**Durham County Council Children and Young People’s Service**

 **Supported Lodgings Service**

**Placement Evaluation for the Purpose of Review – Provider**

**Provider Details**

Name of Provider (s) :

Date of Birth :

Name of Young Person :

Address :

Supported Lodgings Officer:

Young Persons Advisor:

How long has the person been in placement?

Dates: from to

Is the placement satisfactory for you?

Do you receive enough support from the Support Worker?

In your view, are there any ways which the Supported Lodgings Service could be improved?

What do you think the young person has gained from this placement?

What have you learned from this placement?

Do you feel you have any training needs?

Was the introductory period useful?

How could it have been improved?

Any other Information you would like to add or comments you would like to make

Signed:

Date: