



Family Star Plus™

An Outcomes Star for parents

Parent

Worker

Date of completion

DD/MM/YYYY

First

☐

Review

☐

Retrospective

☐

Completed by

Worker and parent

☐

Worker

☐

Parent

☐

Number of children

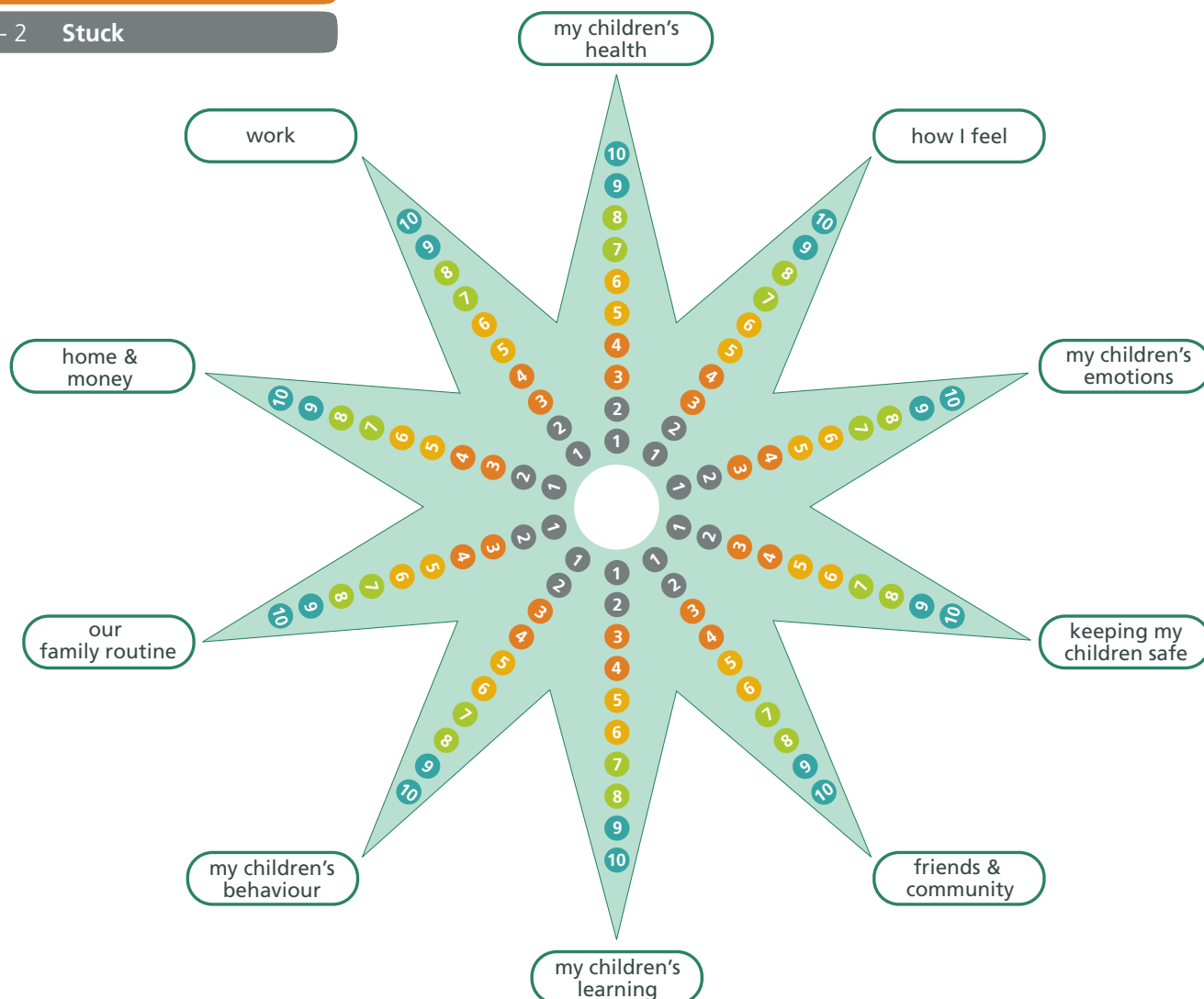
9 - 10 Managing well

7 - 8 Finding what works

5 - 6 Trying

3 - 4 Accepting help

1 - 2 Stuck



my children's health

how I feel

my children's emotions

keeping my children safe

friends & community

my children's learning

my children's behaviour

our family routine

home & money

work

Parent: I was involved in completing this Star Chart

Star Notes

1 My children's health

2 How I feel

3 My children's emotions

4 Keeping my children safe

5 Friends and community

Star Notes

6 My children's learning

7 My children's behaviour

8 Our family routine

9 Home and money

10 Work

Action Plan

Priority area and stage/step	Goal	Action	By who?	By when? (date)

Signatures:

Parent:

DD/MM/YY

Date

Worker

Date

DD/MM/YY