

RETURN TO PROGRAM FEEDBACK

Date: ____/____/____

Name of Young Person _____

Date of Birth ____/____/____

Support Person _____

Is the young person under the care of a Government Department (a ward of the state)?

(Please circle) Yes No

How many Programs has this Young Person attended?

(Please circle.) 2 3 4 5 6 7 8 9 10

Has this Young Person made improvement and steps forward in their life since their first Program?

(Please circle) Yes No

If Yes, how?

If No, is there a reason?

Reason(s) for Returning to another Program

What issues is he/she currently dealing with?

Any other relevant information

Please complete prior to program and return to Youth Insearch with completed registration form, payment and photo.

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