

family?

Dorset Council Children's Services Directorate Visits to Children in Long-Term Residential Care Regulations 2011

Independent Visit Questionnaire for Students

DETAILS OF RESIDENTIAL SCHOOL

Basic Details	
Name of Child/Young Person	
Residential Home Name	
School Setting Name	
Name of Independent Visitor	
Date of completion	

FEEDBACK FROM CHILD/YOUNG PERSON

What makes you feel happy here/what's going well/what do you enjoy? Do you like your school/home?
What makes you feel sad here/what's not going well/what don't you like?
What is the food like here? Can you choose your menu? What's your favourite meal? Do you cook?
What do you think of your room? What's good about it? What would you like to change? Do you have a roommate?
Who do you like to spend time with? Are there children and young people who you can play/hang out with at school/home? Tell me about your friends. How easy is it to make friends here? Do you have a friend to go to if you need help?
How do you spend your spare time here? What do you like to do on the evenings/weekends? Do you take part in any clubs or activities?
Where do you go if you want to be alone? (Check that this is a safe place)
What contact do you have with your family? How often do you go home/see family/speak to

Do the adults listen to you and make changes based on what you have said? Do they make

changes that you ask for? Can you give examples?

How do you get on with the adults here? Who do you go to if you need help? Can you share your worries with an adult? Is there an adult here you can trust?	
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How would the adults describe you? What positive things would they say? Do they know you	
can do good things? What feedback do they give you about how you're doing?	
How do you learn about using the internet and social media safely?	
Do you feel safe here? Is anything worrying you here? Is there anyone or anything that makes	
you or others unhappy? What would make you feel safer?	
Is there anything you would change about school or where you stay?	
Is there anything else you would like to talk about?	

Signatures	
Signature:	
Date:	