



Moving In Assessment

Page 1



Name:

Date:

Where are you living at the moment?

Family



Respite



Similar house



Registered home.



Why would you like to move to this house?

Independence



I need to



New Challenge



Other



What are you hoping to gain?

.....
.....
.....
.....

What do you expect from this house?

.....
.....
.....

What do you like to do socially?

Pup



Social Clubs



Sport



Cinema



Music



Theatre



Church



Other



Moving In Assessment







Do you have a work placement? (If answer is no, skip two questions)

Yes  No  Would you like Help to find work?

If yes, what do you do?

.....
.....
.....

How much support do you need for your work placement

Quite a lot  A little 
 None  Not sure 





Are you in full or part time education? (If no skip two questions)

Yes  No 

If yes, which school, college, and training facility do you attend, and what do you do there?

.....
.....
.....

How much support do you need in your education?

Quite a lot  A little 
 None  Not sure 

Signature.....