

Dunil Name



Self-advocacy and wellbeing programme pre and post intervention feedback

Pupit Name:	
School:	Year:

Statement	Initial pupil response	End of intervention response
Taking care of myself		
Making the right choice		
Being healthy		
Asking for help when I need it		
The friends I choose		
How other people behave		
What others think, feel or say		
Past mistakes		
Bad decisions		

Statement	Initial pupil response	End of intervention response
How I feel about me		
Telling others about how my vision impairment affects me		
How I feel about my vision impairment		
Accepting my vision impairment		
People I can trust		
My behaviour and actions		

Activity carried out by:

Job Title:

Pre intervention Date carried out:

Post intervention Date carried out:

Notes

Sensory & Communication Support Service in partnership with:











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