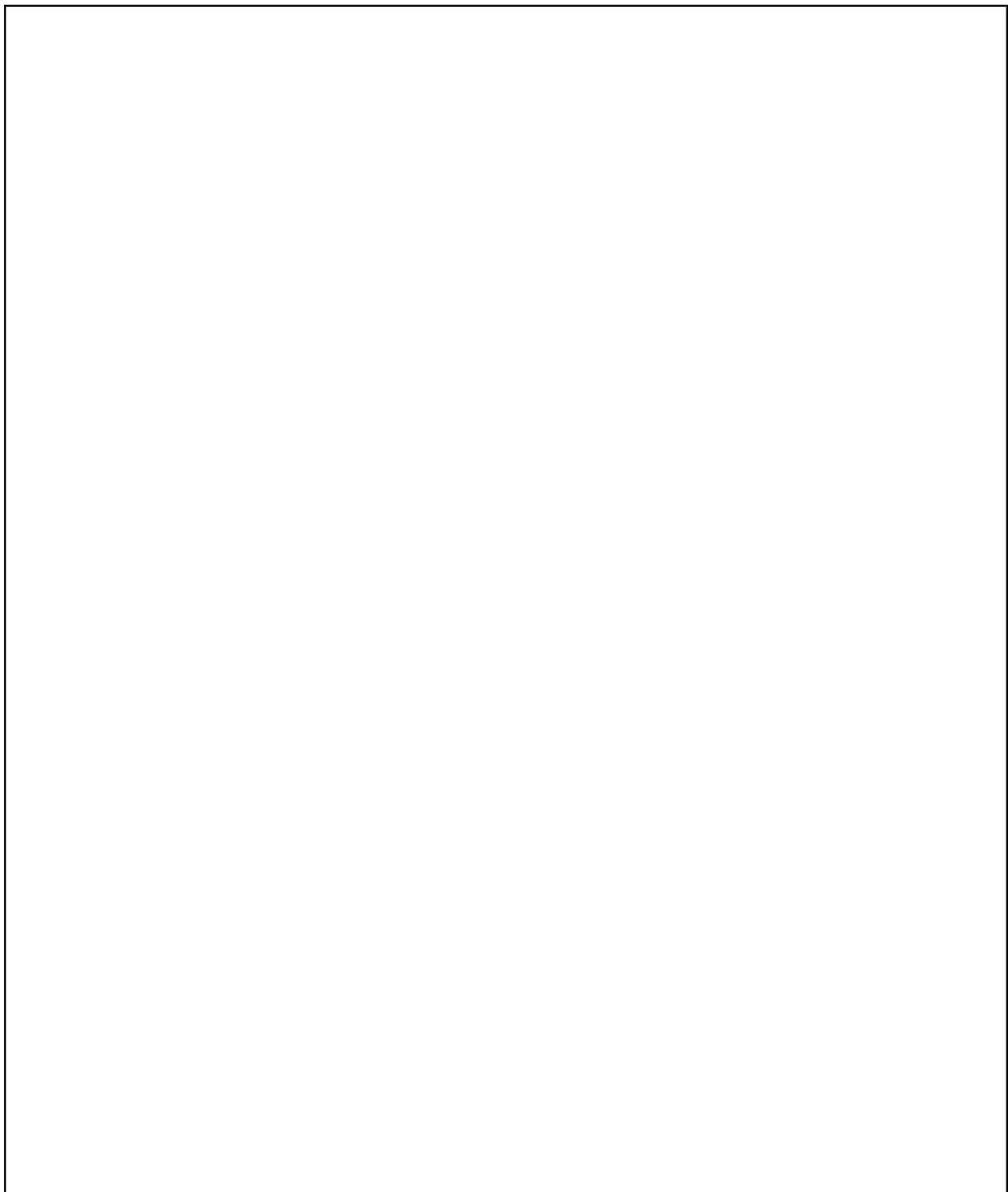
Please answer as many questions as you can. If you need more room please continue on additional sheets, if necessary.

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

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

**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?

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

Name parent / carer:

Signed \_\_\_\_\_

Date \_\_\_\_\_