

Family Support Questionnaire for Year 7		
Your Name:		
Tutor Group:	Date:	
one who looks after a famil mental health illness or any	support every student to reach their full potential and to help any member with a long term condition. This could be a physical or drug or alcohol problems - but we can't help, or offer our support, if sponsibility to any family members at home.	

Information given on this questionnaire will be treated confidentially by Miss E (Assistant Head teacher), Mrs P (Progress Leader 7) and H (Student Support)			
Please complete the following:			
1) Does any family member, that you live with, have a long term illness, disability, drug or alcohol addiction or mental health problem?			
Yes □ Go to Question 2 No □ Go to Question	1 <b>7</b>		
2) Do you help them with personal care such as dressing, giving medication etc.?			
Yes □ No □			
3) Do you help with practical tasks such as housework, shopping, cooking?			
Yes □ No □			
4) Do you offer/give emotional support, listening and helping them cope with problems?			
Yes □ No □			
5) Do you look after younger brothers and/or sisters?			
Yes □ No □			
6) Do you help with interpreting/explaining due to their loss of hearing, visual or speech	7		
impairment, or because English is not the first language of the family?	,		
Yes □ No □			
7) Do you worry about your family or personal situation and how you are coping?			
Yes □ No □			
8) Would you like to know what help is available from school and other agencies for you and the person for whom you care ?			
Yes □ No □			
Please fold the completed questionnaire and give to your tutor.			